CHURCHES AND THE HIV/AIDS PANDEMIC

ANALYSIS OF THE SITUATION IN

TEN WEST AFRICAN COUNTRIES

BENIN – BURKINA FASO – GHANA – GUINEA – THE IVORY COAST
LIBERIA – MALI – NIGERIA - SENEGAL – TOGO

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Despite efforts aimed at controlling it, AIDS continues to spread in an exponential manner particularly in Sub-Saharan Africa. The disease, which is a serious public health and demographic problem, forms part of daily life with dire consequences for society in general and for families in particular. "Ten times more people are killed by AIDS than war". AIDS is indeed a catastrophe. Several years of efforts by African countries aimed at real socio-economic development have thus been negated by the ravages of AIDS. Faced with this human drama, mobilisation is increasing world-wide in order to halt its spread and reduce its impact on socio-economic life and, in the long term eradicate it entirely.

The epidemic poses several related questions which are far from being purely medical or clinical. These questions concern cultural ethical practices, socio-economic conditions of life, social roles of men and women, sexuality, taboos, forbidden practices and other social justice factors. This implies that the AIDS problem must be tackled from different angles: namely, those of science, economics, demographics, ethics and religion.

To speak of religion, is to tackle among other things, the question of the reaction of the Churches, ecumenical institutions and religious communities to the epidemic, given that they are involved in the social pastoral work, striving towards social reform through education and are places of healing.

The question therefore is how do the churches tackle the problem of “faith and AIDS”? What resources do they use to embark on a bold action and take informed decisions?

Far from limiting itself to the churches as institutions, the question is posed to God's people in general and all those who, on the basis of their belief, feel indicted by the epidemic. This study is a limited, but nevertheless objective attempt to respond to these questions with regard to most of the churches, ecumenical institutions and religious communities in West Africa. It is an active approach whose purpose is to ensure that Churches and ecumenical institutions can effectively meet their social commitment.

On account of the fact that they constitute a microcosm of society, and considering the vanguard and prophetic role which they have played in other areas, it should be acknowledged that Churches have a crucial role to play in the efforts aimed at controlling the epidemics.

Context of the study

Whereas in December 1997 about 30.6 million persons were infected by HIV/AIDS world-wide, 40 million people were affected by the disease in the year 2000. Approximately one out of 100 persons between 15 and 49 years old is infected by HIV in the world. Roughly 80% of the HIV infected or the sick are in the less industrialised countries with nearly 60% in Sub-Saharan Africa. Approximately 41% of infected adults world-wide are women.

In Africa, Churches have asserted themselves on the social development and educational scene. However, with regard to AIDS control, their position as well as that of the ecumenical institutions and religious communities remains ambiguous even if actions are in the process of being undertaken within the framework of prevention and, to a lesser extent, caring.

The effectiveness of Churches and other ecumenical institutions in controlling the HIV/AIDS epidemics cannot be generalised because they do adopt dogmatic positions which hamper the dissemination of information or the acquisition of knowledge. This reality was clearly expressed by the Executive Committee of the World Council of Churches (WCC) in 1987: "by their silence, several Churches bear the responsibility for the fear which is inundating and destroying our world faster than the virus itself".

The HIV/AIDS challenge in Africa requires that more effective actions are undertaken. In the light of the foregoing, during its meeting in South Africa in 1994, the WCC Central Committee mandated an advisory group to conduct a study on HIV/AIDS in order to assist the ecumenical movement to advance in its response concerning the three areas of theology and ethics namely: the attention to be given to pastoral organisations and the therapeutic community, to justice and human rights. The advisory group published a document titled “The Churches` action towards AIDS”.

The document "seeks to provide Churches, their members and their leaders with the possibility to act courageously by taking pertinent decisions based on reliable available information". Subsequently, various instruments were developed using the results of the first study. Training programmes were executed for the benefit of the community by the WCC in conjunction with UNAIDS and the regional partners in Zimbabwe and India.
It became important for the WCC to reinforce its ecumenical family co-ordination and mobilisation role with a view to promoting a strategy to deal with AIDS. For this an extensive proposal was developed by the WCC health team. This proposal is concerned:

1. To establish, as a pilot project, Regional Ecumenical Alliances for the exchange of experiences of responses by churches to HIV/AIDS and related information, in the southern Africa, western & central Africa and eastern Africa regions. [The initiative would, if successful in these regions, subsequently be extended to south and south-east Asia, to eastern Europe, and the Caribbean.]

2. To form regional HIV/AIDS support groups consisting of individuals with acknowledged expertise in the area of programmatic response to the HIV/AIDS epidemic, linked to the above-mentioned Regional Ecumenical Alliances for the purpose of advising and accompanying them.

3. To establish an international ecumenical HIV/AIDS support group, as a group of stake holders and experts to input the process from the varying perspectives. They will also be able to have an overview of the progress of the initiative and assist in resource mobilisation.

4. In co-operation with the international and regional support groups, the initiative will map the relevant activities, experiences and resources and experiences of the churches and church-related organisations and groups in the regions concerned.

5. To facilitate exchange of information and expertise within and between these Regional Alliances by
   a) establishing an e-mail network/list-serve linking those members of the Regional Alliances who have electronic communication possibilities;
   b) developing a web site for the ecumenical HIV/AIDS initiative;
   c) organising/facilitating regular direct consultations between the partners in each of the Regional Alliances, including thematic seminars and workshops;
   d) organising/facilitating study visits by members in accordance with their needs;
   e) developing a database of responses by churches to the HIV/AIDS epidemic.

The first stage of this approach is a study at the regional level in order to evaluate the involvement of the Churches and the ecumenical organisations in combating AIDS. This should begin with West Africa.

Thus, a study titled ‘Churches and ecumenical organisations in West Africa confronted with the problem of AIDS’ was commissioned jointly by the World Council of Churches (WCC) and the World Alliance of Young Christian Men's Association (WAYMCA). The main task entrusted to this exploratory study is to identify in the countries identified the activities undertaken individually or collectively by the Churches, ecumenical institutions and the other religious communities as well as their experiences, difficulties and future projects.

Objectives of the Study

The main objective is to identify in each country the resources available and the experiences gained by the Churches in connection with the activities undertaken together in a network. This includes five points, namely:

The general situation of the epidemics in the countries,
- The national AIDS Control Policy and the main stakeholders involved in the control policy
- The theological and ethical position of the Churches and ecumenical organisations in the light of the epidemics
- The strategies developed by the Churches to combat the disease.
- The existence of networking relations between the Churches and the ecumenical organisations.

Methodological Approach

In order to guarantee the reliability of the results in this research and in view of the objectives pursued, we used the methodological approach with the following techniques:

Documentary Research

This took place before and during the field study. Several documents on AIDS produced by researchers, Churches and ecumenical institutions were consulted. These documents were the irreplaceable sources of the information
sought and their exploitation made it equally possible to complement information gathered during the interviews or vice-versa. For instance, we can cite the epidemiological statistical data, national policy documents, activity reports, pedagogical and educational documents developed etc.

The Interview

The non-leading individual and collective interviews were considered rightly as the main instrument of this study on the grounds that the discussions were expected to bring out the opinions, thoughts, sentiments of Church leaders on the HIV/AIDS problem. The discussion was mainly individual for collective needs and articulated on a number of themes or subjects contained in the discussion guide. The information gathered in the documentary analysis were developed or complemented during these discussions.

Tools of the Survey

The main tool which served as a medium for gathering of data is the discussion guide, elaborated in order to lead the discussions and documentary research.

This guide centres on the following points concerning the objectives of the study.

Scope of the Study

The study took place in ten (10) countries chosen by the World Council of Churches (WCC) and the World Alliance of Young Christian Men's Association (WAYMCA). The choice of the countries is determined according to the criteria of the sponsors of the study. It should however be pointed out that the Churches and ecumenical institutions represented in these countries are not all members of the agencies which initiated the project.

The countries selected for the study are: Benin, Burkina-Faso, the Ivory Coast, Ghana, Guinea, Liberia, Mali, Nigeria, Senegal and Togo.

Designated Personnel and Structure of the Team

A multidisciplinary team composed of a doctor, a sociologist and a journalist conducted the study. The role of this team is to identify the survey tools, to identify the persons to be interviewed, gather information on the field and write provisional and to write up the provisional and final reports.

After developing the methodology and the tools, the consultants met for one week in Togo in order to test the tools. After this preparatory phase, they separated and each member conducted the survey in three countries. The general report was prepared from the data gathered and the provisional individual reports.

Difficulties and Constraints Relating to the Study

The time allocated to this study did not allow contact with all the Churches, Christian institutions and other religious communities in the ten countries. In addition, the period of survey in the field coincided with that of Ramadan (Muslim fast), making contacts quite difficult in those countries where the majority of the population are Muslims: Guinea, Mali, Nigeria, Senegal.

Travel between the different countries was difficult because of the current problems of Air Afrique which serves most of the sub-region. Consequently, it became necessary to change the pre-arranged timetable - with longer or shorter stays - which upset the smooth running of the enquiry in certain countries. Meetings arranged well in advance had to be cancelled because they could not be rescheduled or fitted in.

Quite apart from the difficulties related to Air Afrique, the visit to the Ivory Coast had to be rescheduled rapidly due to the socio-political unrest in this country in December which led to the installation of a state of emergency and a curfew.

In spite of the above, a study was made in all the selected countries, without exception, the only negative aspect being the extension of the deadline for its conclusion.
EXECUTIVE SUMMARY AND MAJOR AREAS OF INTEREST

1. COUNTRYWIDE EPIDEMIC

Our study confirmed the daunting and distressing facts and figures published by international health agencies such as the World Health Organisation (WHO) and UNAIDS. Already confronted with a number of ills which prevent it from fulfilling the conditions for development worthy of the name, for almost two decades sub-Saharan Africa has been confronted with the devastation caused by HIV/AIDS. This is indeed a bewildering and sad reality which is evolving at an exponential rate: today, sub-Saharan Africa alone has more than 25.3 million people living with HIV (of which 3.8 million new cases were declared during the year 2000) out of the 36.1 millions\(^1\) declared world-wide. In 94% of them the HIV infection is transmitted sexually: this medium is intensified by the high frequency of the other sexually transmitted illnesses. Thus, all the countries visited are severely affected by the epidemic, but in differing degrees.

In Togo it is present in 6.8% of the sexually active population aged 13 to 45 years. It is present in 4% of the general population in Benin, 7.1% in Burkina Faso, 12% in the Ivory Coast, 4.6% in Ghana, 1.3% in Guinea, 8.2% in Liberia, 3.5% in Mali, 5.4% in Nigeria, 1% in Senegal.

It must be underlined that the year of evaluation of these rates of infection is not uniform and is situated between 1987 and 1997. Consequently this variance should be taken into account when analysing the situation. In all the countries, the rate of infection varies according to the different regions and zones (border regions or urban or heavily populated zones). Some countries, such as Mali, Guinea and Senegal, seem to have a fairly low rate of infection, but in no way does that reflect the real situation prevailing in the countries. For example, in the case of Guinea where the general rate of infection is estimated at around 1.5% for 1996, whereas in one of the six regions of the country this rate is over 5%. And for a very good reason! Named “Forest Guinea”, this region is bordered by the Ivory Coast, Liberia and Sierra Leone, among others. Due to its geographical situation, therefore, it has a large flood of refugees from Liberia and Sierra Leone and at present there are rebel incursions into the region. In addition to the refugees, it owes its strong demographic concentration to the fact that it is not only a region of plantations but also a mining zone and thus attracts plentiful manpower.

On another level, it should be pointed out that the countries visited show a lack of knowledge of statistics. As a result, only approximate and sometimes contradictory statistics are available.

Finally, the common factor in all these countries is that the development of the full illness which in particular affects young people - as they are more active sexually - is out of control. The consequences are therefore felt in all sectors of socio-economic life (industrial, agricultural, administrative, public and private). The reduction in skilled labour is resulting in a decline in productivity, a reduction in revenue and a decrease in the return on investments due to absenteeism and increased costs of recruitment, training and personnel. In the Ivory Coast for example, “a growing number of primary and secondary school teachers have since 1998 contracted the virus causing AIDS which, according to a local medical study, is killing 8 teachers each week.”\(^2\)

Information gathered from various representatives of civil society indicates that households are faced with an increase in expenses due to the costs of medical care (consultations, hospitalisation, treatment etc.), transport, funeral costs. At the same time, they have a decrease in income due to the drop in productivity of the sick person and of the persons taking care of him/her.

\(^1\) WHO and UNAIDS, November 2000. Figures published for World AIDS Day.
\(^2\) IRIN, 3 January 2001
2. NATIONAL POLICY IN THE STRUGGLE AGAINST AIDS

In all the countries visited there are National Programmes to Combat AIDS (PNLS = Programme Nationale de Lutte contre le Sida). The PNLS are state structures with responsibility for defining policy and coordinating all activities in the framework of combating the illness. It should be noted that the struggle against AIDS is undertaken in the countries by various bodies, the main ones being local Non-Governmental Organisations (NGOs), international NGOs, development partners and bilateral and multilateral agencies of development cooperation.

With the exception of the Ivory Coast and Senegal, where a tiny percentage of the population has recently started to obtain access to tritherapy, the main function of the PNLS is prevention (awareness-building, training, etc.) and some treatment and care for people living with HIV/AIDS (psycho-social support and a certain amount of financial support, etc.).

The enquiry also revealed the lack of a formal framework of collaboration between the PNLS and the Churches, ecumenical organisations and other religious communities. These are not always seen as key agents in the strategies to combat AIDS put into place by the PNLS in the countries visited, for various reasons: they are not all actively engaged in the fight against the epidemic and also those which have a programme in this field operate it in a low-profile or in an isolated way so that their actions are not very visible.

However, the governmental structures to combat HIV/AIDS in the different countries were unanimous in recognising that the Churches, ecumenical institutions and other religious communities have an important role to play in this field. They thus confirm the position of Father François Sedgo of Burkina Faso: “AIDS is also a ‘behavioural illness’ and as such, the stress must be on change of behaviour and fundamental transformation of life style and habits through information and education. In this sense, AIDS prevention demands the promotion of moral and spiritual values through a conscious and responsible management of sexuality in perfect harmony with humankind’s natural and supernatural vocation. People of today are in effect called to ask themselves about the profound meaning and real significance of sexuality and human love.”

3. THEOLOGICAL AND ETHICAL APPROACH OF THE CHURCHES TO HIV/AIDS

On the whole, all the religious leaders interviewed (Catholic, Methodist, Baptist, Assemblies of God, Anglican, Presbyterian, Lutheran, Adventist, Salvation Army, Muslim) are aware that AIDS remains a major health and societal problem because of its lightning progress in the countries and the socio-economic havoc which it wreaks. They also seem to be familiar with the means of transmission and are aware that AIDS is transmitted by a virus called HIV. Moreover, the viral aetiology of the HIV infection is the only one accepted and recognised by the Churches. In addition, they recognise that there are factors which contribute to the spread of HIV/AIDS, in particular poverty, which generally leads to rural exodus, migration and prostitution, to which are added ignorance, denial of the illness, the harmful effects of the media, beliefs and certain cultural practices.

It should be noted that these aggravating factors are found in all ten countries given that the African countries are experiencing similar problems. At the same time, it is clear that each country has its distinctive characteristics. In Liberia for example, the economic crisis has been accentuated by the effects of the civil war which devastated the country for years; in Togo, the socio-political unrest in the country from 1993 onwards has led to the exodus of over 300,000 Togolese; since that time the European Union has suspended its financial assistance to the government, thus accentuating the impoverishment of the population. As far as Benin, Ghana and Guinea are concerned, their economic situation has deteriorated because, quite apart from the harmful effects of globalization, they have become havens for citizens of the above-mentioned countries. As for Nigeria, which seems to be better off than the other countries of the sub-region, it is the victim of unequal distribution of the country’s resources.

All the same, if poverty remains a factor of risk and vulnerability to infection with HIV, according to the Churches it should not lead Christians to sin. For one can be poor and remain worthy. For most of them, in fact, the real cause of the rampant spread of the illness is the non-respect of God’s laws which is expressed by fornication, infidelity, loose living and the sex trade.

3 Father François Sedgo  Aids Prevention and Christian Education on Human Sexuality”
In Muslim circles, they are quite blunt on the matter: HIV/AIDS is the result of disobedience to the laws of God which provokes his wrath: "The prophet Mohammed said that when sexual depravity and all that it brings with it manifests itself in a society, that society brings God’s punishment down upon itself. "Paradoxically, other ways of contamination are being recognised timidly, such as blood transfusions, mother-child transmission or other factors of propagation such as early sexual relations, polygamy, lévirat, excision, some fairly normal practices in Muslim countries. But, for all that, people who are HIV positive or who have AIDS are not abandoned for the Koran recommends that help be given to all who are in need, whatever their faults.

Contrary to the Muslim tendency, the Churches do not consider AIDS as a punishment of God, for the God of the Bible is a “merciful God who does not seek the death of the sinner but rather that he should repent.” Nevertheless, that does not exclude the fact that God gave free choice to men and women who thus alone remain responsible for their acts and their consequences.

Up to now, the Churches have not developed any theological and ethical approach as such as a basis for their actions. Most of them react to the emergency situation by using any kind of the available methods and resources. The recommendations of the WCC contained in the publication “The Churches confronted with AIDS ”which invites the Churches to carry out together a theological reflection on the subject and to draw up an ethical perception of the epidemic do not seem to be taken into account. Worse, most of the Churches do not even have this information. This is the right place to underline the frustration which the Churches of French-speaking Africa feel in general, given that they do not always have access to all the information disseminated by the WCC, because it is often in English.

As for the ecumenical institutions and movements, they have adopted a purely social, if humanitarian approach faced with the epidemic.

4. STRATEGIES AND ACTIVITIES DEVELOPED BY THE CHURCHES IN THE AIDS STRUGGLE

4.1. Prevention

Whilst the Churches have a common vision of the causes of the illness, their positions converge when it comes to means of prevention. In effect, for all the Churches chastity, abstinence and mutual fidelity are for couples are the unquestionable routes to prevention: “Rely on God, listen to His advice, is the basis of all prevention and cure.”

This prevention consists therefore of each Church, ecumenical institution or religious community carrying out, according to its means and in its own context, the following activities: information and awareness-building sessions in French and in other national languages; training of trainers, pedagogical support for those requesting meetings, photo exhibitions, design and distribution of educational posters, encouragement of serological testing before marriage.

The only point of difference concerns the use of condoms or sheaths. The Methodists, Baptists, Lutherans, Anglicans and Presbyterians accept the condom because they claim to be realistic and in favour of any means which will protect the faithful from HIV. In Senegal, for example, the Protestant Aid Association, a structure created by the Protestant Church, is the regular supplier of birth control devices to various health centres and posts.

On the other hand, the Catholics, Evangelicals, Adventists and Muslims are against this move in the name of religious morality. For them, promotion of the condom is an anti-religious act and an invitation to extra-marital sex among young people and to infidelity in the case of married couples. However, they make the concession that sheaths may be used in the case of problems in a legally married couple.

The Young Men’s Christian Associations (YMCA) are also in the forefront of actions to reduce the spread of AIDS. With the exception of Benin, where the movement is just starting, they are well mobilised in Ghana, Liberia, Nigeria, Senegal and Togo, being particularly involved especially in the promotion of the reproductive health of adolescents with special emphasis on AIDS.

4 The French word “lévirat” means brother marrying his sister-in-law after his brother’s death in order to assure the continuity of the family.
In Togo, the Biblical Alliance, which works with all the Churches and even with the Muslims, has just started a project for which it is seeking funding.

All in all, it can be affirmed that prevention is above all else the field of involvement of the Churches and other religious structures, even if they show a lack of expertise, and there is an enormous lack of resources with much remaining to be done.

4.2. Caring for People with HIV/AIDS and for Orphans

This consists of attempts, in hospitals and in health centres belonging to the Churches, ecumenical institutions and other religious communities, to treat the illnesses arising from and related to HIV/AIDS. Generally these health structures are forced to send people with HIV/AIDS back home, because they are unable to treat them properly (due to shortage of essential medical supplies and/or the lack of financial means of the patients or their relatives). The numerous testimonies of helplessness received refer for example to the critical lack of reagents at hospitals and health centres. Antiretrovirals are generally beyond the financial means of people with HIV/AIDS or their families. In reality, the Churches are totally unequipped to confront the epidemic: on the one hand, they are not organised to confront it and on the other hand, they themselves are suffering from the repercussions of the economic crisis characterising African societies today. The Churches stemming from missions are today facing serious financial problems as increasingly the latter are tending to reduce their financial support.

In this deplorable context, the Catholic Churches are as a general rule to the fore and are often a length ahead of the other Churches and religious communities. They have quite a well-structured preventive policy. The Catholic Church in Senegal has even gone beyond prevention by creating through AIDS Service (Sidaservice), its organism to combat AIDS, a large centre not only for prevention but above all for treatment and care called “Health Promotion Centre”. It is the first centre of its kind in Senegal or even in the sub-region. Three aspects (psycho-social, medical and spiritual) are dealt with. Screening is free of charge and anonymous and those with HIV/AIDS are followed up regularly and cared for at all levels in as far as it is possible.

In Nigeria, the Salvation Army is also doing good work in this field.

The family of Protestants and Evangelicals is the one which seems to be lagging farthest behind. The pastors and laity provide spiritual, moral and sometimes material support to persons living with HIV/AIDS simply as they would to any other sick person.

Let us note that in most cases it is the foreign medical missions who are the most engaged in the field of care as they have the most resources. In the Ivory Coast, Hope Worldwide, an international Christian body, is caring for 3,000 people with HIV/AIDS and 150 orphans entrusted to it by the Churches, hospitals and screening centres. As for the care of AIDS orphans, the Catholic Church and the Salvation Army are the ones taking an active interest. Of course, one can list activities benefiting orphans on the part of all Churches, but no special emphasis is yet placed on AIDS orphans.

On the other hand, confessional associations are trying to cover this aspect with the means available. In Burkina Faso the “Sheepfold”, “Faith, Universe, Compassion” and “Christian Medical and Paramedical Union” are very active.

The other great weakness of the Churches relates to lobbying and advocacy: they are not engaged in any action in favour of reducing the cost of antiretrovirals or making tritherapy available to people with HIV/AIDS.

4.3. Struggle against Poverty and the Promotion of Human Rights

There is no doubt that the state of absolute poverty of the African populations is compounding the rapid growth of the epidemic. Those Churches and ecumenical institutions which are trying to make the struggle against poverty their war-horse have understood that, and are implementing all kinds of development projects such as strengthening the capacity of rural communities to become self-sufficient, initiating income-generating activities among women, the creation of professional training schools.

The defence of human rights remains a field of action for all Churches without exception who are striving to educate their members on the rights and duties of citizens and the attitude of the Christian vis-à-vis public authority. Sometimes they protest against cases of violation of citizens’ rights.

During our discussions the church and ecumenical organisation leaders gave us the clear impression of grasping the problem of poverty as an aggravating factor of the epidemic. On the other hand, the question of human rights in
relation to AIDS does not yet seem to have been given any thought. That is a path to be explored later during the training activities.

5. **EXISTENCE OF NETWORKS**

With the exception of the national or foreign medical missions which are making regular attempts to collaborate, there are scarcely any collaborative relations among the Churches in the form of an operational network. We can see the timid beginnings of such initiatives. In Togo, we noted the start of collaboration between Catholics and Protestants; at the level of the Christian Council the latter had themselves created l’APROMESTRO (Protestant Association of Medico-Social Organisations of Togo); in Mali, the Protestant Health Association has an AIDS project; in Nigeria last September all the Churches had organised a workshop on the theme “The Churches confronted with the problem of AIDS”; in Benin a common project of the Churches has been submitted to sponsors. In Ghana two different events have gathered together all the Churches; one was to celebrate World AIDS Day and the other was the Christian Home Week sponsored by the Christian Council which took place from 4 to 14 May 2000 around the theme “HIV/AIDS: A Challenge for the Church”. In the Ivory Coast a project called “AIDS with the Churches” exists in partnership with the Medical Assistance Programme (MAP). The aim of this project is to mobilise and equip the Churches to be more effectively involved in the field of HIV/AIDS prevention as well as care.

Among the ecumenical institutions, the YMCAs of six African countries have in common a reproductive health programme for adolescents. They have started joining together to train their leaders, share their knowledge, exchange personnel and coordinate certain of their involvement under the leadership of their common financial partner, the International Division of the YMCA of the USA. In all cases, even if there are not yet any functional networks in the countries, we noted the strong desire of all the religious authorities to join together, indeed with the Muslims also, to combat AIDS. In Senegal there exists an “Alliance of religious authorities and medical experts in responding to the AIDS epidemic”. In addition to medical experts, it gathers together Catholics and Muslims. Under the supervision of the Ministry of Health, it has already published an awareness-raising document entitled “The Medical, Koranic and Biblical Principles which all Believers should Read, Know and Apply”. Unfortunately the Churches of Reformed and evangelical allegiance are not members of this Alliance and seem to be unaware of its existence. In this case, the word “Christians” only applies to Catholics.

6. **SPECIALISED INSTITUTIONS AND NGO RESOURCES**

During the enquiry the team was able to identify the ecumenical institutions and non-governmental organisations which already have experience in the struggle against AIDS and on which the WCC and WAYMCAs could count in carrying out the necessary activities to promote and support the setting up of a network which the Churches of these countries are eagerly calling for. These are the International Medical Assistance Programme (MAP) based in the Ivory Coast, the African Network of Research on AIDS based in Senegal, Enda Third World (Mali and Senegal), The Djoliba Centre (Mali). These institutions are open for multiform collaboration with the WCC and WAYMCAs provided that the terms of reference are well defined: making skills available, joint planning of projects, support for projects in the field.

**GENERAL CONCLUSION**

The AIDS epidemic is spreading fast in all countries of the sub-region with a prevalence rate varying from one country to another. This disease is spreading at an alarming rate and particularly affects the most sexually active age group, between 15 and 45 years. Women appear to be particularly vulnerable to the disease.

The principal mode of transmission is sexual and the main clinical factors connected with sexual contamination are extra-marital sexual relations, multiple sexual partners, levirate, prostitution and STIs.

All the countries visited established national programmes for controlling the epidemics. The strategies pursued, even if they varied from country to country, are similar because they were designed in the sub-region under the auspices of the WHO or UNAIDS.
The main strategic thrusts are the prevention of HIV/AIDS, care of STIs, care of infected or affected persons, safe blood transfusion, epidemiological surveillance, monitoring and evaluation. In view of the multidimensional character of the epidemics, various stakeholders are involved in combating it.

Thus, governments which are in the forefront of the fight are supported by local NGOs and local associations, international NGOs, developmental partners, and to a lesser extent, the churches.

At the end of our study, we can affirm that all Churches, religious communities and ecumenical organisations have become aware of the seriousness of the situation. Even if the ethical and theological approach differ, all are unanimous and acknowledge that this is time to act. “The wolf is in the stable, it is not the moment to hesitate”.

Church leaders are equally aware that poverty and migratory flows, on account of socio-political conflicts including war, as well as the search for better living conditions, are factors which encourage the propagation of HIV/AIDS. However, this should not prevent each human being from adopting responsible behaviour. Often the view held in Church circles is that the source of contamination by the AIDS virus is mainly immoral sexual conduct in violation of God’s teaching. However, AIDS is no longer generally seen as a punishment from God because God is good and merciful. God created man and he is free and responsible for his acts and the consequences thereof.

Our study has shown a change in the attitude of religious leaders. From condemnation, a shift has taken place to compassion or even tolerance. However, the change in attitude towards the disease does not, to the same degree modify the information on the means of prevention, which is a unique strategy developed by religious circles.

Besides Catholics, who adhere automatically to the official position of the Vatican, the vast majority of Churches have not yet started internal discussions with a view to adopting official positions in the light of the AIDS problem and all the ethical issues which it raises, to the extent that it is difficult to discern with precision their ethical and theological position.

In order to be protected against the disease, Churches recommend to society and especially Christians to revert to moral values and to God's law. In short, fidelity, abstinence and chastity are the most advisable means of prevention. The only point of discord is the use of condoms. In this respect, two positions have emerged:

- On the one hand, there are the Anglicans, Methodists and Presbyterians who project themselves as the progressives and who accept the condom as an ultimate measure for those who can neither abstain nor remain faithful.
- On the other hand, there are those who reject the condom, pointing out that the promotion of the condom is a propaganda for immorality. This group comprises Baptists, Assemblies of God and Catholics. However, the former (Assemblies of God and Baptists) accept that the condom can be used by couples if one is HIV infected. Catholics hold a more radical position, nevertheless with some points of divergence. Even if the clergy, in conformity with the position of the Vatican, is intransigent, the laity and sometimes the religious leaders, confronted with realities in the field, appear relatively flexible and do not conceal their agreement with the use of condoms.

In all the countries visited, the Churches, religious communities and ecumenical organisations are active in fighting against AIDS even if the actions are often discrete. The temples, churches, mosques and other places of worship are the special places where the majority of the citizens of the sub-region meet or pass through. In an Africa dogged by poverty, misery, diseases of all types, and increasingly the anguish of AIDS, these places have become bastions or refuge.

It is true that AIDS seems to have surprised everybody and put faithful particularly before a fait accompli. This explains why churches hesitate, proceed by trial and error, and are searching for an identity and their commitments are generally still half-hearted. In fact,

- All churches intervene in this control exercise however at various degrees. Few of them have well-defined projects (apart from Catholics). However most of them are focused on the sensitisation of their members by organising discussions, projection of films, lectures, debates...
- The question of sexual education of the youth is posed in the Churches. Most of them are not prepared for this and do not have any appropriate pedagogy in order to tackle the issue of sexuality in conformity with the Gospel and the socio-cultural environment of the youth. The same shortcoming was observed at the Addis Ababa forum: “the established religions, particularly the conservative forms of Islam and Christianity, traditionally feel disturbed to talk about sex”.
- The care and support to the sick are the main shortcomings of the Churches; indeed, they have been striving against the rejection of the sick and the pastors try as much as possible to support spiritually and morally
those who report to them. However, on the whole, Churches are not yet sufficiently involved in the medical and psychosocial care of infected and affected persons. This situation is due to the fact that AIDS is and remains a confidential family affair.

- Finally at the level of all the Churches, there is not yet the requisite competence and expertise among the clergy and the laity. In addition, financial difficulties are not unrelated to this conservatism.

Ecumenical organisations such as the YMCA, which are free of dogmatic constraints have taken the lead with their prevention programmes. They were able to develop a high potential for the mobilisation of the youth.

Furthermore, most of the health facilities belonging to the Churches are medical and psychological care structures.

- Virtually all the churches have either orphanages or support programmes for orphans, however there are very few specific projects for AIDS orphans. The same is the case for activities concerning the provision of care and support to the sick at home. Most of the churches have units which organise house-to-house visits to pray and morally, spiritually and financially support the sick in general. The focus is not on AIDS. It should however be pointed out that in Nigeria, the Catholic church and the Salvation Army have projects for assistance, care and support to the sick at home.

- The problem of voluntary testing before marriage to simply know the serological status is not yet really the main concern of Churches. Initiatives can be observed here and there. However no Church has an official position on this matter.

Virtually all the hospitals and health centres belonging to Churches have developed AIDS control components. These components concern, inter alia, prevention and especially, the medical, physical and psychological care of PLWAs. These structures also serve, for the most part, as screening centres. The quality of their service and the facilities at their disposal vary from country to country. The Catholic centres are the best equipped and the most affordable. The hospital centres of the “traditional churches”, most of which are members of WCC, have a lot to learn from the health structures of the so called fundamentalist churches such as the Assemblies of God and the Adventists. Generally, the denominational health facilities are the extension of the prevention action of the churches even if there is a noticeable disparity between the vision of Church leaders and the medical personnel of the denominational hospitals.

Since all are conscious that poverty is a factor which favours the propagation of HIV/AIDS, the Churches have been trying to mitigate the impact of poverty on the people through the implementation of development projects. It should however be pointed out that their resources are very limited considering the magnitude of the problems. Furthermore, it should be proper to question the effectiveness of the projects as designed and implemented in the light of the current context of globalisation and over-indebtedness.

Besides, one can rightly establish a link between the spread of AIDS and the structural adjustment programmes being pursued by the countries visited. Indeed, the governments of these countries are often constrained to reduce the resources allocated to the health sector and hence to AIDS control. The Churches must be able to enter into permanent dialogue with the governments and where necessary, take part in negotiations with the international financial institutions so that the vital sectors that are health and education can be spared to a limited extent.

The defence of human rights is one of the concerns of all Churches. This explains why not only do they inform the faithful on their rights and duties, but also they denounce human rights abuses of citizens in every respect. The task does not appear easy confronted with governments who are hardly inclined to democracy and respect for human rights. With regard to AIDS, every person has the right to be treated and to live under decent conditions. However, considering the situation of PLWAs in some countries, one wonders whether this right is respected. They are often victims of exclusion and poor treatment. In their programmes, Churches must take into account the protection of the rights of infected persons.

The national branches of the YMCA are active in combating AIDS in Togo, Nigeria, Liberia, Ghana and Senegal. They implement pertinent prevention projects for the benefit of adolescents. The impact of their activities is visible on account of their capacity for the mobilisation of adolescents and the professionalism displayed by their personnel. Furthermore, reproductive health programmes seem to benefit from strong financial support which augurs well leaders, taking initiatives, whose main concern is to know how to reach as many youths as possible. The Churches have a lot to learn from them in order to benefit from their expertise. It should however be pointed out that the caring component, for those who are ill, is lacking in these projects.

With regard to collaboration between Churches within the framework of the AIDS control network, there is still a lot of ground to be covered. The networks are to be created. However, it should be pointed out that there are in existence structures such as the Christian Councils, the Federation of Churches or other groupings which can serve
as a spring-board for a common action of the Churches, the ecumenical institutions and religious communities. This is already being done in a number of countries such as Ghana and Senegal.

All religious leaders expressed the need to collaborate together in a network, even with the Muslims. However, some of them expressed reservations on collaboration with the sects

The collaboration between Churches and the NACPs is also lacking. This is due to the fact that most of the Churches are not very active and do not have well-defined projects. Those which are active act discretely and with a fragmented front. Churches generally seek to maintain their distance and independence from the state; sometimes the philosophical or ethical position of a number of them on prevention measures, particularly the use of condoms, is at variance with the policy of the NACP.

It has nevertheless been observed that the leaders were disposed to work with the NACP and vice-versa. This openness must be exploited because Churches have a lot to contribute. The cultural and moral aspect specific to African countries is chronically lacking in the measures currently being implemented. The role of the mirror of society which has been acknowledged for Churches and religious communities must be maintained. The churches must be able to serve as reference and sentinels in imparting messages, practices and morals which are often out of touch with African habits and customs. One only has to watch the awareness-raising advertisements on the radio or television in the countries concerned in order to notice the cultural deficiency.

The widespread of epidemics in countries concerned is in itself an appeal for an effective co-ordination of efforts and resources. No Church nor Council of Churches can claim to act in isolation. All forces must be harnessed both at the national and sub-regional level in order to develop viable and sustainable alternatives. The Churches and religious communities are and remain these indispensable forces and they are aware of it. Apart from some hesitations with regard to sects, all religious heads expressed their strong desire to fight AIDS together. It is now, more than ever, that we should move into action.

RECOMMENDATIONS

There is a popular saying, “Strike whilst the iron is hot.” At the end of the tour of these ten countries of West Africa the working team is unanimous in recognising that this is the right time for decisive action by the WCC and WAYMCAs together with the Churches, ecumenical organisations and other religious communities. They are all involved in AIDS control but in differing degrees. On the whole, their efforts are very modest.

Moreover, we noted that the Churches have much confidence in the WCC and WAYMCAs. That is why they should seize this opportunity to motivate the Churches by putting in place functional networks in the countries concerned and at the sub-regional level. In the case of the YMCA the beginnings of a network is already under way and it would be good to strengthen it and open it to other ecumenical movements such as the YWCA (Young Women’s Christian Association) and the WSCF (World Student Christian Federation).

Networking against HIV/AIDS

Setting up networks necessarily involves creating an effective information and communications system among the Churches or, if need be, their restructure. In French-speaking Africa, for example, very few Churches have access to the internet or have a web-site. Few clergy know how to use information technology. Usually the computer is only used as a word processor: all the other means of opening up to the world and of researching information, which the computer offers through the internet, are not paid any attention or are not even known about.

Furthermore, it is sad to note that these Churches are incapable of exchanging information among them on the national and sub-regional level. Many of these Churches and ecumenical institutions have more contact with their western partners than among themselves.

A communication network, which is effective and accessible from both a technical, and a linguistic standpoint should be foreseen between the project initiators and the Churches and ecumenical institutions. Very often the Churches in French-speaking Africa feel excluded from WCC programmes because of the language barrier. This network will also need an organiser, preferably bilingual, who can be the link between the Churches (who by and large are ready to release somebody to represent them in the network) and the WCC and WAYMCAs leaders.
But beyond the network, the WCC and WAYMCAs must help the Churches, ecumenical organisations and other religious communities to realise their projects and efforts to combat AIDS by providing technical and financial support. Special attention must be given to the initiatives of youth and women. According to Father Sedgo (op. cit.) “An epidemic is easier to control to the extent that substantial budgets can be allocated for prevention and education. But the already fragile and debt-ridden economies of the developing countries are unable to allocate substantial amounts to campaigns for training, information and the care of people with HIV/AIDS”.

It is only with such adequate support that putting a network into place will be effective and operational. For one can only share what one has and, as the Bible says, “Faith without action is dead."

It is the opportune time to embark on action which will leave its mark and we must not let it pass and betray the Churches’ expectations. The many projects submitted to us by the Churches and other communities are proof that they need to be given a framework and advice. Furthermore, it might be said that the study was truly inspired as the enquiry has given the Churches and institutions a sense of relief through the knowledge that they are not being deserted.

For once it is encouraging to note that the Churches, ecumenical organisation and other religious communities are treating AIDS as an urgent humanitarian problem and are ready to brave doctrinal barriers and stand together in order to find appropriate solutions. It is an open door which must not be allowed to shut again.

In Acts 27, the Apostle Paul, a man of God, contributed to the saving of two hundred and seventy five people during a storm. That is the role which the Churches have to play at the present time when HIV/AIDS is endangering African societies.

In Senegal, the Catholics and Muslims are already working together under the leadership of the PNLS to increase their capacity for action. It is therefore imperative in the short and medium term that the study initiators be able to organise meetings with the heads of Churches and ecumenical institutions to promote theological and ethical reflections as a basis for their future action and as a preliminary to the creation of a network.

**A Tentive Terms of Reference for the Network**

In the general opinion of the persons met, this network should serve as a frame for meetings, reflections, exchange of information and experiences, training of its members in AIDS prevention, care and treatment of persons living with HIV/AIDS. Methods and techniques of lobbying and advocacy for the mobilisation of resources both at national and international level should also be considered; this will enable easier access to systematic testing and appropriate treatment, including tritherapy and other new remedies or vaccines.

In addition, particular emphasis should be placed on the training of religious leaders, members of the clergy and laity (youth, women). It is the common opinion of other leaders of civil society that religious leaders at the present time constitute one of the most important life rafts in the struggle against AIDS. They therefore need to be informed and trained in various fields in order to be able to fulfil their role. In effect, HIV/AIDS brings a new dimension to the challenges with which the Churches and religious communities are traditionally confronted: for example, it is no longer a question of simply providing prompt moral and financial support to a woman and children who have just lost husband and father. The tragedy of HIV/AIDS is that this widow and these orphans in turn run the risk of developing the illness: how do we help them as they live with this psychosis? How do we protect them from the rejection of their family circle and society when they are already bruised and defenceless? How do we mobilise this moral and spiritual force for a change in mentality and behaviour in the different levels of society? We must make an analysis of the needs of the Churches and ecumenical institutions in this field.

“United we are strong”: faced with the devastation caused by HIV/AIDS, it is no longer conceivable to confront it with scattered ranks. The network is the appropriate frame work to combine the religious forces and to initiate them in the development of a common strategy of appeal to their governments, their partners and the international community.

Only information and training can confer on religious leaders and others in the religious world these new skills which they need to confront the invasion of the epidemic.

Finally, it is obviously essential to create a mechanism for fund-raising to provide finance promptly for the Churches’ efforts.
Concretely, it is desirable in the short term that the WCC and WAYMCAs hasten to convene a consultative meeting for the benefit of the Churches and communities of the sub-region, with the aim of giving life to the hope which this study has raised. We also think it would be good to serve a double purpose in choosing as the venue for this first meeting one of the countries where Christians are really in a minority (Mali, Guinea, Senegal) in that a meeting of this sort would truly be an encouragement for them and add to their Christian witness in a rather difficult religious and spiritual environment.

In the short and medium term, efforts must be combined and resources mobilised so that the following actions can be undertaken:

- **At the level of each country**
  - Encourage and facilitate a functional and a well-structured network bringing together all Christian Churches and other religious communities in each country. This network should serve them as a framework for consensual consultation, common commitment, information, experience sharing and especially training and as a resource mobilisation network.
  - Provide a technical support to Churches for the preparation of pedagogical documents and access to new information technologies (Internet), in order to enable pastors and laity to acquire the necessary expertise for the implementation of projects concerning AIDS prevention and the care of the sick.
  - Facilitate for the Churches access to financial sources with a view to the design and initiation of projects concerning AIDS prevention, care for the sick and orphans.
  - Encourage and support the churches in promoting adequate sexual education in conformity with the Gospel, the cultural and economic realities of the youth, couples and children.
  - Insert the AIDS component into the programmes of training institutes and seminaries for pastors, priests, monks and catechists.
  - Provided technical support to the medical staff of denominational hospitals in the areas of screening, caring for the sick at the hospital and at home.
  - Provided more significant and diversified financial support to the YMCAs in order to build their capacity to uplift the youth from poverty.

- **At the regional level**
  - Organise a meeting of heads of Churches and ecumenical institutions ahead of time, in order to begin a reflection on the theological and ethical dimensions as a basis of AIDS control. This meeting must also make it possible to lay the foundations for the formation of a sub-regional network.

  During a panafriican forum on AIDS held recently at Addis Ababa on the theme “AIDS: an unprecedented challenge for leaders”, a special focus was put on the role of religious leaders. It was affirmed that the "organisations and religious leaders, be they Christians or Muslims, have numerous roles to play in connection with a social and moral crisis such as HIV/AIDS... The role of the religious leaders is of crucial importance in the fight against AIDS, in the sense that they can contribute to the solutions or prevent them. In view of the potential moral leadership of religious leaders, the positions which they adopt and defend can have a considerable impact on the way populations think and behave in the light of the AIDS epidemic".

  - Based on national experiences, the creation of an ecumenical AIDS control network should be encouraged throughout West Africa. This network is of crucial importance because it would pave the way for an effective exchange of information which would be beneficial for all the parties concerned. The following example confirms this recommendation: in all the countries visited, Catholics indicated that they had adhered to the official position of the Vatican which is against the use of condoms. Meanwhile, according to the information gathered from the Addis Ababa forum, “the Vatican has just reviewed its policy of refusal to accept any form of protection by accepting that it is allowed in order to protect oneself against the spread of HIV/AIDS".

  If the network existed, it could have been used to disseminate information which unfortunately remains inaccessible for the time being.

  - In Senegal, we discovered in a document published by the alliance of religious figures and medical experts in their response to the AIDS epidemics “that no religion imposes levirate or sororate. It strictly forbids these
practices where there is the risk of transmission or contamination. In fact, God said: “O believers, it is not lawful for you to inherit women against their will” (Verse 19 Sourate Nissa). This is a revolutionary message to be shared within the framework of a network.

- Special attention should be paid to Churches and ecumenical organisations from certain countries such as Liberia, Mali and Guinea in view of their peculiar situation (consequences of war or Christian minorities).
- Since West Africa is predominantly composed of French-speaking countries, it is necessary that WCC gives a little more importance to French (documents, mails). Access to information through the internet should also be promoted.
- A co-operation link should be established and strengthened between the UNAIDS country team (based in Abidjan) which orientates and supervises the fight against AIDS in all the West and Central African States for the exchange of information as well as technical and financial support. The same shall be the case for all other resource structures such as ENDA, MAP International, the Djoliba Centre and the African AIDS Research Network.
- Research should be encouraged and sustained in order to have a fairer idea about the HIV/AIDS reality in West African countries.

All these recommendations would be easy to implement if the institutions concerned had access to resources. All the initiators of this study are hereby invited to associate with all their AIDS-related activities and reflections on resource mobilisation. The traditional partnership between Churches and ecumenical structures of the North and South does not seem to take into account the new dimensions of AIDS control.

Churches and ecumenical organisations of the South must also develop advocacy campaigns before their governments so that the country resources are fairly distributed, by encouraging true social development.

The fight against AIDS cannot be won unless another form of bilateral and multilateral co-operation is promoted. Churches have an important role to play, be they in the North or South.

The ecclesiastical structures of the North must communicate to their members in a different way the realities of the South so that their support to poor countries can go beyond humanitarian aid and have a true dimension of economic and social justice. These institutions of the North should, more than ever, make the fight against the adverse impact of globalisation their top priority.

**ACKNOWLEDGMENTS**

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1. **GENERAL AND EPIDEMIOLOGICAL DATA**

1.1 General Data

Benin is a country located in West Africa, bounded to the East by Nigeria, to the North by Niger and Burkina Faso, to the West by Togo and to the South by the Atlantic Ocean. Benin covers an area of 112,622 km² with an estimated population of 4,915,555 inhabitants according to the 1992 general population census. The administrative capital of the Republic of Benin is Porto-Novo and the economic capital is Cotonou. The country's main religions are Christianity, Islam and animism.

The Beninese economy remains weak despite a significant improvement which started in 1990 with a GNP growth rate of 3.5% in 1990/1991 as against 2% in 1989.

1.2. Epidemiological Data

The AIDS epidemics is today conspicuous in Benin. In fact, since the discovery of the first AIDS case in 1985, Benin has declared 4,188 cases in 1999. The main mode of transmission of the infection is sexual (90%).

Just as in all the African countries, AIDS has been spreading each year. In 1990, average HIV prevalence among prenatal consultations was 0.36%. In 1997, this prevalence increased 10 fold to 3.69%. AIDS prevalence among STD consultations in 1999 averaged 9.6%.

Currently, in Benin, at least 50 persons are infected daily and the cumulative number of People Living With AIDS (PLWAs) has been estimated at over 159,000 persons in 1999. The estimated number of cumulative AIDS cases is 36,531, and the estimated number of cumulative cases of death is 33,021. According to observers, HIV infection among the general population is expected to increase by 2025 by roughly 10% in the event of a controlled epidemic and 20% in the event of an uncontrolled epidemic.

2. **NATIONAL HIV/AIDS INFECTION CONTROL POLICY**

2.1. Background to the AIDS Control Programme

In the Republic of Benin, the appearance of the first cases in 1985 aroused the interest of the government who, while starting information and awareness-raising activities, approached the World Health Organisation (WHO) for technical assistance.

Under this technical assistance, it was decided that the National AIDS Control Programme (NACP) and the implementation of a short-term plan (STP) would be established. This covered the period extending from 1987 to 1988.

By relying on the results and lessons drawn from the outcome of this STP for Benin and the experience gained in the other fields, the NACP, designed a medium term plan for Benin (MTP) with the support of a WHO mission.

2.2. Strategy Thrusts of the AIDS Control Programme

Two main objectives were spelt out under the medium term plan namely:

- Preventing the infection of the transmission by HIV, particularly by developing Information, Education and Communication activities (IEC)
- Strengthening health facilities for an effective care of HIV positives and AIDS patients.
Pursuant to this objective, the following five priority areas were defined:

1. Prevention of the sexual transmission of HIV
2. STD care (control and prevention)
3. Care of PLWAs and HIV positives
4. Effective multisectoral approach to AIDS control
5. Decentralisation and integration of activities

2.3. Stakeholders Involved

The fight against AIDS in Benin is being waged by stakeholders from different fields. Four types of stakeholders are involved namely, public sector stakeholders, international organisations, international and national non-governmental organisations (NGOs).

2.3.1. Public sector stakeholders

AIDS control falls naturally within the competence of the Ministry of Health. However, in view of the multidimensional nature of the disease, other ministerial departments are also involved in combating the disease. Consequently, focal points have been created in all the ministries. These focal points are, to some extent, resource persons in charge of organising the fight against AIDS in their ministry.

2.3.2. International Organisations

These are the bilateral and multilateral cooperation agencies which provide their financial and technical support to the government, the national and international NGOs and other stakeholders involved in the fight against AIDS in the countries. The organisations include WHO, UNDP, UNICEF, UNFPA, FAO, HCR, WFP, CIDA, European Union, German Cooperation, UNESCO, USAID, French Cooperation, World Bank etc.

2.3.3. International Non-Governmental Organisations

These organisations intervene directly in the field in collaboration with the local NGOs. Their fields of intervention are the prevention of STD/AIDS, the care of sick persons, institutional support and the mitigation of the socio-economic impact of HIV/AIDS on the population.

2.3.4. National Non-Governmental Organisations

There are hundreds of such organisations operating in the country which play a significant role in combating AIDS. Their activities fall directly in line with the policy defined by the government (NACP). Their areas of specialisation are mainly the prevention of STD/AIDS and the psycho-social care of infected persons, awareness-raising campaigns, educational advice, training, sale of condoms etc.

3. Position and Involvement of Churches

In connection with this study, we met with top leaders of the following churches: the Catholic Church, the Evangelical Church of the Assemblies of God, the Baptist Church and the Presbyterian Evangelical Church. It should be pointed out that their viewpoints are convergent and identical in several respects.

3.1. Perception of AIDS by the Churches

AIDS remains today a major social problem and a source of concern for all Churches for several reasons. AIDS cases have been increasing at an alarming rate. AIDS still remains an incurable disease which has been causing havoc among parents, children, the youth and executives of the nation, thereby generating serious socio-economic problems.

A pastor of the Methodist Church stated that “AIDS has emerged as a disorder in our societies thereby creating spiritual and socio-economic problems which our Churches must manage”.

Religious leaders know the name of the virus responsible for the disease, its mode of action in the organism and the principal modes of transmission. They also identified a number of factors which contributed to the propagation of the disease. The first and foremost is poverty with all that it involves. In addition to this are other factors such as ignorance of the population on the reality of AIDS, the peculiar situation of Benin which currently plays host to many foreigners particularly refugees from neighbouring countries, the irresponsible behaviour of parents, the expensive taste of young women for luxury and fast cash and the moral degradation engendered by the media who are considered the merchants of immorality.

The position of the Churches in the light of these situations is that Christians, unlike non-believers, must be able to resist in order not to fall into the clutches of AIDS. The reason being that AIDS is acquired through reprehensible and immoral behaviours inconsistent with God's commandments.

"Dear friend, go for a walk around Jonquet\(^1\) you will see girls practically naked awaiting customers. It is sad to watch. Today, in Benin it is fashionable to see old men strenuously pursuing young adolescent girls. Likewise unmarried women who swarm the city talking to pupils and students. We have received reports that homosexuality is gaining grounds. These nauseating behaviours run counter not only to the teachings of God but also to African culture". These were the lamentations of a pastor of the Assemblies of the Church of God.

Are these behaviours so serious as to prompt God to unleash AIDS on men out of anger?

Apparently yes, according to the Baptists and Assemblies of God. This is because based on a number of passages in the Bible and more precisely Deuteronomy chapter 28 verses 21, 22, 23, AIDS bears close resemblance to one of the diseases which God planned to unleash on the impious on earth. However, in reality, God is not responsible for the mishaps which befall men. Men are responsible for it themselves. The following is a parable from a Baptist pastor: "You know in Benin there is a highway code which every driver is expected to respect in order to prevent fatal accidents. However, there are people who do not respect the code. They cause accidents in which innocent people perish. In this case, who is responsible for the accident? Is it the one who drafted the code or the one who refused to comply to it? The same thing applies to AIDS. The unfaithful man contracts AIDS outside, brings it home to destroy himself, his wife and innocent children".

The conclusion a Catholic priest gave is that "God does not condemn. In the Bible God has refrain from cursing. God is always good and merciful. See how Abraham had bargained with God before the fall of Sodom and Gomorrah. To speak of a curse implies rejecting the sick. The Church must not use a language of condemnation. It should be merciful and accommodating towards the sick in the same manner as the prodigal son. AIDS is an indictment on the Church which should undertake self-criticism in order to know whether the message is preached methodically so as to take into account all aspects of life of the faithful".

Finally, as far as all Churches are concerned, AIDS is not a punishment meted out by God but the consequence of the debauchery of men.

### 3.2. Involvement of the Churches in AIDS Prevention

All Churches opt for chastity, abstinence and fidelity. The reason is that these measures are safer and consistent with the will of God. The point of divergence is the use of condom.

As far as the Catholics, the Assemblies of God and the Baptists are concerned, the condom is an abomination. Advice on the use of condom amounts to advocating fornication and infidelity.

In a world beset with hatred, wars, and moral degradation, Churches must be an exception and make statements which protect moral values.

With regard to the Methodists, the Evangelical Presbyterians and Moslems, Churches must not embark on the marketing of condoms but can speak about it from time to time. The faithful who cannot abstain nor remain faithful can use them.

### 3.3. Involvement of the Churches in AIDS Control

In Benin, Churches have not remained inactive in combating the AIDS epidemic. Each of them, has tried as much as possible to be involved in the fight against this scourge.

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1 A neighbourhood of Cotonou (Capital of Benin) where sex workers ply their trade
3.3.1. Catholic Church

Prevention activities
The Catholic Church is probably the most active Church in the field of AIDS prevention. The objective of the activities is to contribute towards the reduction of HIV/AIDS in the country by sensitising Christians. The target groups are the parishioners and more precisely the youth. The strategy is the mobilisation of the Christian community through Information, Education and Communication (IEC).

The main activities carried out are the organisation of educational discussions for the youth, women and catechumens in the prayer groups, choristers and during the various meetings in the parishes. In addition, lectures-discussions were organised on the occasion of the various meetings bringing together the faithful. The main stakeholder of these activities are young educators trained for the purpose, as well as a number of lay doctors who are Church members and a number of priests.

The themes tackled cover AIDS and sexual education. In this regard in particular, the Church acknowledge that it has not done much, because youth sexuality was a relatively taboo matter whereas the AIDS scourge makes it incumbent on the Church to wake up and act promptly. The subjects and discussions cover extra and pre-marital sexual relations, abortion problems, family planning etc.

Care of AIDS and HIV positive patients
The care of patients is one of the main concerns of the Catholic Church. It is in this perspective that the Church instituted a pilot project called SEDECA\(^2\). The project aims at giving a human face to the disease and hope to those who are its victims. The main purpose is to organise the medical and psychosocial care of the patients and PLWAs in order to dispel the ignominious character of the disease. The project intervenes in five health facilities, the most important of which are the Porto-Novo hospital, Diaké hospital (Porto-Novo) and the Bon Pasteur dispensary at Bohicon. In fact, the project's zones of intervention are Abomey, Bohicon and Porto-Novo.

The project trained a total of 18 advisors, 3 regional directors and 3 deputy directors. These advisors established care units within the health facilities. Their role is to psychologically support the sick through advice with a view to making them accept their situation. They also intervene sometimes in families in order to facilitate the acceptance of the sick and assist those who are in the terminal phase. The project provides its assistance to the sick through food, care and essential drugs. In order to give hope to the HIV positives and shield them against basic needs, the project provides financial support in order to carry out small scale income-generating activities. The project is financed jointly by the Catholic Church and USAID.

The big lesson learnt is that AIDS is certainly an illness which kills but for the mere fact that the PLWAs are supported, counselled and their pains shared, they regain hope in life and can resist and live for a longer time. Clearly, abandonment and despair destroy the victims more than the virus itself.

The problem of voluntary testing and care of AIDS orphans
The SEDECA project encourages people to undergo voluntary testing in order to know their serological status. Those who wish to undergo this test are provided with counselling and support by advisors prior to and after the tests. Furthermore, the test is not demanded by the Church before marriage. This initiative is left to the discretion of the couples and their families.

With regard to support to AIDS orphans, the Church has opened a centre for the care of AIDS orphans in Abomey. This consists in surrounding orphans with all the parental affection which they lack and providing their food, health and educational needs. In all, 100 orphan children are currently being taken care of. This project is being financed by UNAIDS.

3.3.2. Assemblies of the Church of God

AIDS control prevention activities
As soon as the Church became aware of the seriousness of AIDS, it sent a pastor for training in Nairobi. On his return, he was in charge of planning and organising prevention activities for the faithful.

Thus, a 3-day information seminar was organised for the youth from the various parishes of the country. From time to time, these youth organise educational discussion for their peers. Another information and awareness-raising seminar was organised for pastors of the Church in order to give them the opportunity to talk about AIDS and to

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\(^2\) SEDECA which means in the fon language that AIDS is not death
attend to the sick. The other activities carried out are periodic sessions of film projections. From time to time, pastors touch on the AIDS problem in their preaching. The most active contribution from the Assemblies of the Church of God is made by the BUPDOS which is a structure of the Church. It should be emphasized that the Assemblies of God condemn the use of condoms and advocate only abstinence and fidelity.

**The activities of BUPDOS - Bureau of Development Projects and Youth Social Work (Bureau de Projets de Développement et des jeunes Oeuvres Sociales)**

BUPDOS is the organ which is responsible for social work and all the social development activities of the Assemblies of the Church of God in Benin. It is concerned with health problems in general and particularly AIDS within the Church. The strategies adopted are the integration of health programmes (AIDS/MST, Malaria and target groups).

The target groups are the church communities and the pupils of some educational institutions. The project covers nearly the entire country and is especially concentrated in rural areas. The main activities are educational discussions, counselling, group discussions and film projections. The project trained 58 community health workers (CHW) and produced teaching and publicity aids such as training modules, communication guides, audio and video cassettes, posters, leaflets etc. What appears to be more interesting are the house-to-house visits which enable the CHWs to discuss thoroughly with families (father, mother and children). In addition to these were discussions in a number of primary schools (of Assemblies of the Church of God) in Porto-Novo, Cotonou and Comé.

According to the project officers, the main lesson learnt was during the house-to-house visits which are an enriching strategy making it possible to win the trust of the parties concerned and to interact better with them.

With regard to the impact on the beneficiaries, it seems that there are moving public testimonies which testify that there are behavioural changes.

**Care of patients**

There are no special counselling services within the Church. The pastor responsible for AIDS matters confided in us that AIDS cases are rare; a reflection of the high moral within Churches. However, according to a number of observers, all those who are ill do not always have the courage to come and confide in pastors. AIDS still remains a confidential affair. The rare cases recorded are managed by pastors through prayers, counselling and financial assistance for drugs.

BUPDOS has just established a small care unit which is not yet functional.

**The problem of voluntary testing and the support to AIDS orphans**

The Church has not yet adopted an official position with regards to voluntary tests. A number of pastors encourage prospective couples to undergo screening tests. The decision to undergo the test lies with the future couples and their families. It can however happen at times that one of the prospective couples is HIV positive. In such situations, the pastors refuse to celebrate the wedding.

With regard to orphans, the Church does not yet have a special programme for AIDS orphans. However within the Church there are arrangements aimed at providing assistance to regular orphans. In fact, the Church does not have an orphanage. However all the orphans are provided with medical care, education and food.

3.3.3. **Methodist Protestant Church**

The Methodist Protestant Church in Benin has been dogged with turmoil to the extent that it is faced today with a break-up. This situation has enormously slowed down the momentum of the Church in combating the disease.

**AIDS control activities**

The main activities carried out by the Church to inform and educate members were the organisation of awareness-raising seminars, conference-debates during youth camps, and periodic educational discussions in prayer groups and during meetings of Church women. Doctors and other lay church members are closely associated with the realisation of these activities. Pastors of the church often touch on AIDS issues in their preaching. It should be emphasized that the Methodist Church advocates fidelity and abstinence as a preventive measure but also remains open to the use of condoms.

The care of AIDS patients and HIV positives is carried out at the Bon Samaritain de Porto-Novo Hospital. However, apart from this, there are no other PLWAs management committees within the church.
The Methodist Church has not adopted any position on the need to subject prospective couples to the screening test or encourage faithful to undergo the test voluntarily. Besides, the Church does not have any structure for the care of AIDS orphans. However, like all other Churches, it provides assistance to regular orphans.

4. **POSITION OF THE CHURCHES ON HUMAN RIGHTS AND POVERTY**

All Beninese churches are involved in the fight against poverty. They have established schools, hospitals and vocational training centres. They are creating development projects for farmers, youth and women. They grant credit to women to promote their commercial activities, they also train the youth by forming groupings to undertake small-scale income-generating activities. They also handle refugee and child trafficking problems. With regard to human rights, the position of Churches is that they demand the release of a number of people jailed unjustly. They also strive to train their members on their rights and duties. Furthermore, some Churches work closely with the anti-torture associations.

5. **INVolvement of the ECUMENICAL Organisations and Denominational Health Facilities**

5.1. Cotonou Bethesda Health Center

The Bethesda Health Centre was established by the Protestant Church of Benin which, in addition to its curative services, is actively involved in combating AIDS through its programme “Formation of Trainers and Church Health Motivators” (FASE - Formation des Formateurs et des Animateurs de Santé dans les Églises). The project began in June 1998. Its goal is to improve the health of Christians and non Christians.

The target groups are the faithful of the Protestant and evangelical Church of Cotonou and the entire Cotonou community.

The strategy is formation of trainers for the design and carrying out of IEC activities in the various Churches. In all, 20 staff members were trained including 12 trainers and 8 motivators representing 2 trainers per church.

The role of the trainers is to train other educators in their respective churches so that together they can focus on awareness-raising, educational and spiritual counselling activities for their peers. The main themes tackled, in addition to AIDS, are family planning, common ailments such as malaria, physical and spiritual health of Christians and the sexuality of young Christians. With regard to this last point, the trainers and motivators teach the youth to know their body, the consequences of abortion, pre-marital sexual relations etc.

With regard to prevention, even though FASE does not condemn condoms, it however does not give too much advice on its use. The focus is rather on fidelity and abstinence. For reason of financial constraints, the project could not produce educational and publicity materials.

With regard to the lessons learnt, it was observed that AIDS is such an agonising subject that when it is mentioned tactlessly people are sometimes upset. However when the issue is raised in the framework of the Gospel and in relation to sexuality, family planning, physical and spiritual health and common diseases, the messages are better accepted.

The FASE project is not interested in the care of the sick. The cases of illness are reported to the NGO Arc-en-Ciel (rainbow) which is responsible for care of the sick.

5.2. **Le Bon Samaritain Polyclinic**

The Bon Samaritain polyclinic is a health centre of the Methodist Protestant Church located in Porto-Novo.

Each week it organises public educational discussions for the sick and those accompanying them. In addition, doctors are often called upon from the hospital to organise lectures-discussions in the educational institutions and during meetings of the Church youth.
The area in which the centre excels most is the care of the sick and HIV positives. In the hospital there is a unit responsible for the psycho-social and medical care of the sick and the HIV positives.

Currently, the unit has 60 HIV positive patients under its supervision. In the year 2000 nearly 50 AIDS cases were recorded most of whom are already dead. The medical treatment provided to the sick as well as the HIV positives are not free. The hospital does not practice tri-therapy; it does however provides treatment by BACTRIM. The hospital does not provide house-to-house treatment. However, occasionally, doctors make discreet visits to the homes of the HIV positives, who so desire, because society is not yet very well prepared to accept PLWAs and HIV positives; it is on account of this that most of them were abandoned by their families. The hospital is constrained to look after them up to their death.

5.3. The Young Men' Christian Association (YMCA/ UCJG) - Bénin

The YMCA of Benin is a young institution which is at its beginnings. The permanent structures and staff necessary for its functioning at full capacity are not yet in place. The YMCA of Benin has not yet implemented an AIDS project. However, thanks to its dynamism and dedication, the team in place has periodically organised lectures-discussions, drama and game competitions in a number of educational institutions in Cotonou.

The activities generate enthusiasm and interest among the youth groups and this is an attribute for the future success of the AIDS project which is becoming increasingly necessary.

6. ORGANISATION OF THE CHURCHES INTO A NETWORK

The Beninese churches do not yet have a functional network where all Churches would have undertaken actions together against AIDS. However, there are ecumenical structures bringing together several Churches. This is the case of CEPEB (Council of Protestant and evangelical Churches of Benin) which brings together the Protestant and evangelical Churches. CEPEB has also not yet undertaken common actions on AIDS. However one can see the emergence of a number of initiatives geared towards the creation of a collaboration framework among Churches in a network. This is the case of the UCMP (Christian Medical and Para Medical Union) a nascent ecumenical body which brings together the evangelical, Protestant and Catholic Churches to combat AIDS. Furthermore, UCMP prepared a draft which it submitted to the WCC for financing. At any rate, this body will play an important role in the future network. However, apparently it is not yet very functional and not yet well known by all the churches.

In consequence, Church leaders who met were all in favour for the creation of a network which includes Muslims for joint action against AIDS. This attitude is a prerequisite for the establishment of a network which will serve as a framework for collaboration and exchange for all Churches against AIDS.
1. **GENERAL AND EPIDEMIOLOGICAL DATA**

1.1. General Data

Burkina-Faso, formerly called Upper Volta, is a landlocked country of West Africa which shares borders with Mali to the north-west, the Ivory Coast to the south-west, Ghana, Togo and Benin to the South and Nigeria to the East. The country has an area of 274,000 km². Burkina-Faso is a sahelian country whose relief is low; the average altitude does not exceed 400 metres. The tropical type of climate is characterised by the alternation of a long dry season with a short rainy season which starts from May to September with very strong variations in the rainfall pattern.

**Demographic data**

The population is estimated at 11,633,000 inhabitants (UNAIDS). The general rate of population expansion is 2.37%. The population density is 38.9 inh./km². Life expectancy which was 52 years, fell to 49 years with the HIV/AIDS epidemics. In 1991, 48.9% of the resident population was said to be male as against 51% female. The age structure shows that the population is very young of which 49% are under the age of 15; the 65 year age group and above account for only 3.6% of the total population. Migration movements between the provinces and abroad, in search of better conditions of life, affect 10% of the population.

There has been a remarkable increase in the number of people practising different religions. The animists who currently represent roughly 25.9% are decreasing steadily compared to the Christians and Muslims who are increasing in their numbers.

**Socio-sanitary data**

The literacy rate is low: 26% in 1957 with high disparities between men and women, the urban and rural areas. The gross rate of education is 39.7%. In order to ensure health coverage as extensive as possible, health delivery is organised in such a manner that the communities can resolve their health problem as easily as possible. Thus major programmes for combating the disease have been implemented by the government. Despite this the health situation remains alarming. The major endemo-epidemic diseases persist, whereas the medical, para-medical staff and health facilities remain inadequate and poorly distributed. The infant mortality rate remains high (128°/°°), the general mortality rate is 16.6%, the maternal mortality rate is 566 for 100,000 live births. The health personnel-to-population ratio is below WHO standards. The country has one doctor for 29,000 inhabitants, one midwife for 28,000 inhabitants.

1.2. Epidemiological Data

The HIV/AIDS epidemics infection has come to increase the number of deaths in all segments of the population. The first AIDS cases in Burkina-Faso were reported in 1986 and ever since, there has been a significant increase in the number of cases. From 10 cases declared in 1986, AIDS cases shot up to 9,136 in 1996, 13,518 in 1998 then 16,823 in the year 2000 (UNAIDS: number of cumulative cases).

The mode of contamination is mainly sexual and estimated at 85%. The data on the infection's prevalence in high-risk groups is as follows:

- Prostitutes in Ouagadougou: 59.2%; in Bobo Dioulasso 57.7% in 1994
- Persons consulting for STIs: 42% in 1992
- Truck drivers in Ouagadougou: 13% in 1993, Bobo Dioulasso 18.1% in 1994
- Tuberculosis patients in Ouagadougou: 34% in 1994

The overall HIV infection was estimated at 7.17% in 1997 (UNAIDS)
2. NATIONAL HIV/AIDS INFECTION CONTROL POLICY

2.1. Background to the AIDS Control Programme
Since the first AIDS case was reported in 1986, the disease spread very rapidly in the country. Thus, a national HIV/AIDS and Sexually Transmitted Infections Control Committee was established in 1987 to coordinate with the Ministry of Health, a control of the epidemic as well as a monitoring programme.

2.2. Strategy Thrusts of the HIV/AIDS Infection Policy
The HIV/AIDS and STIs control plans and programmes as designed by the committee with WHO support envisaged actions and interventions spread over a period extending from 1987 to 2000 to be carried out in three phases; a short-term plan from 1987 to 1989, a medium-term plan extending from 1990 to 1995; an extension plan spreading from 1996 to 2000.

Policy components
The policy document which is in the process of finalisation comprises the following main areas:

- Prevention of transmission;
- Comprehensive care of cases (the sick, orphans, widows and widowers, PLWAs);
- Awareness-raising;
- Screening and treatment of opportunistic infections;
- Epidemiological surveillance;
- The development of a national partnership involving civil society, economic operators, ministries, NGOs, traditional healers, Churches and religious communities;
- The development of an international partnership with bilateral and multilateral cooperation agencies.

2.3. Stakeholders Involved IN AIDS CONTROL
The HIV epidemic was seen from the beginning as a national multi-dimensional problem requiring a multisectoral and multidisciplinary approach. Several stakeholders have thus associated their efforts with those already engaged by the National HIV/AIDS and STIs Infection Control Committee. These stakeholders can be grouped into several categories namely: NGOs and national secular and religious associations, external partners; Churches, ecumenical organisations, civil society and the private sector.

NGOs and National Associations
These are very numerous in the country. They are either secular or denominational established mainly in Ouagadougou, the political capital or Bobo-Dioulasso, the economic capital. They are very active and play an important role in awareness-raising and sometimes in the care of PLWAs, orphans, widows and widowers.

External partners
The external partners are also very numerous in the country and intervene at several levels in the struggle against AIDS through the provision of expertise and financing. These are mainly UNDP, UNAIDS, WHO, UNFPA, the French Cooperation, Plan International, HIV/AIDS International Alliance, Christians and AIDS, the Red Cross, GTZ, ORSTOM, UNICEF, the World Bank etc...

Churches and ecumenical organisations
In Burkina-Faso, the commitment of the Churches in combating the HIV/AIDS infection epidemics is remarkable be it at the level of the Federation of Evangelical Churches and Missions or that of the Catholic Church or the Assemblies of God. In addition to the Churches, ecumenical organisation such as the Biblical Alliance have not remained silent.

3. POSITION AND INVOLVEMENT OF THE CHURCHES
Since Burkina-Faso's first contact with Christian religion, several Churches and ecumenical organisations have settled in the country. Within the framework of our study, we met with a number of them namely: the Catholic...
Church, FEME, the Assemblies of the Church of God, the Adventist Church through its aid and development agency and the Biblical Alliance.

3.1 Perception of the Churches

The perception of the illness by Church leaders is identical and unanimous. The AIDS epidemic is acknowledged by all as a reality and a dimensional challenge with multiple components such as medical, social, economic, religious and ethical. The disease does not make any discrimination and everybody is concerned either directly as an infected person or affected by its consequences. Everywhere, AIDS leaves in its trail grief, misery, orphans and widows. The family and social fibre is destroyed and the positive impact of African family solidarity has been erased. AIDS reduces life expectancy and destroys development efforts since it is the youth who pay a heavy price for it.

Viral aetiology is acknowledged by all Churches as the sole cause. However, one cannot rule out rumours among the faithful attributing AIDS to supernatural forces. Sexual promiscuity, uncontrolled sexuality and poverty leading to prostitution and polygamy, have been acknowledged as the main factors responsible for the propagation of the disease. Other factors such as migratory movements, rural-urban drift and pornographic publicity by the media are also mentioned.

However, under no circumstances do the churches consider AIDS as a divine punishment, because “God is a God of love who gives life and not death”. They consider AIDS as “a pastoral challenge which compels us to explain the profound sense of human sexuality and highlight the moral values which are intimately related to it”.

3.2 Involvement of the Churches in AIDS Control

The commitment of the churches to AIDS control is very remarkable. All Christian Churches which we met have been sensitised on the seriousness of the problem. There is a general awareness on their part of their role as special stakeholders in combating the disease. Thus, virtually, all of them have initiated preventive activities and management activities in order to assist the infected and affected persons by providing them with a minimum of human dignity.

3.3 Involvement of the Churches in AIDS Prevention

It is in the prevention of AIDS that almost all Churches are involved. In fact many men and women run the risk of being infected due to a lack of information on the mode of HIV transmission. For this lectures and discussions have been organised by all Churches in all parishes.

Points of convergence in the prevention measures

All the Churches above mentioned organised reflection sessions on AIDS within the internal decision-making structures. The two messages delivered were abstinence before marriage and mutual and permanent fidelity during marriage.

The Churches also established committees in the struggle against AIDS in the parishes or dioceses to promote discussions, debates and conferences within organised groups and choristers.

For all Churches, the importance of pre-marital serology is acknowledged and accepted but this is not demanded. It is only advised in a number of special cases by pastors.

Points of divergence in the prevention measures

Many controversies exist regarding the utilisation of condoms. There are two opposing view points. In the view of Father François Sedgo, coordinator of activities for the struggle against AIDS in the Catholic Church and the Assemblies of the Church of God, the utilisation of condoms should be proscribed. None of the leaflets disseminated by these two Churches mentioned the use of the condom as a method of prevention.

The second position is that of other Churches, in their view, believe that the prevention message should give abstinence and marital fidelity all their intrinsic value. However, the use of the condom is tolerated within a couple where there is an acknowledged risk of contamination of one spouse.

It should be pointed out that if the sexual mode is acknowledged by all Churches as the principal mode of transmission, sexuality must be at the centre of prevention measures. However, Church leaders are not prepared to
tackle the problem. Thus, neither catechism nor training programmes for pastors seem to have taken into account the sexuality dimension.

3.4. Churches' Stance Towards the Care for the AIDS Infected and Orphans

In Burkina-Faso, AIDS is known to all segments of the population due to the numerous cases of death in families and due to the high rate of prevalence. The slogan “AIDS kills” pervades the Burkinabe society. Contrary to its objective of prevention, this message plunges the sick into moral, emotional and spiritual distress. The information concerning the infection is still kept intimately in the family or reported only to leaders of Churches who keep it confidentially. Besides pastoral support, none of the churches visited have established care structures. This is not due to a lack of commitment or perception of the problems but due to a lack of experience and resources. It should however be noted that there are a few occasions on which food, drugs, clothes or financial assistance are provided.

In any case there are denominational health facilities which organise remarkably well the care of PLWAs as well as orphans. Examples of these health facilities are the Saint-Camille medical centre of the Catholic Church “Vigilance”, “Bergerie, Foi, Univers, Compassion” of the Assemblies of the Church of God and Christian Medical Union. The Adventist agency ADRA includes the various aspects of care in its assistance and development mission while “Home KISITO” of the Catholic Church is specialised in the care of orphans.

4. Poverty and Human Rights

Burkina-Faso, just as most countries in the sub-region, is faced with daunting developmental problems. The urbanisation of the country, however modest, creates social, economic and health problems which especially affect the youth. Faced with difficulties, the young girls tend to indulge in prostitution. The government’s efforts to improve the situation were negated by the HIV/AIDS epidemics which has increased the number of neglected people. Confronted with this situation, NGOs, national and international organisations, Churches.... have been striving to rise to the challenge.

In support of the social pastoral work of the Church, the faithful of the Catholic Church are urged to be involved in socio-sanitary activities in order to alleviate the misery, suffering and promote the development of the individual.

FEME, for its part, has an extensive assistance and development structure namely the Evangelical Churches Development Office (ODE). Its sector of intervention in favour of the communities are agro-ecology, agro-pastoral water supply, socio-sanitary construction and emergency aid. The Assemblies of the Church of God intervenes through three denominational organisations: AIDS Action Mission of the Assemblies of God (MASAD), “Vigilance”, “Bergerie, Foi, Univers, Compassion”.

The Adventist agency initiated community development projects, income-generating activities, establishment of food collection centres and promotion programmes for women and child survival.

5. Ecumenical Movements and Health Facilities

5.1. Biblical Alliance of Burkina-Faso

In the view of Biblical Alliance of Burkina, the HIV/AIDS infection is a major problem which threatens mainly the youth. The project initiated by the Alliance has the following objectives:

- indicating to the youth the spiritual path which will safeguard them against infection because our body is the “temple of God”
- sensitising adults on marital fidelity of the couple based on excerpts of biblical verses.
- supporting infected or affected subjects through pastoral support, because the sickness is not a conviction.

Theologically, the infected person must accept with faith his suffering without resignation. Caring should not be considered as an act of pity but as a demonstration of love in faith to provide relief. The methodology approach
inspired by the theological understanding of the problem will take the spiritual dimension into account. The causes and modes of transmission will be tackled briefly.

The messages adapted from Bible excerpts will be disseminated in French, in the national languages for printing, audio cassettes and broadcasts on the country's denominational radio stations.

5.2. Saint-Camille Medical Center

The Saint-Camille medical centre is a health facility of the Catholic Church located in a suburb of Ouagadougou and headed by Father Salvador who is the only permanent doctor of the centre. With regard to the care of HIV/AIDS cases, a therapeutic trial based on molecules extracted from medicinal plants in the sub-region is taking place in this centre. Satisfactory results are said to have been obtained. A well-equipped laboratory makes it possible to undertake HIV screening tests and biological monitoring (dosage of CD4 rates, viral load) of PLWAs at the centre. An inexpensive treatment of opportunistic infections is provided. This makes Saint-Camille medical centre a reference centre in the treatment of PLWAs. The sick persons included in the therapeutic trial protocol will soon be transferred to a thirty two (32) bed annex unit whose construction is in the completion phase. This new unit will conduct research into therapeutic trial protocol on materno-foetal transmission of HIV.

5.3. Christian Medical and Para-Medical Union (UCMP)

The UCMP is an inter-denominational evangelical association bringing together Christian medical and para-medical personnel of all religious denominations. The goals of this association of Christian medical personnel are:

- to take care of man in his totality: body, soul and spirit;
- to encourage members to demonstrate their faith in their work places;
- to spiritually and materially support the sick without discrimination.

Established since 1992, the UCMP is represented in all the regions, provinces and departments of the country. Its activities are geared towards awareness-raising and training within all the denominations. The target groups are mainly associations, organised groups, leaders, pastors and priests. Lectures-discussions and projection of films are the approach strategies during awareness-raising sessions for the faithful on health problems in general and particularly HIV/AIDS infection.

Since the beginning of the year 2000, UCMP has designed a 2-year plan of action for the care and prevention of HIV/AIDS through a multi-sectoral and integrated action of care, counselling and prevention.

In addition to awareness-raising, UCMP has initiated another management project specifically in Ouagadougou where PLWAs occupy 30% to 80% of hospital beds.

The objectives of this project envisaged are the care of the PLWAs in hospitals in collaboration with the health personnel and at home in collaboration with the community health staff. It is also envisaged that food, drugs......requirements of the needy will be taken care of.

5.4. Bergerie, Foi, Univers, Compassion Association

It is a denominational association established in 1989 within the Assemblies of the Church of God in Burkina-Faso. The association's goal is to help in improving the health status of the faithful by supporting the Church in its social, humanitarian and health action. The members of the association are Christians with various professional skills: pastors, doctors, nurses, psychologists, biologists etc...

In order to take care of man in his physical and spiritual dimension, Compassion has combined health delivery with evangelisation in the communities. Its concern is to provide replies to exclusion, solitude, despair and restore the social link of patients. In view of the rapid propagation of the infection among the population, Compassion gave priority to the struggle against AIDS from 1994-1995 without neglecting the other activities. Groups of motivators were trained in 96 parishes in all Churches of the two provinces (Oubritenga and Kourwéogo). Each team is composed of one pastor, one leader of a women's group, one deacon, one youth association leader.

The head office of the Association is located in the semi-urban zone, it has a lecture and reunion room, a pharmacy unit, two treatment and day hospitalisation rooms, a consultation and counselling room. With these facilities, care of persons infected or affected by HIV/AIDS has been organised by the Compassion team since 1996. Most of the persons are introduced by the families, the NACE or the hospitals.
Meetings were organised between the PLWAs so that they get to know each other, break out of isolation and share their experiences.

The partners which support Compassion are:
- the Burkinabe State;
- the Assemblies of the Church of God which provides material support;
- Medecins sans Frontière (Doctors without borders) through drug donations;

5.5. **Vigilance Association**

This is an association of Assemblies of the Church of God of Burkina-Faso. According to its President Pastor Nikiema Michel, Vigilance was established in 1996 by the will of God because AIDS is a medical and moral sickness. After one year of awareness-raising activities in Churches, a team was established, composed of persons of good will and various expertise: doctors, psychologists, financial experts and administrators aimed at establishing the basis of the association.

The objectives pursued by the association are:
- Serving the Christian Church by providing it with ministers specialised in the field of sexuality
- Supporting the Church in its evangelisation through information to the population on the dangers of STIs particularly HIV infection as well as through training for a life of chastity for bachelors, fidelity of couples and sanity for all;
- Preparing future couples for marriage
- Teaching for an effective care of the human potential
- Organising the care of affected persons (*sick, widows, widowers and orphans*)

6. **RESOURCES STRUCTURE**

6.1. **Private and Community Initiative in HIV/AIDS Infection Control in Burkina-Faso (PCI)**

PCI is a Non-Governmental liaison Organisation (NGO) established by the international HIV/AIDS Alliance whose headquarters is in London and by Plan International of Burkina-Faso.

It is a novel initiative which seeks to mobilise Non-Governmental Organisations (NGOs) and Community-Based Organisations (CBOs) in order to consolidate and increase their efforts in the prevention of HIV/AIDS infection, care to infected persons and support to communities.

Pursuant to this goal, the PCI:
- Encourages project design by the Associations
- Provides financial and technical support to projects under implementation in the field
- Seeks alternatives for local resource mobilisation from potential donors for the financing of field activities
- Contributes to national advocacy for the development of a congenial environment for the struggle against HIV/AIDS infection.

6.2. **LAAFI LA VIIM Association (ALAVI)**

The Laafi la Viim Association was established on 7th July 1995. It brings together PLWAs. The mission of the Association has several components as follows:
- Promoting the dignity and self sufficiency of persons infected by HIV/AIDS
- Psychological and medical care of PLWAs
- Promoting early screening for HIV/AIDS
• Material support (food and clothes)
• Educating women and youth in the prevention of the HIV infection
• Promoting income-generating activities to improve economic access to health care

The association gives priority to the following target groups: underprivileged men, women and children infected or affected by HIV/AIDS. It limits its action to three localities with a view to maximising the quality of the free services which it provides. The localities include Ouagadougou, Bobo-Dioulasso and Tanghin Dassouri.

The main results obtained by the association in these three localities in 1999 are as follows:

- Support by way of drug supply to 113 persons living with HIV/AIDS (PLWAs) including 63 women, 23 men and 22 children;
- 352 visits to homes and the hospital (an average of 25 beneficiaries per month)
- Pre and post-HIV screening counselling in favour of 95 persons in Ouagadougou for 40 men and 55 women
- One hundred and forty six (146) medical consultations carried out on 113 PLWAs including 68 women, 23 men and 22 children
- Food supplies to 50 PLWAs including 19 women, 3 men and 28 children
- Organising group discussions once a fortnight for an average of 15 persons a session
- Training of 23 members in the psychosocial care of HIV/AIDS
- Production of a broadcast on early and voluntary screening of HIV/AIDS on radio Palsar on 1 December 1999
- Production of 44 discussions for 1399 persons including 1108 women and 291 men
- Production of 267 personalised discussions for 176 beneficiaries including 113 PLWAs

7. NETWORKS

At the national level, there is a network called “Coordination of Associations in support of PLWAs” (CAS/HIV) which was established in 1998. Today, it brings together nineteen organisations including nine in Ouagadougou and seven in other cities and provinces of the country. Its objective is to harness the efforts of the various parties involved for increased efficiency. The network edits the liaison bulletin “Le Cordon” for the information of association members.

With regard to the Churches, there is no network bringing together all Churches in the area of the struggle against AIDS. However, FEME is already a framework to be explored for the establishment of a network including all Churches. It brings together the Assemblies of the Church of God, the Alliance of Christian Church, the Association of Evangelical Churches of Burkina-Faso, the Evangelical Protestant Church, the Association of Evangelical Churches of Pentecost, the Apostolic Church, the Baptist Convention and the Mennonite Mission and Church. Its development organ ODE has made the struggle against AIDS its main concern by integrating it into its “training” component. Several discussions and lectures were already organised for the faith of the general public.
1. GENERAL AND EPIDEMIOLOGICAL DATA

1.1. General Data

With a total area of 238,540 km$^2$ of which 93,200 km$^2$ is for agricultural purposes, Ghana is bounded to the West by the Ivory Coast, Burkina-Faso to the North, Togo to the East and the Atlantic Ocean to the South. Its capital is Accra and its population was estimated in 1999 at over 19 million inhabitants.

In the economic respect, Ghana (the former Gold Coast) mainly derives its resources from the exploitation of gold, electricity generation and cocoa production, but has regularly been experiencing ups and downs. In 1993, rehabilitation efforts were undertaken and up to 1996, the country had experienced a strong economic growth encouraged by rises in prices for cocoa and increase in gold production. However, in 1997, the drop in gold prices increased the budgetary deficit which precipitated the depreciation of the national currency, the Cedi. The coup de grace was to be given a year later: the country experienced a serious electricity shortage caused by drought which led to a drop in the water level of the Akosombo dam. This crisis not only affected Ghana, but also Togo and Benin which procure electricity in Ghana. The industrial and handicraft activities were severely affected.

At the socio-sanitary level, Ghana’s situation is precarious. Despite the efforts of the government to improve the situation, the socio-sanitary indicators remain below the standards required by the WHO. Life expectancy at birth is 58 years. The health infrastructure is inadequate, the personnel/inhabitant ratio is 1 doctor for 25,000 inhabitants and one nurse for 2,750 inhabitants.

1.2. Epidemiological Data

The first AIDS cases were reported in 1986, among prostitutes. In 1987, the analysis of the distribution of AIDS cases showed that the most affected regions were the Eastern Region (49%), Greater Accra (23%), and Ashanti Region (10.3%). The (M/F) sex ratio was 1/12 in 1986 and 1/6 in 1987.

Asamoah-Odei reported the results of four years followed by STI consultations in Accra (Western Blot) which showed an increase in seroprevalence: in 1988, 2.1% (N=410); in 1989, 4.3% (N=347); in 1990 5.5% (N=293); in 1991, 8.6% (N=70)

The pattern of AIDS cases since 1986 is as follows:

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</thead>
<tbody>
<tr>
<td>Men</td>
<td>7</td>
<td>18</td>
<td>114</td>
<td>499</td>
<td>585</td>
<td>803</td>
<td>926</td>
<td>857</td>
</tr>
<tr>
<td>Women</td>
<td>35</td>
<td>94</td>
<td>532</td>
<td>1832</td>
<td>1428</td>
<td>1638</td>
<td>1773</td>
<td>1514</td>
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<tr>
<td>TOTAL</td>
<td>42</td>
<td>112</td>
<td>646</td>
<td>2331</td>
<td>2010</td>
<td>2441</td>
<td>2699</td>
<td>2371</td>
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It has been estimated that at best, the cases reported accounted for only about 50% of all AIDS cases in the country and that over 30,000 cases had indeed arisen.

Equally among men as well as among women, it is those who are between 20-29 years and 30-39 years which are most affected by AIDS. The women seem to contract the disease at an earlier age than men: 38.6% of female cases among the 20-29 year age group as against 19% for men; on the other hand, among the 30-39 year group, 50.2% male cases as against 36.5% of female cases.

The majority of the cases reported come from the Ashanti Region and the Easter Region (over 50% for the two). At the end of December 1995, a total cumulative of 17,564 AIDS cases were reported: from January 1996 to 30 June 1996, 1,166 cases were reported, bringing the cumulative total to 18,730 cases.
According to national data, the cumulative number of cases in December 1999 was estimated at 400,000 cases. The prevalence rate in the adult population is 4.6%. The principal mode of transmission is heterosexual: 75.80% followed by the vertical transmission mode: 15% by blood and 5% by blood products.

2. NATIONAL AIDS INFECTION CONTROL POLICY

2.1. Background to AIDS Control

Just as its neighbours, Ghana has not been spared from the expansion of the AIDS epidemic, the determining factors are superimposed on those of these countries. The ethnic conflicts which periodically shake the North of the country or the construction of the Akosombo dam cause massive displacement of the population; these contributed to increases in the cases of HIV infection. The National AIDS Control Programme was designed in 1987.

2.2. Strategy Thrusts of HIV/AIDS Infection Control

The HIV/AIDS control strategy in Ghana is summarised in a three-stage plan of action:
- 1987 to 1988: short-term interventions
- 1989 to 1999: medium-term interventions
- 1996 to 2000: extension of the programme

The objectives of the programme are to reduce the new cases of contamination as well as the impact of the infection on the life of the individual, his family and community.

The priority interventions cover:
- the promotion of condoms
- the prevention of STIs
- safety of blood transfusion
- infection control
- the promotion of protected sexual relations
- therapeutic care of patients
- basic health care delivery and counselling

2.3. Stakeholders Involved in AIDS Control

Since the context of application was multi-sectoral, the fight against AIDS does not only involve the National AIDS and STI Control Programme. Several other stakeholders are involved in this fight; they can be grouped into several categories such as:
- The Non-Governmental Organisations which are numerous and mainly intervene through awareness-raising information activities.
- Associations particularly those of PLWAs
- The private sector, particularly some enterprises such as the mining company in Tarkwa and Obuasi, the Coca Cola Company designed information and awareness-raising programmes for its personnel
- The bilateral and multilateral partners which are many and provide a technical and financial support to the programme
- The civil society for its part, is involved in the fight in several sectors of the national economy.
- Churches, denominational associations, ecumenical organisations and the Muslim community: they are deeply involved through awareness-raising, education for the moral and spiritual integrity of citizens
- Traditional leaders who constitute an indispensable group to which the communities resort to, be it in the rural or urban areas.
3. **POSITION AND INVOLVEMENT OF CHURCHES**

During our mission to Ghana, we met leaders of the Protestant, Evangelical, Methodist, Presbyterian and Catholic churches. We also discussed with the co-ordinators of the AIDS Control Programme, ecumenical organisations such as the Young Men's Christian Association (YMCA-UCJG) and the Christian Council.

3.1. **Perception of the Churches**

In the opinion of all, AIDS is a disease caused by a virus called HIV in the organism and it cannot be considered as a divine punishment. This explains why Churches play a prominent role in the dissemination of preventive measures.

**The Evangelical Presbyterian Church of Ghana**

Our God is a God of Love and forgiveness. To consider AIDS and its consequences as a punishment from God is to attribute to God a feeling of vengeance. Meanwhile, a divine punishment would take more dramatic proportions. If the painful experience of AIDS can make a sufferer repent his acts, it is precluded to consider AIDS as a punishment which God is using to strike at innocent victims. The Church, the body of Christ, must be a place of peace and solace for AIDS sufferers. Thus, being HIV positive must not be an opportunity for rejection but for acceptance and compassion. The situation of the infected faithful must be seen as affecting the entire community, all Church members.

**The Methodist Church of Ghana**

Since two years the Methodist Church of Ghana made the commitment to fight AIDS within the framework of its pastoral mission, because AIDS has become a crisis which the Church must deal with. Thus, it has been striving to participate in efforts which have already been made in several fields to provide care, support and solace to the PLWAs. Its concern is also to make the faithful become aware of their vulnerability to the infection and to avoid it.

Neither does the Methodist Church consider AIDS as a divine punishment. God is Love. He is not a God of vengeance who punishes. AIDS is a consequence of human acts resulting in innocent victims (spouses, children, families...) who are often seriously affected in social, economic, moral and spiritual respects. AIDS is like an indicator which reveals to us the numerous deviations of our sexual life; it call us to order and invites us to return to ethical and moral works and to adopt the behaviour of men created in the image of God.

**The Catholic Church of Ghana**

We held a discussion with the Reverend Father Amegadzie in Ho and the Reverend Kpeglo in Accra. In the opinion of these priests, the AIDS epidemic poses an unprecedented challenge to the entire Christian community. It reminds Christians, particularly the elite, of their duties to inform for a positive change in behaviour and to train the body and spirit. God is love and AIDS cannot be a punishment from God. However, there are situations which arise from bad behaviour through which God brings man back to normal life. The factors of the rapid propagation of the epidemics which they mentioned include sexual promiscuity, homosexuality which is in vogue among the young men, poverty leading young girls to prostitution, ignorance and the motivation to use condoms.

**The Presbyterian Church of Ghana**

In the process of the performance of its mission which is that of the full development of the human being, the Presbyterian Church of Ghana combined the evangelisation action with the promotion of health including the struggle against AIDS. The HIV/AIDS infection is seen as a challenge, a serious problem which threatens the life of the faithful. This explains why for the celebration of the “Christian Family Week” which took place from 7 to 13 August 2000, the theme chosen was “HIV/AIDS a social crisis, a challenge for the Church”. The opening ceremonies of the events were marked by a message from the United Nations Secretary General, Mr. Kofi Annan to the Presbyterian Church of Ghana, which was read to the Assembly.

3.2. **Involvement of the Churches in Prevention**

With regard to the prevention measures, all Churches unanimously adopt the same strategies of the sensitisation of the faithful with the classical methods advocated. However, there are peculiarities specific to each Church relating to the biblical perception of the AIDS phenomenon.
The Evangelical Presbyterian Church of Ghana
Priority is given to youth because they are the most vulnerable. They are the special target of the prevention messages. The three key points of the messages which are communicated to them are sexual abstinence before marriage, mutual fidelity of the couple, and where necessary, the use of the condom.

The Methodist Church of Ghana
In his excellent work “Stewardship”, the Reverend pastor Emmanuel Asante developed the points of view of the Methodist Church of Ghana on the ethical, theological, and social aspects of the HIV infection. The use of condom as a means of prevention does not resolve the AIDS problem. For a Christian, the use of the condom is tolerated only by couples as a means of protection in the event of infection. For other situations, the Church must insist on training based on abstinence before marriage and mutual fidelity of the couple. The promotion of the utilisation of condom as a protection against the STIs is not acceptable outside marriage. Chastity, fidelity and virtue should be sustained and encouraged. These noble qualities alone are sufficient to guarantee total security for the population and protect them against the infection and the disease.

The Catholic Church
Chastity, abstinence, fidelity of couples are the basis of the prevention measures supported by the Catholic Church. The use of condoms as a prevention measure is prohibited. Thus, in order to encourage the assimilation of human and evangelical values, with a view to a real change of behaviour, each parish organises discussions on natural family planning and responsible sexuality.

The Presbyterian Church of Ghana
The Presbyterian Church of Ghana insists on abstinence before marriage and fidelity of the couple. In order to bring the faithful to comply with these prevention rules, future spouses and couples follow the teachings on the biblical significance of sexuality. The use of condom is authorised only for couples where there is risk of contamination of a spouse.

3.3. Position of Churches on Serological Test

The HIV serology is a test whose importance and usefulness are acknowledged by all Churches. However, no Church systematically requests it, neither before marriage nor from married couples. In the view of all leaders, it would be good to recommend it, however the decisions of the test must be a consent of the two spouses.

Since the basis of a marriage is the acceptance by the parties to live together regardless of their conditions, being HIV positive is a "cross"like any other disease or serious accident whose consequences should be accepted.

3.4. Involvement of the Churches towards the Care of Patients and Orphans

The Evangelical Presbyterian Church of Ghana
The EP-Church does not yet organise management activities. The cases of the patients declared are those reported by the hospitals of the Church (Warawara). However the Church should envisage activities that include visiting the patients at home in order to help them materially, morally and spiritually. It should assist the patients out of silence, despair, fear, anguish and reconcile them with all the faithful.

The Presbyterian Church of Ghana
For the implementation of the health component of its mission, the Church has a large infrastructure which is composed of four big hospitals at Agogo, Bawku, Dormaa, Donkokron, and twenty health centres and clinics. The nursing personnel are trained at two schools at Agogo and Bawku.

In 1999, two studies were conducted on the HIV/AIDS infection in hospitals belonging to the Church. At the Dormaa Presbyterian hospital, 107 patients out of 1,247 or 8.60% had a HIV positive serology. Among them, 60 are male and 47 are female; 16 of them have already died. Another study conducted at the Agogo Presbyterian hospital showed that out of 1,388 persons surveyed 202 or 14.55% were affected by the HIV infection.

The Catholic Church
At the parish level, there is not any structure responsible for the care of patients and orphans. The cases identified are referred to other NGOs, health associations or centres. However, according to the view of two priests whom we met, AIDS is much more than an infectious disease. It poses complex problems of an ethical, economic, health,
social and legal nature. Confronted with these problems, the Catholic Church must be involved in solidarity pastoral work in favour of the sick, orphans and their relatives.

4. **POVERTY AND HUMAN RIGHTS**

The fight against poverty and human rights forms part of social pastoral and humanitarian work of all Churches.

4.1. **E.P. (Evangelical Presbyterian) Church of Ghana**

E. P. Church has training facilities such as 6 agricultural centres, 22 centres running development projects where unemployed youth can receive training. Systematic distribution of food, clothes or financial support to the poor or orphans is not organised. The decision to assist the needy is subject to the discretion of the leaders of each parish.

4.2. **Methodist Church of Ghana**

Just like other Churches, within the Methodist Church there is not an organisation responsible for the systematic care of the poor. Nonetheless, within these structures, the Church has a department of rural and social development which intervenes in assisting the urgent needs of the poor.

4.3. **Presbyterian Church of Ghana**

It began a programme in the pilot zones in 1997, however, today, a long term strategy has been envisaged and provides for the promotion of income-generating activities specially for the unemployed. No position nor initiative concerning the promotion of Human Rights was reported to us.

5. **ECUMENICAL ORGANISATIONS**

5.1. **The Christian Council of Ghana**

The Christian Council which currently comprises 14 Church members and remains open to other religious denominations was brought to express its position in particular with the Episcopal Council Conference of Catholic Churches on crucial problems facing the nation such as the presidential elections, educational reform, drug trafficking, security services, the economy, and Human Rights.

For the Christian Council of Ghana, AIDS is a disease which has attained alarming proportions which respects neither sex, age nor skin colour, nor religious confession. The virus destroys a person’s immune system, makes him vulnerable to diseases and infections and ends up by killing him. The HIV infection is truly present in Ghana. It is a very serious social, humanitarian, economic development and public health challenge of all times.

In order to express their commitment to the struggle against AIDS, Church members of the Christian Council chose the HIV/AIDS infection as the theme for the celebration of the Christian family week of the year 2000. The celebration of this Christian family week took place from 7 to 14 April 2000.

All the Church members participated in the events in their parishes. Lectures and debates were organised; biblical and theological approaches to HIV/AIDS were developed by pastors in their sermons.

**Biblical perception of HIV/AIDS**

The Bible does not speak specifically about AIDS, it was written long before the discovery of the human immunodeficiency virus. However, the Bible makes reference to risk behaviours by which individuals are infected by the HIV. There are also biblical concepts which can assist us to provide answers to those who are infected or affected and to establish relations between them. These biblical concepts can also give us opportunities to involve ourselves in a pastoral ministry concerning AIDS.

“Since sexuality is a gift of God” it is only through marriage that we can put into practice the commandment which said “Be fertile, increase and multiply fill the earth...”. This sexuality is the most complete means of totally giving
themselves to one another. Even though the Bible shows us how individuals must conduct interpersonal relations, men have deviated from the use of sex and adopted attitudes contrary to the Scriptures.

**Prevention and care**

The special role which Churches are to play is to educate and inform the faithful on responsible sexuality. The human dignity requires that each person is made to acquire a tender maturity through a specific education process, which consists in rediscovering the spiritual value of love and self-denial as the basis for the existence and control of risk behaviours. The Sunday school provides a unique opportunity for educating children and informing them on the reproduction process. The Christian Council of Ghana has several booklets in this connection.

The Churches must continue to provide diaconal services to the most vulnerable persons of society in order to warn them against HIV/AIDS because it is estimated that if the faithful who are already infected or who have risk behaviours are not managed by the Churches and supported through counselling by pastors, they can become a source of propagation of the disease.

The struggle against AIDS cannot succeed unless the Church is actively involved in it. It is only in the Churches that the PLWAs can find spiritual assistance and rediscover human dignity inherent in each person. In response to the needs of the sick, the Churches must provide them with medical care, counselling, social assistance and pastoral support. The material assistance in the form of food and clothing is also very useful and sometimes indispensable.

Patients who consent to visits to homes must be monitored by a team consisting of doctors, nurses, priests and social welfare workers.

5.2. **Ghana Young Men's Christian Association, YMCA**

This organisation which brings together young people, both female and male, is very active in the country. It has established seventy centres in eight of the ten regions of the country. Its organisational structure is composed of a National Council, a National Executive Committee, regional and local Councils. It collaborates, just as in the Volta Region, with the Regional Department of Health, the National Culture Centre, the Christian Council, professionals associations and the Ghana Family Planning Association. It is also open to all Churches and religious communities.

The Association's point of view regarding its position on AIDS, is that it believes that adolescent sexuality has always been a problem, with the AIDS epidemic, the problem has to be recast in a more general perspective which ensures preventive and curative interventions. Not knowing any prevention method other than the condom and the pill, the adolescent youth are exposed to HIV contamination. The factors of this contamination are poverty, lack of expertise, violence, adverse social norms and early experimentation of sexuality.

A survey conducted in the youth population showed that among the youth between 8 and 13 years, 80% have already had their first sexual relations, 60% have already had an abortion.

The organisation stressed that the priority activity to be undertaken in the welfare centres of a pilot project include listening to the youth, discussions on issues which concern them, such as sexuality factors which make them more vulnerable to HIV infection as well as the methods of prevention.

The results obtained in the pilot zones of the extensive YMCA project of Ghana are very encouraging. The participatory approach was very effective through the opinion leaders, the support of the associations, football teams and Churches.

It was also observed that there was an increased awareness on the part of youth on the HIV/AIDS epidemics as well as the methods of prevention.

6. **Conclusion**

Traditionally, the education of youth as responsible citizens and their social integration is the role of the extended family. Thus, the psychosocial orientation, the economic capacity of adolescents were carefully prepared by a cultural initiation to adult life. This cultural initiation mechanism gave authority to the members of the traditional family to guide adolescents towards a controlled sexual life, a planned marriage, responsible parenthood and harmonious family life. Immigration from the family environment to the economically more attractive zones and the modern socio-cultural habits have led to a dislocation of the traditional family and the destruction of its educational role.
Confronted with this situation, the Social Welfare Department, officially responsible in assisting parents and young people, is unable to assure responsibility for the educational problems of the youth, for the lack of well designed programmes and adequate equipment.

At the level of the Churches, pastoral support must be provided by a team of trained persons. These teams which provide care and material assistance must discuss religious issues with the hospitalised, as well as pray and read the Bible with them in order to strengthen them in their faith.
1. **GENERAL AND EPIDEMIOLOGICAL DATA**

1.1. General Data

Located in the South-West of West Africa, Guinea covers an area of 245,860km² distributed into four natural regions: lower Guinea, middle belt Guinea, upper Guinea and forestry Guinea. Guinea shares its borders with Senegal, Guinea Bissau, Sierra Leone, Liberia, Mali, the Ivory Coast and the Atlantic Ocean.

Conakry is the capital of Guinea and the country's population is estimated at over seven million inhabitants including roughly 70% rural dwellers.

Guinea was a French colony up to 1958. The country is currently in its third republic. The first (1958-1984) which was marked by a socialist dictatorial regime inflicted considerable suffering on Christians: all those who were not socialists were rejected and persecuted. Sunday was a working day just like other days. With the advent of the second republic (1984-1994), the military regime introduced the freedom of worship and expression: several missions were thus able to enter the country. However the spread of the Gospel still remains very insignificant, and the Islamic tradition, which is several centuries old, still maintains its full impact: over 80% of the population is Muslim.

At the economic level, the country, which is still fragile despite the numerous resources (bauxite, gold, diamond and iron), depends mainly on bauxite and agriculture. Worst of all, Guinea, has moved from the status of an exporting to an importing country over the past twenty years. Today Guinea is one of the poorest countries in the sub-region and has the peculiarity of sharing its borders with countries which have had years of internal wars. It has thus been forced by circumstances to play host to Liberian and Sierra Leonean refugees.

1.2. Epidemiological Data

Up to 1984, Guinea has been relatively protected on account of the "protectionism"instituted by the ruling government and which made, as much as possible, relatively impermeable borders. Today, various health officials point out that it is difficult to know with precision the current status of the HIV epidemics in the country, because reliable epidemiological data are lacking.

The situation currently is as follows:

- From 1987 to the first half of 2000 7,898 cases of HIV/AIDS
- For the first half of 2000 1,067 cases of HIV/AIDS
  - Men 552 cases
  - Women 515 cases
- Percentage of persons infected by HIV/AIDS
  - Men 54%
  - Women 43%
  - Children 3%
  - Blood donors (+) 2.2% (7,322 tested including 161 positive cases)
- Average age of AIDS patients 26 years (against 39 years in 1989)
- Most affected age group:
  - Men 35-39 years
  - Women 25-29 years
- Types of virus
  - HIV 1 94%
  - HIV 2 4%
  - HIV 1 + HIV 2 2%
According to the study on the socio-economic impact of AIDS conducted in 1996, the statistical data (estimates) are as follows:

- HIV prevalence among adults: 2.2% – 4.1%
- Persons infected by HIV: 100,000 – 130,000
- Annual cases of AIDS: 6,000 – 12,000
- Annual deaths from AIDS: 3,000 – 7,000
- Number of AIDS-related orphans: 7,000 – 14,000
- HIV prevalence among prostitutes: 32%

It should be pointed out that these figures provided by the STD/AIDS Coordination Committee Office reflect only the tip of the iceberg. In fact, on 31 December 1997, "UNAIDS estimated HIV prevalence among Guinean adults (aged between 15 and 49 years) at 2.1%". According to health officials, these data are based on an extrapolation of the result of a survey of sero-prevalence conducted in 1989. It is thought that the national rate of sero-prevalence is currently higher, but its precise level is not known. One thing is certain, the situation tends to deteriorate rapidly.

Besides, there is no clear idea regarding the prevalence rate in regions such as forestry Guinea which plays host to most of the Liberian and Sierra Leonean refugees. Nor is the epidemiological status of the migrant population within Guinea known. However to date, all the prefectures of Guinea reported AIDS cases and for each AIDS case reported, it is estimated that between 5 and 14 cases are unreported. Today all the socio-professional categories are affected by HIV/AIDS and the health officials pointed out that all the risk factors are currently present in Guinea and can, within a short period, trigger an explosion of the HIV/AIDS epidemics: those vulnerable groups who are highly infected (motorists, sexual workers, security agents....) and the high prevalence of STIs.

2. NATIONAL AIDS CONTROL POLICY

2.1. Background Information

The first cases of HIV/AIDS were diagnosed in 1987 among people who had lived abroad, particularly in Sub-Saharan Africa. Shortly afterwards, subjects who had never travelled were also diagnosed positive. The National AIDS Control and STD Committees, which were established in the same year, created from 1988 to 1990, as Prefectoral Committees and identified the risk sites, in order to conduct studies and surveys on seroprevalence.

2.2. Strategy Thrusts of HIV/AIDS Infection Control

Intervention strategies

The National STI/AIDS infection Control Programme (NACP) which is the execution body of the governmental policy designed the following strategies:

Prevention

In this area, the emphasis is placed on:

- the prevention of the sexual transmission of HIV and other STIs.
- the prevention of the blood transmission of HIV
- the prevention of the transmission from mother to child
- the training of the stakeholders involved in combating STI/AIDS in research methodology (survey on knowledge aptitude/practice, study on germs resistance/sensitivity, survey on HIV/STI sero-surveillance...)

Furthermore, a multi-sectoral programme is under implementation. There is a focal point of the National AIDS Control Programme in all the Ministries and concrete actions are being developed by a number of them: for example the Ministry of Agriculture has created agricultural popularizers, elected premises..., the Ministry of Education has created ten AIDS control clubs in the 5 communes of the capital Conakry. The Ministry of Defence/Security trained 53 pairs of animators within the army and security forces.

Care

The following are noted:
- care of PLWAs
- involvement of communities in the care of these persons
- effective care of STIs
- establishment of care facilities for the medical care of persons living with HIV
- reinforcement of the national essential drugs policy by taking into account the opportunistic infections during the course of AIDS and other STIs

It should be emphasised that there is not yet in Guinea an anonymous screening centre.

2.3. Stakeholders Involved in AIDS Control

Guinea, just as all African countries, benefits from the financial, technical, and logistic support of international organisations, international NGOs and bilateral co-operation agencies.

The NACP works in collaboration with the following partners:
- UNAIDS
- WHO
- The population generic health project of the World Bank
- GTZ
- AIDS control support project (Canada)
- Project for the reinforcement of interventions on STI/AIDS (USAID).

Numerous national NGOs are working in the field alongside the government, A more or less active involvement of Churches and religious communities has been noted.

3. Position and Involvement of Churches

We were able to contact the Church leaders or those responsible for the Health Departments of the Anglican, Catholic, Evangelical Protestant, Assemblies of God, Adventist Church...Officials of the Muslim community were also contacted.

3.1. Perception of the Disease by Churches and Other Religious Communities

In Guinea, studies have shown that up to 94% of the mode of HIV transmission is sexual; perinatal and blood transmission represent only an insignificant proportion. This observation strengthens Churches, missions and religious communities in their conviction that the epidemics is associated with moral degradation (infidelity of couples, promiscuity, sex trade, sexual profligacy...) closely related to the economic crisis facing the country, poverty and growing misery: despite the natural wealth of the country, unemployment is very high and half the inhabitants of the capital are said to be living below the poverty line. At the same time, the epidemics is contributing to reducing very significantly the productivity of the labour forces thereby creating a vicious cycle. The spread of the virus is also attributable to the ignorance of people: the reality of AIDS is not evident to everybody. The churches which are located in the forestry region, where there is a strong refugee presence, observe that the propagation of the virus is also encouraged by the chronic lack of hygiene.

Churches are aware of the need to put faith into action in the light of the epidemics. However, they do not approve the use of condoms as a means of prevention. The Muslim community in Guinea has a clearer position on the issue: AIDS epidemics, according to leaders, has a close link with the failure to observe the divine commandments: “God gave the commandments to Man, but the latter, thinking that he is more intelligent than God, chose to ignore them thus incurring His wrath”.

On the whole, Churches were sensitised on the AIDS problem and a relatively clear vision of its causes: man is largely responsible for its spread, however, under no circumstances, is HIV/AIDS considered as a punishment from God

Faced with the epidemics, Churches, missions and religious communities are conscious that they have a role to play. On the one hand, Churches and missions feel they are called upon to be providers of a cure and the Koran recommends to the Muslim to provide assistance to all the needy.
At the same time, it has become clear that irrespective of the form which an intervention may take in the field of AIDS control, it is out of the question that the parties concerned should resort to the promotion of condoms.

3.2. Involvement of the Churches

3.2.1. Anglican Church

Founded in 1855, in principle it is the oldest church in the country. Unfortunately its development was stalled for several reasons. It became a diocese only in 1985. Its first Bishop was ordained in 1986 and he died one year later. His successor was ordained only in the year 2000.

Forming part of the West Africa province which brings together Ghana, Liberia, Sierra Leone, the Gambia..., the Anglican Church has 4,500 to 5,000 faithful distributed all over the national territory and supervised by ten priests.

The Anglican Church expresses its presence in the society mainly through its nursery and primary schools, its health centres and agricultural activities. It manages 4 schools and 2 dispensaries. Guinea is one of the poorest countries in the sub-region and the structures established by the government are not able to cover the needs of the population in this area.

With regard to AIDS control, the action of the Anglican Church is not yet developed. To date, it consists in a number of awareness-raising activities at the level of women’s associations. The Anglican Women's Union of Guinea (UFAG - Union des Femmes Anglaises de Guinée), with the assistance of the NACP, organised information and awareness-creation meetings not only for women in the Anglican Church but also for those of the Catholic and Protestant Church. These three denominations have a common structure called “The Union of Christian Women of Guinea” (UFCG - Union des Femmes Chrétiennes de la Guinée) which brings together all women from their Churches who meet periodically for common activities. From these meetings, each Association Officer takes over and spreads the message in his church.

In the area of care, there is neither a programme nor a structure. The health centre of the Church are content with dealing, where necessary, with the most serious case by trying to treat the opportunistic infections.

The Anglican Church would like to count on the assistance of the WCC and WAYMCA for the formulation of concrete projects.

3.2.2 The Catholic Church of Guinea

Currently, Catholics of Guinea are said to represent roughly 4% of the population and the Church is divided into three dioceses. Like other religious communities it develops, alongside the preaching of the word of God, the education and health sector. The Catholic Church has created eight centres countrywide.

The Episcopal Conference of Guinea understood quite early on that the HIV/AIDS epidemics is a crucial problem requiring the involvement of the Catholic Church. This conviction was strengthened by the fact that in Guinea, many associations and NGOs have been involved in prevention, even though the caring component of the disease is not adequately provided for. The health centres are often compelled to hand over the PLWAs to their families or leave them to fend for themselves. The Church should therefore be able to remedy this shortcoming. Unfortunately words are not matched with deeds.

**Prevention**

From the outset, the Catholic Church has worked in collaboration with its partners, particularly CORDAID, MIMESA, CARITAS... With the support of a German expert, it organised working sessions with 3 dioceses to define the main thrusts of its involvement. Unfortunately for reasons of communication, the dialogue was interrupted. However, a relatively advanced work is being done in the field of prevention. The Catholic Church has participated in the awareness-raising procession which crossed the length and breadth of the forestry Guinea and the mining zones of Upper Guinea. Furthermore, the Department of Health has ensured training scouts in the field of awareness to the problem of AIDS. It also organised awareness-raising sessions in schools. In the same vein, the annual diocese meetings have put STI/AIDS awareness-raising sessions on their agenda.

**Care**

In order to address this need, the Technical Committee of the Health Department designed a project for the creation of a socio-medical centre. Besides all the activities connected with AIDS (screening, care...), it has been envisaged to ensure the anonymity of this centre and its accessibility by developing other activities there, particularly family
planning and the care of disabled persons. However, for the time being, the project is still at the stage of the search for financing.

3.2.3. Associations of Evangelical Churches and Missions of Guinea

In a country where Muslims are in a majority by over 80%, the Association of Evangelical Missions and Churches of Guinea (AEMEG) is a structure which strengthens, above all, the presence of the Christian communities. AEMEG brings together 29 Evangelical Churches and Missions which represent roughly 76,000 evangelical Christians (1% of the Guinean population). Their prime objective is the preaching of the Word of God and the translation of the Bible. In the social sector, AEMEG concentrates its efforts on education and health (nursery, primary, secondary schools, literary programmes, health centres...)

During our meeting with the AEMEG, representatives of four Churches and Missions were present to share their experience with us. It should be pointed out that 10 health centres fall within the purview of the association countrywide.

AIDS has been a daily challenge for AEMEG especially since 1990 which marked the beginning of the influx of Liberian then Sierra Leonean refugees. Most AEMEG members were involved in the forestry zone, the region in which refugees camps were located. In addition, AIDS affects all the prefectures of Guinea.

Prevention
There is no common programme to AEMEG members. Each of them tries to deal with the epidemics with the resources at its disposal and one can observe a real commitment which is also manifested through projects.

The Evangelical Protestant Church of Guinea (EPEG)
The Church was able to participate in information, awareness-raising and training sessions organised at the national level and also by MAP international in Abidjan (Ivory Coast). Since 1998, it established the "Evangelical Committee against STD/AIDS". The Church has just designed a “project for the sensitisation, prevention and training for combating AIDS and STDs”. This project concerns seven prefectures located in forestry Guinea where the EPEG is strongly established (roughly 50,000 members). The project’s objectives are to involve local Christian communities in combating HIV/AIDS and strengthening the pastoral care of PLWAs.

It envisages:
- the strengthening of the national essential drugs policy
- the training of male and female motivators and health personnel
- the sensitisation of pastors
- the development of IEC...

The Assemblies of the Church of God (ACG)
The Vice President of the ACG had the opportunity in March 1999, to participate in the seminar organised by the coordination of the Assemblies of the Church of God in Africa (ACGA) where each religious leader was called upon to establish an AIDS control programme in his country.

Following this meeting, a ACG Guinea initiated a series of activities as follows:
- an awareness-raising and an AIDS control department was created
- an awareness-raising session was organised bringing together the faithful of various Churches in which youth volunteered to participate in a public awareness-raising programme
- Training seminars were organised for volunteers
- The youth were sensitised in schools on world AIDS day.
- Information and sensitisation visits were undertaken to Churches in the capital
- Awareness-raising campaigns were undertaken in markets and prisons

With regard to caring, a relatively elementary work is being done at the level of health centres (ecumenical institutions and denominational health centres). The department has relatively positive contacts with the care of the NACP which facilitates the work by the issuance of mission authorisations and provides it with technical advice.

In addition, it has just designed a project which aims at extending the awareness-raising activities to a wider segment of the population particularly the youth with the setting up of anti-AIDS clubs and a greater commitment in the field of caring (screening, medical assistance, psychological assistance, spiritual assistance...). This project also includes the creation of a welfare centre which will be a place for listening, information, sharing and counselling.
Other members of the AEMEG are also involved in various degrees, in the field of prevention, and there are some also who are only at the reflection stage. However, in the opinion of Churches and missions present at our meeting, there are needs to be taken into account in the short term:

- Training of Christians at all levels of the church (particularly leaders of the Church)
- Welfare and documentation centre
- Reagents for free and confidential screening.
- Anti-retroviral
- Improvement of communication systems
- Financial support
- Solidarity and mutual assistance from other communities and international agencies

3.2.4. 7th Day Adventist Church

Established since 1991-1992 in Guinea, the 7th Day Adventist Church has 500 members countrywide (100 of which are in the capital Conakry) who are supervised by two pastors and four evangelists.

The Church has a development structure called ADRA (Adventist Development and Relief Agency) which takes care of development throughout the country: agricultural projects, construction of school.

Prevention

The Adventist Church does not have a specific programme in the field of prevention or care. It deals with health problems in a comprehensive manner. Basing itself on the biblical principle which says that “our body is the temple of the Holy Spirit”, the Adventist church puts a special emphasis on the health of the faithful who are taught to consider their bodies as belonging to God and to take special care of it in all areas. The faithful is thus urged not only to eat in a healthy manner but also to shun adultery or fornication, tobacco and to quit any behaviour which can damage the integrity of his body.

3.2.5. Islam and AIDS in Guinea

If AIDS is the consequence of the non observance of divine prescriptions, one of the prevention measures should be to sensitise the faithful in these precepts and to urge them to put them into practice. During the fasting period, competitions in reading and recitation of Coranic verses were organised with the aim of encouraging youth to be interested in the Koran and to know the content because it is by doing so that they will know the commandments of God. This strategy falls within the framework of the recommendations of the first national seminar organised in Conakry on “Islam, population and development”. This seminar has focused on the protection of the family, amongst other issues, which is a basic unit of the family. The respect of marriage as the sole legal institution of the family was strongly recommended. The leaders, after taking part in the meetings organised by governmental institutions, reflect on how to organise prevention and are also in the process of receiving information on the experiences gained by other Islamic leagues in other countries. In the future, it will be necessary to see how to involve the Ulamas in sensitising the faithful through their sermons. The reflection is also on the production of education manuals for the youth just as what has been done in Chad where the Ministry of National Education published brochures in schools within the framework of the fight against AIDS.

With regard to caring, it should be pointed out that the Koran recommends to every Muslim to provide necessary assistance for moral support and even medical support to the sick. No PLWA should, in principle, be abandoned to his fate, even if in the event of death, no prayers are said for him.

4. POVERTY AND HUMAN RIGHTS

Churches and Missions in Guinea are committed to respect fundamental Human Rights. This explains why they combine evangelisation and the preaching of the Word of God with socio-educational and medical work, as well as agricultural support. Depending on the case, the national Churches also try to be involved in the socio-political life. In light of the difficult situation facing the country for some months and which is reflected in repeated incursions of rebels groups into forestry Guinea, the Catholic Church made a disapproving declaration “the political manipulation is detrimental to the construction of a nation where solidarity, justice, respect for human life, concord and national unity should prevail”. It did not gloss over the anguish of war, insecurity and famine which have dogged the daily life.
What is lacking in this approach is a sustained advocacy before governmental authorities for a better distribution of wealth with a view to reducing poverty which is one of the factors of the propagation of HIV/AIDS. As we are aware, governments very often have a tendency, within the framework of the structural adjustment constraints, to reduce the educational and health budgets in favour of those from other departments. Meanwhile the cut back in health expenditure negatively impacts the fight against AIDS. However, for the time being, it seems that the Churches and religious communities do not yet establish the link between human rights and AIDS.

5. ECUMENICAL ORGANISATIONS AND DENOMINATIONAL HEALTH FACILITIES

5.1. Ecumenical Institutions

The Biblical Alliance of Guinea
Just as the other African countries, the Biblical Alliance of Guinea works in collaboration with all Churches even if its facilities are not yet extensively developed. In addition to the propagation of the Holy Scriptures and the Christian literature, the Alliance has played an essential role in the life of Churches in Guinea. It succeeded in conciliating Churches by enabling them to come closer to one another instead of confronting each other on doctrinal issues and accusing one another based on assumptions. This achievement is to the advantage of the Alliance and should be taken into account during the search for structures which can easily provide the link between Churches and the religious communities in order to ensure common work.

With regard to AIDS control, the Biblical Alliance of Guinea is only at the reflection phase. It plans to embark on a prevention campaign by the production and distribution of leaflets and awareness-raising audio cassettes on the causes of AIDS, the ways and means of halting its expansion.

The St Gabriel Catholic dispensary
With regard to caring it has tried as much as possible to deal with the situation through screening and monitoring. However, in the absence of the appropriate structures and drugs, it is constrained to put the PLWAs in contact with the “Hope Foundation” of Guinea which has encouraged the formation of the “Association of PLWAs”. Neither does St Gabriel have the possibility of providing free testing which cost between FF 100 and FF 200, not to mention that, for the time being, access to anti-retroviral is impossible.

The ADA Health Centre
One of the two health centres of the Assemblies of God is trying to immerse itself into the field of caring by facilitating screening; in principle, screening is free but for unknown reasons, it is not free in reality. This is an obstacle for those who are expected to make it. The ADA centre has therefore tried to find a solution. In agreement with the national referral laboratory and the care of the NACP, it is responsible for the first phase of the operation by taking the blood samples which are then transmitted to the laboratory. A modest amount is paid and the results are also withdrawn from the health centre.

With regard to treatment, the centre places at the disposal of the PLWAs relatively complete generic products (there are no antiviral) which are free for those who lack the means to pay for them.

As far as support is concerned, the centre is in the process of initiating a group of Christians who can visit the PLWAs in their homes in order to support or encourage them.

The Church places a lot of hope on the creation of a welcome centre which will enable it to better organise the care of AIDS cases.

6. RESOURCE STRUCTURES

Besides the NACP, we could not (due time constraint) visit the NGOs or associations which intervene in the field of AIDS in order to identify those which can provide helpful assistance as in the case of an action from WCC and the WAYMCA. The existence of Guinean Association exists for the prevention of STDs including AIDS, the Fondation Espoir, (Hope Foundation), the Guinean Women’s Association for combating STD and AIDS (ASFEGMASSI), Sidalerte (Aids Alert...).
7. **ECUMENICAL NETWORKS**

With regard to networks, the existing ones are not extensive. This shortcoming is said to be partly due to the communication difficulties facing the country. The Catholic Church forms part of the sub-regional network of denominational health facilities and participated, within this framework, in the 3rd meeting of the West and Central African denominational health facilities coordination networks. Generally, during these meetings, the discussions focus on current health-related issues. During the last meeting, the AIDS problem was mentioned and the organisers even appealed to other religious institutions including Muslims. On the other hand, at the national level the Catholic Church of Guinea does not foster this type of relation in this field with the other Churches or religious communities.

Churches of the AMEG have a number of contacts with MAP international in Abidjan. The ADD of Guinea forms part of the Pan African structure of the Assemblies of God (ADA). The Anglican Church does not belong to any networks on this matter. However, during the meeting in November 2000, which brought together the Anglican Churches of the West African sub-region in Sierra Leone, the problem of AIDS was raised and Churches were exhorted to take this into account. Will the proposals lead to the formation of a network? This is not yet the case.

The wish and the strong recommendation of the Anglican Church of AMEG is to see WCC and WAYMCA facilitate the creation of a network which could assist in resolving the problems which face them in the field of AIDS control (periodic consultations, organisation of training seminars…). AEMEG indicated that it was ready to second an officer to work with this network. However the project initiators also have the latitude to work with these AEMEG Churches and missions in an individual manner and vice-versa.

The Catholic Church, for its part, would see this network in a very favourable light.

The Muslim community would be open to any discussions on the issue.

*In the Adventist Church, AIDS is considered as a catastrophe and one is prepared to gloss over doctrinal differences in order to collaborate with any action likely to contribute to halting the devastation.*

8. **CONCLUSION**

Guinea is one of the countries where the need and urgency for external assistance is felt acutely. The Churches and missions have really appreciated the initiative of WCC and the WAYMCA and are awaiting a completion of the study. Even though, there is a mobilisation of the Churches in the light of the AIDS problem, access to information, expertise and financial resources are lacking.

According to official documents “6,049 cumulative AIDS cases were reported in the health institutions from January 1987 to the first quarter of 1999 including 316 cases for the first quarter of 1999 (men 59%, women 38%, children 3%). It has been observed that the average age of PLWA decreased from 39 years in 1989 to 26 years in 1999”.

As of 31 December 1997, “UNAIDS estimated HIV prevalence at 2.1% among Guinean adults (aged between 15 to 49 years)”. According to health officials, these data are based on the extrapolation of the results of seroprevalence survey conducted in 1989. Indeed, it is thought that the national seroprevalence rate is currently the highest, however its precise level is not known. Worst of all, data for the risk or vulnerable groups give cause for concern. Thus, a specimen of 140 sex professionals in the urban area showed that 32% of this group is infected. Among the consultations for sexually transmissible infections (STIs), 4% are infected by HIV (a specimen of 800 persons in 1996). During the same year, 5% of a specimen of 250 long-distance truck drivers were found to be HIV positive.

Furthermore, it is not yet well known the situation which prevails in the regions such as forestry Guinea which plays host to most Liberian and Sierra Leonian refugees. Nor is the epidemiological status of the migrant population within Guinea. However, to date, all the prefectures of Guinea reported AIDS cases and for each AIDS case reported, it has been estimated that between 5 and 14 cases were not reported.

Today, all socio-professional categories are affected by HIV/AIDS and health officials pointed out that all the risk factors are currently present in Guinea and could soon trigger an explosion of the HIV/AIDS epidemics. These factors include the highly infected vulnerable categories (long-distance truck agencies, sex workers, security agencies…) and the high STI prevalence rate.
1. GENERAL AND EPIDEMIOLOGICAL DATA

1.1. General Data

Bounded to the North by Burkina-Faso and Mali, to the North West by Guinea, to the South West by Ghana and to the South by the Atlantic Ocean, the Ivory Coast covers a total area of 322,460 km² of which 167,000 km² are for agricultural purposes. Its economic capital is Abidjan. The total population was estimated at 14,526,000 in 1999 of which 53% are rural dwellers. The population expansion rate is very high on account of the immigration of the population along the borders with a rate of 3.01% between 1988 an 1999.

The country’s resources come mainly from coffee and cocoa production. For long years and up to the death of its first President Mr. Felix Houphouet Boigny in 1993, the Ivory Coast experienced some political, economic and social stability. However, since the devaluation of the CFA franc and the imposition of the Structural Adjustment Programme, things changed. More than once, foreigners were harassed and the traditional values of hospitality, solidarity and mutual assistance were sometimes put under severe strain.

The Ivorian population is made up of over 60 ethnic groups which are composed of many beliefs, traditions and customs. In addition to this ethnic plurality, there are religious choices: originally animist, the Ivory Coast today has a very high proportion of Muslims and Christians.

Even though the Ivory Coast’s socio-sanitary situation is relatively better than that of other neighbouring countries, the indicators are far from good. Thus, the literacy rate which was 75% in 1975 fell to 57% in 1994. The education rate was 72% in 1992 for boys and 60% for girls. Life expectancy was 56 years in 1996, infant mortality rate was 1150/00 in 1996, currently it is 960/00. The number of doctors per inhabitant is one for 9,000.

1.2. Epidemiological Data

The Ivory Coast had 31,963 AIDS cases declared in December 1995 as against 26,646 in May 1994, 466 cases in 1987 as against only 2 in 1985. From 1989 to 1993, there had never been less than 3,000 new cases per annum. The epidemiological data gathered showed that HIV seroprevalence among pregnant women increased from 3.6% in 1989 to 8% in 1993 in the rural areas, from 10% in 1989 to 12% in 1992 and 14% in 1995 in the urban areas. In 1993, there was an estimated number of 640,000 HIV positives, 34,000 adult AIDS cases, 7,000 paediatric AIDS cases and 78,000 orphans.

As from 1990 AIDS has become the economic capital in Abidjan, the leading cause of death among people, followed by malaria and any other disease. Among the women, it was the second cause of death after pregnancy and childbirth related complications.

The national study conducted in February 1989 quoted by SORO showed that on the average, 7.4% of the adult population were infected in the urban area as against 5% in the rural area. In 1994-1995, an average of 13% pregnant women consulted in the various regions of the country were HIV carriers peaking at 18% in the East of the country.

This shows the urgency for the strengthening of the AIDS control strategies in order to try to check the alarming spread of the epidemics. The following table shows the data of UNAIDS estimates in June 2000:

<table>
<thead>
<tr>
<th>Adults and infected children</th>
<th>760,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infected adults</td>
<td>730,000</td>
</tr>
<tr>
<td>Rate of adults cases (%)</td>
<td>10.76</td>
</tr>
<tr>
<td>Infected women</td>
<td>400,000</td>
</tr>
<tr>
<td>Children</td>
<td>32,000</td>
</tr>
<tr>
<td>Total Population</td>
<td>14,534,000</td>
</tr>
</tbody>
</table>
The most vulnerable population groups

Four social categories emerge as being the most affected and most vulnerable: these include youth, women, prostitutes and migrants.

Youth aged between 10 to 25 years are the most sexually active. These include school children, students of both sexes, young school drop outs and AIDS orphans. It is this important segment of the national population which pays the highest price for HIV/AIDS. In terms of morbidity and mortality, 85% of AIDS victims are between 20 and 49 years.

Women are more dependent because they are less educated and removed from the communication, decision-making centres and lucrative sectors of activity, the women are subjected to the laws of men and society. The overall prevalence of the HIV infection among pregnant women of Abidjan varies between 14.98% and 16 to 17% (1996 – 1997).

Until recently prostitutes were the most outstanding risk category. This characteristic has certainly not disappeared however, a significant drop has been noted in HIV/AIDS prevalence, where prostitutes operate as a result of effective initiatives.

Since the Ivory Coast is a land which plays host to people of various nationalities for geographical, historic and economic reasons, migrant groups represent a large risk category. These include seasonal workers, long distance truck drivers and refugees.

2. NATIONAL HIV/AIDS INFECTION CONTROL POLICY

Just as in the other countries, the government established a national programme to deal with the situation; the Ivory Coast has the peculiarity of combining the struggle against HIV/AIDS/STI with the fight against tuberculosis. Only the HIV/AIDS/STI component was covered by this study.

2.1. Strategy Thrusts of the HIV/AIDS Infection Control Policy

- Preventing the sexual transmission of HIV and the STI by diagnosing and treating effectively all the STIs including STI infection among women; by reaching all the organs through the appropriate channels, by undertaking the promotion of the use of condom
- Preventing HIV/STI infection through blood transfusion practices should make it possible to reduce the cost of safe blood and ensure its availability at all the levels where it is necessary
- Preventing the perinatal transmission of HIV/AIDS and STIs; development of specific directives, care of STIs among women, psychological supervision of HIV positive women and their partners should ensure the reduction in paediatric AIDS cases
- Ensuring the clinical, therapeutic and psychological care of the PLWAs. It should be pointed out that therapeutic guides (adults and children) already exist for the Ivory Coast. What remains to be done is to train the users, provide them with the tools and drugs while strengthening the existing structures to guarantee the mitigation of the impact on the patients

Political aspects for the fight against HIV/AIDS

The viability of the strategies and the interventions for the prevention of the transmission of HIV, STIs and for the mitigation of their impact requires a clearly defined political and legal framework as stipulated in the final recommendations of the September 1993 national consensus workshop.

A number of cultural and ethical aspects relating to the HIV infection and the rights of the man, woman and child must be subject to political commitments legal provisions and related directives. These include, inter alia:

- The content of the multisectoral approach
- The promotion and distribution of condoms
- Ethical problems concerning research on HIV
- Promotion of voluntary screening and information of the sexual partners (discordant couples, prenuptial tests, prevention of prenatal transmission);
• Legal protection of HIV positives and AIDS patients, orphans, women, prostitutes and minors;
• Health insurance and coverage for the treatment of opportunistic infections and STIs (procurement of essential drugs)
• Regulation of prostitution;
• Organisation of assistance to the orphans and separated or single HIV positive mothers;
• Different modalities for the care of the HIV positive woman.

2.2. Stakeholders Involved in AIDS Control
Several stakeholders were involved in the combat against HIV/AIDS infection in collaboration with the NACP/STI.

The NGOs and associations
Since the beginning of the programme, the partnership with the NGOs, grassroots communities and associations was expressly sought in the implementation of some components of the programme, such as social care and awareness-raising. They are numerous and their sectors and locations are very diversified.

The Family Planning Department
In view of the very limited resources for the prevention and the coherence of interventions, it appeared pertinent to integrate actions of STI and HIV/AIDS control with those of the family planning department. The National Family Planning Department has therefore embarked on the performance of this task.

Public or denominational health facilities
They intervene through awareness-raising among the populations for a positive change in attitude by supporting the PLWAs through visits to homes, food aid and occasional assistance. They collaborate with a number of NGOs or associations with a view to the orientation of the sick orphans or the provisions of benevolent manpower and also for the mobilisation of funds for the needy.

Cooperation agencies
These agencies are many and intervene in the various disease control programmes through financial support, technical expertise, donation of drugs and the promotion of condoms. The agencies concerned include the French Co-operation, UNDP, UNAIDS, UNESCO, UNICEF, WHO, ECS - Ensembles contre le Sida (Together Against AIDS) Christians and AIDS, MAP (Medical Assistance Program) PSI, the Red Cross, USAID and UNFPA...
Finally, it is necessary to highlight the intervention of traditional healers, the civil society and the private sector.

3. POSITION AND INVOLVEMENT OF CHURCHES
In the view of the churches visited, the AIDS epidemics, is a major problem, a social and pastoral challenge of extreme gravity for the country which has a relatively high prevalence rate as compared to those of neighbouring countries. The country is a crossroad which attracts migrants for economic reasons but also a place sought for international meetings particularly on AIDS.

3.1. Perception of the Churches
The Protestant Methodist Church (EPMCI - Eglise Protestante Méthodiste)
For the EPMCI, the Bible shows that some catastrophe situations are the consequence of the sin of humanity. Sin and AIDS seems to be one of these catastrophes. One should avoid making the patients feel guilty and easily and necessarily linking AIDS to sin. "We should acknowledge that we have risk attitudes either in the field of sexuality or that of blood transfusion or still that of drug use".

The Catholic Church
In the view of the co-ordinator of the National AIDS Control Committee of the Catholic Church Mr Louis Auguste BOA II, AIDS is a social disease related to multiple factors such as poverty, sexual deviancy, cultural practices (levirate), prostitution, migration etc...
The Protestant Baptist Church
According to the viewpoint of Reverend pastor Dion on the aetiology of AIDS, each person can be infected by a virus which can kill him at any time. Furthermore, no person is without sin before God, we are all guilty. AIDS is only the consequence of bad attitude from an erroneous utilisation of sexuality against the plan of God. Likewise, a person's guilt is always at the root of contamination either by non respect of the rules of hygiene, or through professional negligence...

Union of Evangelical Churches Services and Works - the Ivory Coast (UEESO-CI - Union des Eglises Evangéliques Services et Oeuvres - Côte d'Ivoire)
From the theological viewpoint, AIDS appears to the UEESO-CI as a disobedience by man of the divine laws, the utilisation of sexuality against the norms fixed by God. In order to check the rising propagation of AIDS in the country, Church leaders must mobilise against false rumours on the causes, cultural practices such as levirate in some ethnic groups, and prostitution.

The Evangelical Presbyterian Church of the Ivory Coast
Recently located in the Ivory Coast, this Church has few faithful. Even though it did not start any action in the field of the struggle against AIDS, Church leaders accepted to speak of their perception of the epidemics.

From their viewpoint, if AIDS is a disease caused by a virus and whose dramatic propagation is due to reckless sexuality, which is itself encouraged by difficult situations, massive displacement of the populations during armed conflicts, refugees and enticement of young people by adults to indulge in sex will take place. Thus, in the fight against AIDS, the Church should not only guide the faithful but also rise up against these situations.

3.2. Prevention Adopted by the Churches

The Protestant Methodist Church
In the field of prevention, the Church has a large responsibility in the promotion of new attitudes through information, teaching, an effort of spiritual renewal of the faithful and a profound analysis of religious barriers which impede prevention. The formalists and intransigent persons stick to fidelity and abstinence as means of prevention. However the “religious officials” and “doctors of law” of our time should rethink their approach and their understanding of the HIV/AIDS infection. Jesus asked us to obey the law of love of our neighbour to the detriment of religious legalism. The Church tolerates the use of condoms in the case of a spouse or infected couple.

The Catholic Church of the Ivory Coast
In 1997, a three-year development plan (1998-2000) was designed with the financial support of the Catholic Relief Services of France. Currently eight projects have been presented by the dioceses and grassroots communities with a view to the prevention of HIV/AIDS infection and the care of PLWAs. The strategy of the Church is based on:

- Awareness-raising which targets the diocesan leaders (bishops, priests, religious officials) leaders of associations, diocesan directors of education
- The training concerned all the diocesan leaders by the motivators’ and supporters’ training sessions and in the whole diocese of the Ivory Coast

The AIDS prevention message is based on abstinence and chastity, mutual faithfulness by the couples and hygiene (avoid objects soiled by contaminated blood).

The use of the condom is authorised only in the event of the contamination of a spouse on condition that it is of good quality, well preserved and that the user knows how to use it.

The Baptist Church
The focus is on abstinence and fidelity as means of prevention. The HIV serology test demanded for the pastoral corps is optional for all the faithful. Neither is the use of the condom an official position of the Baptist Church of the Ivory Coast.

Union of Evangelical Services and Works of the Ivory Coast (UEESO)
With regard to the struggle against AIDS, the UEESO established a committee in 1985. Initially, the purpose of the committee was to pray with PLWAs in the hospitals. Currently, the committee undertakes awareness-raising activities among the faithful through lectures to lift the veil of ignorance and misinformation on the causes, sign of the disease as well as prevention measures. Education in family life must insist on abstinence before marriage and
3.3. **Position of the Churches in the Light of Serology Test**

No Church – outside the Protestant Baptist which subjects the members of the pastoral corps to it – demands this test. It is estimated that this would generate panic among the faithful. The initiative is left to the discretion of each.

3.4. **Care for the AIDS Infected and Orphans**

If prevention is the focus of the actions of all the Churches, care of the patients and orphans is still at its beginnings. It is mentioned in the three-year or five-year plans by a number of churches, however no concrete action has as yet been taken for lack of expertise or lack of resources in the light of the scope of the problem. The Protestant Methodist Church, has made two recommendations in favour of the sick and orphans in an excellent document as follows:

- “That the Church should embark on the procedure for the retrocession of the Dabou day nursery with a view to making it a home for abandoned children and mainly AIDS orphans.
- That the welfare and counselling centre (CAC - Centre d’Accueil et de Conseils) at the Dabou Protestant hospital (HPP - l’Hôpital Protestant de Dabou) should be enlarged and equipped to receive AIDS patients”.

With regard to the Protestant Baptist Churches, the basic unity of the Church is the “unit”whose members are known and each of whom is paid a systematic weekly visit regardless of his health status. It is during these visits that the needs of each faithful are identified and evaluated. The reports of these visits, checked and signed by pastors responsible for the unit are submitted to the President of the Church...

4. **POVERTY AND HUMAN RIGHTS**

The situations of poverty and non respect for human rights, which are already a cause for concern, are alarming with regard to HIV/AIDS infection. The Churches last resort for these problems have neither the power nor the adequate resources to rise to this challenge. As with the care of patients and orphans, we noted a lot of good intentions but few concrete achievements. The rare actions taken by the Churches are carried out in collaboration with the associations, NGOs or State Social Welfare Services.

Otherwise, the Churches try to maintain or strengthen their traditional service delivery in education, health, agriculture... establishing vaguely a direct link between AIDS and poverty. On the other hand, no link has been established between AIDS and human rights.

5. **INVOLVEMENT OF THE MUSLIM COMMUNITY**

The Muslim community has not remained in the margin of the struggle against AIDS of the religious denominations of the Ivory Coast. This is what has emerged from the training project which was submitted to us by the Imam of Plateau in Abidjan. “the Imams animate the spiritual life of Muslims, they therefore have the time to speak extensively during baptism, funeral, marriage and social conflict resolution ceremonies but also especially on Fridays during prayers. From these different communications, they are capable of informing and enlightening their audience on the AIDS phenomenon and its socio-economic complications. This information activity cannot be carried without training. This training will target 420 imams, preachers and leaders of Muslim associations to be chosen in the ten provinces of the country.”

Indeed, many religious leaders still chronically lack clear information on the AIDS epidemics. Thus, the goal pursued by this training project is to improve the knowledge of the Imams on the seriousness of the epidemics, its symptoms and to prepare them for community care and prevention initiatives.
6. INVOLVEMENT OF ECUMENICAL MOVEMENTS AND DENOMINATIONAL HEALTH FACILITIES

6.1. AIDS Project with the Churches in Partnership with MAP (Medical Assistance Programme)

Medical Assistance Programme (MAP) International is a Christian NGO established with the “Christian Medical Society” now known as “Christian Medical and Dental Society”. MAP International aims mainly at the promotion of health within the Churches and specifically the prevention and eradication of the disease through mobilisation and community awareness-raising actions.

The fight against the HIV/AIDS infection in the churches in Africa has become one of the priorities of the programmes of the Abidjan office of MAP which covers the entire West Africa sub-region.

The purpose of this project “AIDS with the Churches” is to mobilise and equip the Churches with a view to their effective involvement in HIV/AIDS prevention and the care of PLWAs. This programme is based on the observation that Church leaders are not sufficiently informed on the seriousness of the disease, its mode of contamination, moral and spiritual consequences. They are poorly prepared for the care of the infected and affected persons.

The organisation proposes to the Churches in the event of HIV/AIDS infection, several areas of co-ordination such as:

- the regional co-ordination of HIV/AIDS control plans of the Churches
- Support to the various programmes
- Exchange of expertise, sharing of experiences between the Churches
- Promotion of knowledge and ecumenical care of the problem of HIV/AIDS infection
- The setting up of ecumenical regional reference groups on HIV/AIDS infection
- The dissemination of information through the edition of the French review 'Contact'

At the local level, the activities of the programme concern the establishment of awareness-raising committees and the organisation of conferences in the churches, discussions within the organised groups of churches (youth, choristers, brass bands...). During these meetings, the discussions concern the mode of transmission of the HIV infection, the propagation factors, the family and AIDS, cultural practices and AIDS and the means of prevention.

Furthermore, seminars for Church leaders of French-speaking churches were also organised by MAP international which ranks among the best resource centres in the sub-region in the field of HIV. By the production of teaching aids, the training of leaders and the promotion of network operations, MAP encourages Churches and Christians to take an active part in controlling the epidemics. For MAP international, the churches are grassroots communities which can induce a true transformation in attitudes.

6.2. Hope Worldwide

Hope World-wide, established in 1991, is an international organisation based on faith in Christ. Its aim is to combat the HIV/AIDS infection in the Ivory Coast. Its headquarters has a clinic for day hospitalisation, a pharmacy, a counselling hall, a meeting and documentation room. Hope World-wide which has specialised in traditional AIDS prevention service delivery has now reached the stage of community mobilisation and care of PLWAs and research.

It uses a permanent staff of 12 persons of various expertise such as doctor, psychologist, nurse and social welfare assistant. All Church denominations taken together are special partners. They enable it to mobilise funds and also have access to the benevolent actions of the faithful.

This agency currently manages 3,000 PLWAs and 150 orphans. It receives an average of 20 to 30 persons a month whose average age is between 20-35 years and who are sent by churches, hospitals, screening centres, with which Hope World-wide collaborates and also by families or associations such as Club des Amis, MAP International and GAPS - Groupe d’Auto-assistance des personnes vivant avec le VIH et la Promotion Sociale (self-assistance group of persons living with the HIV and social welfare promotion).
6.3. Dabou Protestant Church

The Dabou Protestant Church is a private non-profit making denominational health facility involved in a public service. The welfare and counselling centres intervene in the field of AIDS particularly the psychosocial and medical care of patients, the organisation of the patients' day and awareness-raising among the population.

Statistical data of the activities of the welfare and AIDS counselling centre of the DABOU Protestant Hospital are as follows.

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</thead>
<tbody>
<tr>
<td><strong>New cases</strong></td>
<td>434</td>
<td>121</td>
<td>140</td>
<td>268</td>
<td>85</td>
<td>106</td>
</tr>
<tr>
<td><strong>Patients Monitored</strong></td>
<td>1072</td>
<td>708</td>
<td>642</td>
<td>375</td>
<td>195</td>
<td>195</td>
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<tr>
<td><strong>Consultations</strong></td>
<td>808</td>
<td>509</td>
<td>236</td>
<td>186</td>
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Within the framework of the struggle against AIDS and STI, the hospital which is currently facing difficulties wishes to strengthen the welfare centre and counselling units and the mobile agency by providing them with adequate technical resources in order to put its extensive experience in preventive health at the disposal of the populations. It intends therefore to serve as reference centre for the other health facilities in the region for a more effective fight against AIDS and an effective care of patients.

6.4. Resource Structures

Lumière Action (Action Light)

Lumière Action is a PLWA organisation established in 1994

Its objectives are as follows:
- improving the living conditions of members;
- providing psycho-social support to infected and affected persons;
- providing information on HIV/AIDS and its prevention;
- defending the rights of infected persons;
- promoting access to health care and the treatment of members.

The number of persons managed reached 174 including 161 infected persons, 108 women and 66 men. These are persons of 18 to 60 years, the majority is between 25 and 45 years.

With regard to activities, Lumière Action has today diversified its activities. Among the activities, we noted mainly:
- Psycho-social care: this is a psychosocial and counselling support prepared by UNAIDS in 8 accredited centres located in a number of hospitals in the city of Abidjan.
- The AIDS orphans project: it was initiated by Lumière Action to provide educational, medical and nutritional support to orphans who had either lost a father or mother and aged between 5 to 18 years. This project is financed by UNAIDS and UNICEF. It affects a total of 411 children: Abidjan 164, Bouake 125 and Korhogo 122.
- The pharmacy community with the financial support of UNAIDS
- The student project: awareness-raising in the university campus financed by AIDS2 of the Canadian co-operation
- The Saint Valentine project: awareness-raising in public places on Saint Valentine’s day (14 February of each year) financed by PSI
- The Flotilla project: awareness-raising in the schools and colleges, financed by UNESCO.
- Thematic workshops. It should enable the PLWAs to live positively with the HIV infection and any other person to have the necessary information on AIDS.
7. NETWORKS AND THEIR INVOLVEMENT IN HIV/AIDS CONTROL

In addition to their co-operation with MAP International and Hope World-wide, the Churches in the Ivory Coast operate individually and they lack the structures which will enable them to operate as a network. Conditions should therefore be created to attain this objective.

Meanwhile, Abidjan hosts the West African Office of the African PLWA Network (PAN) which is also present in the four regions. PAN pursues the following objectives:

- assisting in the establishment of PLWA self-assistance Groups
- strengthening the existing associations and co-ordinating their activities
- promoting an effective medical, legal care of PLWAs.

8. CONCLUSION

The Ivory Coast is currently the most affected country in the West African sub-region and no initiative is too big to curb the menace. All efforts should be made so that the Churches and religious communities which have the extensive bare and the highest credibility harness their forces with a view to strengthening their commitment and improving their service delivery in the field of AIDS control.
1. **GENERAL AND EPIDEMIOLOGICAL DATA**

1.1. **General Data**

Located in West Africa, Liberia occupies an area of 97,750 km², of which roughly half is covered by tropical forests. It is bounded to the North-West by Sierra Leone, to the North by Guinea and to the East by the Ivory Coast. The Atlantic Ocean borders Liberia to the South. The population was estimated in 1992 at 2,930,000 inhabitants. The main religions of the country are Christianity, Islam and traditional religions.

Liberia has just emerged from a protracted civil war which, despite the end of the war, is currently a completely devastated country. For a population of roughly 3,000,000 inhabitants, there are barely 40 doctors. The majority of the population lacks safe water and electricity. The schools barely function. Liberia is a country with an ailing economy. The economy, devastated by war, is based on agriculture and the exploitation of iron and rubber. Primary health care is the main strategic area of Liberia’s health policy.

1.2. **Epidemiological Data**

The first AIDS case was diagnosed in 1986. Ever since, the number of cases has increased rapidly to 951 in the year 2000. The most affected age group is youth from 20 to 39 years. The breakdown of AIDS cases shows that the security forces, housewives and petty traders represent 60%. The average HIV prevalence among prenatal consultations increased from 0.5% in 1989 to 8.2% in 1998. The National AIDS Control Programme indicated that the main mode of transmission is sexual (82%). The main clinical factors connected with the contamination are extra-marital sexual relations, multiple sexual partnership, prostitution or sexual trade and cases of sexually transmissible infections (STIs).

2. **NATIONAL AIDS CONTROL POLICY**

2.1. **Background to AIDS Control in Liberia**

AIDS control activities in Liberia began in 1987 with the creation of the National AIDS Control Programme. However, due to the civil war which the country had experienced, its activities were paralysed and resumed only towards 1993. In April 1999, the Ministry of Health and its partners decided to examine the impact of the HIV/AIDS control activities on the population. This analysis of the situation led to the launching of the process leading to the preparation of the multisectoral plan. Thus, in August 2000, the NACP, local NGOs, community associations and development partners designed a 3-year strategic plan (2001 to 2003).

2.2. **Strategy Thrusts of the HIV/AIDS Infection Control Policy**

The goal of the strategic plan is to wage the combat against HIV/AIDS which will be carried out through integrated activities over the coming three years.

Three specific objectives were fixed as follows:

- Reducing HIV transmission by 15% by the year 2002
- Providing care and social support to persons infected by HIV, their relatives and the community
- Encouraging the capacity building and sharing of information among stakeholders

Pursuant to these objectives, the NACP outlined several strategic areas namely:

- Information, Education, Communication (IEC)
- Search for vulnerability
- Care of STIs
- Safe blood transfusion
- Prevention of mother-child transmission
- Care of infected and affected persons
- Surveillance, monitoring and evaluation
- Programme coordination and care

2.3. Stakeholders Involved in AIDS Control

Besides the public agencies (NACP) there are mainly two types of stakeholders which are the local NGOs and external partners.

Local NGOs
These are few, but play an important role in the field of information and education of the population. They are assisted by community youth associations, women or family planning organisations.

The external partners
These are mainly United Nations agencies which in addition play the role of donors. These include the UNDP, UNAIDS, UNICEF, WHO and UNFPA. The World AIDS Foundation can also be added to this list.

Religious and ecumenical organisations
With regard to these organisations, the active participation of the Young Men's Christian Association (YMCA/UCJG) was particularly highlighted. The Catholic Church was recognised as such an institution which has put in a lot of effort in combating the disease.

3. Position and Involvement of the Churches

3.1. Perception of the Churches and Religious Communities

In connection with this study, we met with leaders of the Catholic, Methodist, Lutheran and Presbyterian Church, the Council of Churches of Liberia and the Muslim community.

It should be pointed out that in Liberia, Churches have become spiritual and social havens for the population which was traumatised and impoverished by the war. Unfortunately, like the country, Churches are not financially stable to carry out what is expected of them.

All religious leaders acknowledge and affirm that just as the civil war, AIDS is today in the process of wiping out the population, particularly the youth. It should be pointed out that with a prevalence rate of 8.2%, Liberia is one of the most affected countries in the sub-region.

For Church leaders the surge in AIDS is the direct outcome of the civil war which forced many people into exile. It has left in its trail several traumatised and miserable orphans. The atrocities committed during the war dangerously violated moral rules. In this connection and for illustration purposes, the following is quite a stupefying testimony of a member of the YMCA:

"Look, do you know that during the war, after killing the children's fathers in front of their eyes, the rebels forced women to sleep with their sons and for sisters to sleep with their brothers. Currently there are in town several girls who were raped".

The leaders highlighted the difficult situation in which the country is as follows:

- An ailing economy
- Lack of safe water
- The health and social facilities have either ceased functioning or are malfunctioning

Other examples of the Liberian drama are as follows: civil servants have not been paid for a year now. The population has been living in total deprivation. In order to survive, young girls are constrained to resort to prostitution. In brief, the socio-economic life of Liberia provides a favourable climate for the spread of HIV/AIDS.
Other factors such as ignorance, denial of the illness and cultural beliefs, also contribute towards its propagation. The presence of the contingents of soldiers of the ECOMOG also exacerbated the debauchery. It has been estimated that over 10,000 children were left behind by these soldiers. Finally, during the war there was blood transfusion on a large scale although all this blood was not screened, thereby favouring the extensive propagation of the virus.

In the light of the foregoing, religious officials believe that AIDS is not a punishment from God but the fruit of human folly particularly attitudes which are totally deviating from the divine commandments.

3.2. Involvement of the Churches in AIDS Prevention

All Liberian Churches have been striving to restore moral order. This explains why they preach and educate the faithful to transcend hardships in order to remain worthy before God. The main measures advocated persistently are marital fidelity and abstinence. With regard to the use of condoms, all have a mixed position with the exception of the Catholics who reject it. They are not opposed to its use as a means of ultimate protection for those who can neither abstain nor remain faithful. However they denounce the promotion and marketing campaigns which are often insolent, inopportune, and devoid of any moral sense, any respect for the standards and rules of decency.

3.3. Involvement of Churches in AIDS Control

As we have already emphasised above, Liberia has been living in a peculiar situation. Churches are very concerned by the ravages caused by AIDS, but unfortunately they do not all have the resources to put in efforts as they wish in combating the disease.

3.3.1. The Lutheran Church of Liberia

The prevention activities
The Lutheran Church executed a prevention programme for the youth and its parishes. Unfortunately, this project which was completed two years ago, could not be pursued due to resource constraints. This Youth-AIDS project trained counsellors who were responsible for sensitising other youths of the Church. Despite the shelving of this project, the Church continues to periodically organise awareness-raising sessions for the faithful.

Furthermore, this Church intends to embark on an education programme for young girls. It is a programme on sexual education which will target young girls on account of their special vulnerability to HIV/AIDS.

Care of PLWA
The Church is involved to a small extent in this field, not as a result of lack of good will, but because the AIDS cases are confidential matters privately managed by the persons concerned and their surroundings. The Church has two hospitals in the country. The medical personnel of those hospital centres deal with the AIDS cases which they receive. With regard to voluntary testing, the Church has not yet taken any official decision. It is waiting for the government to issues directives on the matter before making a commitment.

Support to AIDS orphans
The Church does not have any specific project for AIDS orphans, however, it does takes care of war orphans. It has a $ 7,000 budget (which is paltry) to assist the needy and orphans of the Church. The latter are placed in foster families which the Church supports financially.

However it does happen that the assistance provided by the Church to the families is inadequate; meanwhile, the latter themselves already face enormous difficulties. For instance, the pastor, whom we met, alone takes care of 15 orphans. The construction of orphanages especially for children whose mothers died during childbirth are anticipated.

3.3.2. The Presbyterian Church of Liberia

There is not yet any specific actions against AIDS within this Church. However, a project of this type is under preparation.

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3 ECOMOG: contingents of the soldiers of the West African Peace-Keeping Force in Liberia
Activities are mainly devoted to the sexual and moral education of the youth. The subjects generally dealt with concern premarital sexual relations, the notion of fidelity and abstinence, unwanted pregnancies, abortion and AIDS. The education is done in schools as well as through seminars, Bible studies etc. It should be pointed out that the principal means advocated by the Church are fidelity and abstinence. No official position exists regarding the use of condoms. According to the moderator of this Church, the condom is not accepted by the Liberian youth because, according to them, it mitigates pleasure and young girls consider it as an insult.

The Church lacks experience in the area of the care of PLWA. It does not demand AIDS tests before marriage nor has it reflected yet on the expediency of encouraging people to go and voluntarily undergo AIDS screening tests. The Church does not have a specific project with regard to AIDS orphans. However, there is a programme of assistance to foster families which welcome orphans, because its philosophy is the integration of children into families.

3.3.3. The Catholic Church of Liberia

Prevention Activities
The Catholic Church is the most active Church in AIDS control, the activity which is concentrated in the schools is carried out through the "child-to-child" method. It is a-peer-to-peer educational strategy.

The “child-to-child” method is a programme which teaches and encourages children to be interested in their own health problem and well being and those of the community. It is a horizontal strategy which involves:
- Brothers and sisters
- Pupils and pupils
- Members of the whole community

The main themes tackled are personal hygiene, the development of the body, nutrition, public hygiene and common health problems such as diarrhoea, malaria, coughing, immunisation, respiratory infections, family life education, sexual education, AIDS, accident and first aid etc...

In view of its seriousness, AIDS has become the central theme in all schools and educational institutions of the Catholic Church.

Science teachers are linch-pins of the “child-to-child” system in general and AIDS control in particular. Not only do they enlighten the pupils on AIDS, but they also train peer educationists in schools who counsel and sensitize the other pupils. Each child is called upon to sensitize his brothers and sisters in the family and the entire community. There are AIDS clubs in the schools run by the youth who often organize cultural and spiritual activities.

The Church produced posters, leaflets, pamphlets, stickers, T-shirts and awareness-raising video cassettes. Furthermore, the Church encourages the faithful to undergo voluntary testing. There is a special team for this purpose.

Care of the sick
Care of sick persons is an important component of the actions of the Catholic Church in AIDS control. It is done at the hospital and at home. In Monrovia there is a care unit at the “Mother Patern College of Health Science”. This unit is composed of nuns and social welfare personnel who organise the care of infected and affected persons. It also undertakes house-to-house visits in order to morally, psychologically and medically support persons infected with HIV who are in the terminal phase.

In most of the health centres of the Catholic Church, there are teams for the medical and psycho-social care of patients. This is particularly the case of the St Joseph Catholic Hospital of Monrovia.

Support to orphans
Just as all the Churches, the Catholic Church comes to the aid of orphans in general but there is a special component for AIDS orphans, the Church is responsible for their treatment, feeding and education.

4. POVERTY AND HUMAN RIGHTS

The war has impoverished communities and dislocated their social organisation. In order to alleviate this situation, the Churches initiated agricultural development projects in the rural areas. They focus on the capacity building of the communities to identify and execute projects themselves. In addition to this self-help component of the rural
communities, the Churches are also concerned with women and young girls who are increasingly vulnerable to HIV/AIDS on account of poverty and idleness. For this purpose there are vocational training centres where young girls learn their trade. On completion of their training, the Churches assist them to establish themselves.

With regard to the defence of human rights, Churches work together to promote peace, reconciliation and respect for human and citizens' rights in the countries.

5. INVOLVEMENT OF ECUMENICAL ORGANISATIONS

5.1. YMCA – UCJG – Liberia

The Liberian youth are traumatised, impoverished and discouraged and YMCA Liberia has become its refuge; youth rightly resort to it by making this institution an effective framework for the self-promotion of the youth. It is one of the most active ecumenical institutions in the country. It is also one of the NGOs which has viable projects and is in a relatively sound financial situation (which is rare in Liberia) on account of its membership to the World Alliance of the YMCA based in Geneva. It receives funds, but this appears inadequate compared with the number of challenges to be met. YMCA is active in the fight against AIDS. For nearly two years it has been executing a project on adolescent reproductive health. The goal of this project is to contribute towards the reduction in the incidence of HIV/AIDS among youth aged between 12 and 19 years. This is reflected in the promotion of their education and in the prevention of unwanted pregnancies.

The project's zone of intervention are Monrovia and two other provinces of the country. The strategy is education by peers. The project trained 25 peer educators (including 15 girls and 12 boys) in communication technique for change in attitudes, the latter educate their peers. The main activities are training and retraining workshops, awareness-raising sessions in schools, churches and communities, the organisation of socio-cultural and sporting activities, the projection of films, the orientation of the sick towards the STD care centres and the distribution of condoms.

The project drafted a counselling and communication guide for peer educationists as well as leaflets and T-shirts. The T-shirts that are sold bear educational messages which are a source of revenue for the project. The innovation of this project is broadcast in the educational discussions on "youth" radios. The youth radios are stations created by YMCA and operated by the youth. Unfortunately their transmission does not cover the entire country.

The project does not have any component for "the care of the sick", this is one of its shortcomings. However, the institution has structures likely to do this work.

There is a listening and support centre called “youth friendly clinic”. This is a youth counselling centre within a friendly environment and above all a psycho-social and treatment support centre operated by the youth in favour of the youth who are grappling with psychological and health problems.

According to the Secretary General of YMCA Liberia, the fight against AIDS within the ranks of the youth should involve the fight against poverty, idleness and illiteracy. It is a psycho-social and spiritual fight, since the problem of Liberia is a problem of profound individual and collective traumatism compounded by poverty, idleness and illiteracy. This explains why the YMCA has embarked on an exercise involving the civic and spiritual education of the youth. It has built schools, apprenticeship centres for the youth as well as embarked on development projects countrywide.

With regard to the defence of Human Rights, YMCA focuses on youth education and dialogue between the governing class and the governed. In this regard, it often organises lectures-discussions between the youth and authorities of the Ministry of Justice thereby paving the way for constructive discussions for the protagonists.

5.2. The CHAL (The Christian Health Association of Liberia)

The Christian Health Association of Liberia (CHAL) was established in 1975 by the Liberian Churches which intervenes in the health sector. It is a collaboration framework which enables it to carry out all activities with a view to attaining the expected results at reduced costs. The CHAL is an ecumenical organ striving for the development of curative and preventive activities. The main objectives of CHAL are:

- Promoting and providing quality services in the religious health facilities;
- Coordinating the efforts of the various CHAL members;
- Providing members with a forum and a network for collaboration, exchange of information and resources;
- Collaborating with the government and other organisations in the area of exchange of information and the carrying out of health activities;
- Mobilising external and domestic funds through legal channels and means consistent with the status of a non-profit making organisation.

CHAL intervenes in several fields namely:
- Supply of drugs to the health facilities of Church members;
- Primary health care;
- Capacity building of the communities;
- Water and health
- Education in family life and HIV/AIDS control

In the field of AIDS control, CHAL plays a very important role in Liberia. It is a training centre for IEC (Information, Education, Communication) whose staff produce educational and pedagogical material for the education of the faithful in the parishes, for pupils, students, health workers, as well as the public at large. Furthermore, CHAL assists institutions in the design and implementation of the projects for the prevention and support to persons living with HIV.

On the whole, it can be said that CHAL is, above all, a technical support centre. Unfortunately this institution is on the verge of closing down on account of financial difficulties. It designed an expansion project which it submitted to donors, however, the donors have not yet reacted to this request. The disappearance of this institution will be fatal for the AIDS programme within Churches.

6. ECUMENICAL NETWORKS

Strictly speaking, there is no network of churches against AIDS. On the other hand, there are structures which can validly play this role. This is the case particularly of the Liberia National Council of Churches, an ecumenical organisation which brings together the Catholic, Protestant and evangelical Churches. It should be pointed out that this network functions well since all the Churches who met feel they belong to it. The civil war has compelled the Liberian Churches to stand together. The Churches played an important role in bringing the civil war to an end in their country. Today, they are striving to restore stability, reconciliation, peace in peoples’ hearts and to make efforts to ensure the respect for citizens’ rights. In this respect, the Council often organises meetings, seminars and workshops. Religious leaders have become mediators between the governing class and the governed in the event of social conflicts and violation of the rights of citizens. Unfortunately, the Council has not yet focused on the AIDS problem. All religious officials have agreed that a network of Churches should be established against AIDS.

Muslim leaders who met are also in favour of the collaboration with Christians for a joint action against AIDS. This is all the more easy as there is already an association which brings together Muslims and Christians: the association is the “Interfaith Council of Liberia (INC). This ecumenical association is very active in the search for peace and reconciliation in Liberia.

It should be pointed out that CHAL and YMCA can play an important role in the establishment of a network. The former has an acknowledged experience in the production of teaching aids as well as in the building of the capacities of denominational health institutions, while the latter is more experienced in the care of health and development projects with the Churches and the youth.
1. GENERAL AND EPIDEMIOLOGICAL DATA

1.1. General Data

Located in the heart of West Africa of which it is the largest country, Mali covers an area of 1,240,000 km². Its population is estimated today at over 10,000,000 inhabitants. There are 51% women and 49% men. Seventy five (75%) per cent of this population live in the rural areas. Mali shares its borders with seven countries including the Ivory Coast and Burkina-Faso, where the HIV/AIDS prevalence rate is very high. Mali is divided into eight administrative regions outside Bamako the capital.

Agriculture, livestock and fishery are the basis of Mali's economic development. Unfortunately, the country has experienced periodic cycles of drought which have had a negative impact on the economy and which also encourage immigration: according to the statistics, 3,000,000 Malians are said to be residing abroad particularly in the neighbouring countries. The economic crises has undermined traditional values and morals do not resist the negative effects of globalisation.

Mali is also one of those African countries which has a relatively low education rate: the official figures indicate that only 30% of men and 17% of women could accede to primary education.

With regard to religion Muslims are largely in the majority, the country is however a secular State. Christians of all denominations account for less than 5%.

1.2. Epidemiological Data

A national survey conducted in 1992-93 covering 5,326 subjects from 7 regions of the country showed a gross sero-prevalence of roughly 3%. Sero-prevalence was, on the whole, the same in all the regions studied (both rural and urban). Two exceptions were however noted: a 2% prevalence in the Northern region (Gao and Timbuctoo) and 5.2% sero-prevalence in the Sikasso region located at the crossroads of the highway leading to the Ivory Coast. Sero-prevalence among a group of 178 prostitutes was 52%.

Today, the new survey shows that sero-prevalence varied significantly according to the regions and the populations studied. When the new figures are reconciled with those of the 1992-1993 years, prevalence in the general population could, on the whole, be estimated at between 3-4%. The number of persons infected with HIV/AIDS is said to be 135,000. However, considering the figure of 130,000 reported by UNAIDS two years earlier, it could be deduced that the current estimates are well below the reality.

There is a wide disparity between the regions and in general, a lack of information on the behaviour and the characteristics of the population studied; nor is there any data on the rural areas which represent 75% of the population. Information on mother-child transmission and infant AIDS cases is also lacking.

The factors of HIV/AIDS propagation are linked to the greater mobility of the population, namely internal and international migration and the resultant prostitution. There has also been a gradual relaxation of social control caused by the disintegration of family supervision, early extramarital sexual relations or sexual relations in early marriages. The rapid propagation of HIV/AIDS is also explained by the fact that persons living with HIV transmit it inadvertently to others, due to lack of information on their serological status. Most of the health personnel, including doctors, are not prepared to disclose the results of the test, if positive.

The population segment considered as particularly vulnerable are: migrants, drivers and their apprentices, hawkers, the military, prostitutes, youth within and outside school, women of child-bearing age, and prison inmates. The vulnerability factors identified are mobility (internal and international migrations) precarious economic conditions, prostitution network and the weak ethical and legal framework.
2. NATIONAL AIDS CONTROL POLICY

2.1. Background to AIDS Control in Mali

It was in 1985 that the first AIDS case was diagnosed. The Government has, since then, embarked on the struggle against AIDS and entrusted responsibility for it to the Ministry of Health, the Aged and Solidarity. The latter established the National HIV/AIDS Control Programme (NACP) with other supervisory and monitoring structures.

2.2. Strategy Thrusts of the HIV/AIDS Infection Control Policy

The action of the government through the NACP falls in line with the overall health policy determined in 1990 and called PRODESS - programme de développement sanitaire et sociale (Health and Social Development Programme). The objective of PRODESS is to expand health cover and improve the utilisation of services by users at all the levels of the health system.

With regard to AIDS control, considered as a national priority, the objectives of PRODESS are:
- Reducing from 3% to 2% the HIV sero-prevalence among the general population
- Reducing by 50% the STD (sexually transmissible diseases) incidence rate

The strategies adopted and implemented by the NACP are as follows:
- Prevention of transmission by sexual means through an intensification and adaptation of IEC activities (Information, Education, Communication) in favour of the vulnerable groups, particularly migrants and medium and high risk groups. This is reflected in the use of the media, films, pamphlets and through the organisation of cultural and sporting events
- Prevention of transmission through blood by ensuring the safety of transfusions and activities in the health establishments and protection measures of health professionals
- Prevention of mother-child transmission, the systematic use of the anti-retroviral therapy such as AZT and nevirapine in pregnant HIV positive women
- Care of PLWAs
- Increased vigilance on STDs during medical consultations at all levels
- Implementation of this programme is done through local AIDS control committees in the various regions of Mali and aims at providing as much information as possible on AIDS in order to ensure its prevention

The current targets of the NACP are school children, migrants and transport operators. A new strategic plan was drawn up for the 2000-2004 period and is urgently awaiting adoption by the Ministry of Health. Its general objectives are always to reduce HIV prevalence by 1% and reduce the impact of the epidemic on the persons infected and affected, on the communities and on the economy of the country. Its priorities which are the extension, reinforcement and improvement of the past actions cover the following fields:
- Information, Education and Communication (IEC) directed to the general population
- The promotion of the use of condoms through social marketing
- Primary prevention of STD, at the same time as HIV/AIDS prevention. The main strategies remain the prevention of transmission, improvement of the well-being of infected persons, alleviation of the impact of the most affected sector such as that of health and a number of particularly vulnerable enterprises

2.3. Stakeholders Involved in AIDS Control

In its struggle against AIDS, the Malian government has received multiple forms of assistance and support from United Nations agencies, international organisations, international and national NGOs. UNAIDS plays an important role through resource mobilisation in favour of the national and technical support programme. It ensures coordination between the UN Agencies (UNFPA, WHO and UNICEF) and strives to develop a common vision at the level of all the other German, Dutch, Swiss, French and Canadian partners. The new 2000-2004 strategic plan under which the private sector should also be involved, is the result of this collaboration and common vision.

International NGOs such as Plan International work not only with the government but also support the national NGOs through the subsidies granted to their projects.
Through its objectives, the NACP is expected to work with the stakeholders of civil society, however, collaboration with the religious world is still at the embryonic stage.

3. POSITION AND INVOLVEMENT OF THE CHURCHES

3.1 Perception of the Churches and Religious Communities

We were able to meet religious officials or heads of the Department of Health of the Catholic Church, the association of the grouping of Protestant and evangelical Churches and missions of Mali, the Adventist Church, and the Muslim community.

In the view of the various parties involved, the HIV/AIDS epidemic is a scourge which is negating the efforts of Mali in addressing the economic crisis into which it has been plunged for many years. Worst of all, the churches are increasingly dealing with crises within the families affected by HIV/AIDS. The Muslim community is seeing the number of its widowers, widows and orphans increase daily because a number of cultural and religious practices related to Islam - such as polygamy, sexual mutilations, Levirat - are factors of propagation of the disease.

However, according to religious officials, the crux of the problem is poverty, unemployment and misery, which in view of the permeability of the country's borders, causes a very large migratory flow especially towards the Ivory Coast and Burkina-Faso where the sero-prevalence rate is very high. It should be pointed out that over three million Malians are today living outside the country.

Apart from economic difficulties, the propagation of the disease is accelerated by the relaxation of morals and irresponsible sexual behaviour.

This is why Muslims say that AIDS is a divine punishment. "Praise to Allah who said in the Holy Koran: 'Approach not adultery. In truth, it is a turpitude and what a bad way! Salvation and peace be to the prince of Messengers who said: “The turpitude should never be widespread in a community..., or the scourge and the various ills will be visited on it in a manner unknown among their ancestors of old.” AIDS “is a human catastrophe which does not spare anyone among the youth of this desperate world, who believe in only material things and do not acknowledge any spiritual virtue”.

Catholics for their part try to consider HIV/AIDS as any other disease even if they realise that it poses complex problems.

With regard to the Protestant family, it was observed that there was some ignorance about the causes of the illness and the general tendency is to associate it solely with sexual promiscuity. In the view of pastor Daniel Tangara, Vice President of the Protestant Church of Mali, which represents the Association in this field, the disinterest shown by men of the Church is partly due to an erroneous presentation of HIV/AIDS: “In most cases, many stakeholders involved in the awareness-raising, presented AIDS as emanating from a life of debauchery. "Many Church and religious community leaders have thus looked on PLWAs with condemnation and rejected them instead of demonstrating their compassion towards them. Awareness-raising work should therefore be carried out in this regard.

With regards to prevention, Catholics and Muslims are against the promotion of condoms. The former are adhering to the position of the Vatican and see in the utilisation of condoms an easy solution which may pave the way for all sorts of uncontrolled behaviour. Furthermore, the condom is not foolproof considering the debate which it has generated within the medical profession. The utilisation of the condom can therefore be recommended only in exceptional cases for legally married couples.

Furthermore, the Catholic Church of Mali is also of the view that its action, while falling within the framework outlined by the State in the field of AIDS control, must maintain its own identity and communicate its own messages. It is for this reason that the Church is reluctant to speak publicly and bluntly about sexuality. The African ethics should be adopted and opportunities sought to tackle the issue, for instance taking advantage of an awareness-raising session on female genital mutilation problems to indirectly give a sexual education course.

It is on the same ground that Muslims are reluctant to tolerate the condom and lift the veil on “sexual matters”. There is also the viewpoint that condoms are a trick by the western world to control births in Africa. However, it appears that the real reasons for the resistance might be connected with the refusal to allow women the freedom to use their body as they wish.
Among the Protestant and evangelical churches, there is no official position concerning the use or otherwise of the condom. However, in private, viewpoints are quite mixed.

3.2. Action of the Churches

3.2.1. The Catholic Church in Mali and AIDS control

The Catholic Church seems to be the pioneer in this field. A few months preceding the celebration of the world’s first AIDS day (1 December 1989), Archbishop Martin Happe, then Chairman of the Social and Charity Committee “Justice and Peace” within the Episcopal Church of Mali, initiated an HIV/AIDS control project.

The project, which was expected to spread over a three-year period and be renewable, envisaged two components, namely a prevention action through information and training and a support action to PLWAs and their families.

In its design, the project was expected to affect 22 health centres and 45 social and women’s promotion centres as well as diocesan training centres. Material assistance to PLWAs (food and sharing of hospitalisation costs) was envisaged in six dioceses of Mali. The printing of 3,000 information and awareness-raising posters was also on the agenda, as well as the supply of teaching aids. Unfortunately for reasons of coordination, the scope of the project has not been as extensive as expected.

Today, it is the National Secretariat of the National Committee for Socio-Pastoral and Charity Work which wants to take over responsibility. This Secretariat is Caritas Mali, the former Catholic relief service of Mali (SECAMA) established in 1958 and restructured in 1988 by the Bishops. Ever since, this committee, whose objective is to work towards the full development of the human being, has undertaken activities relating to health, agriculture, the environment, women's promotion, justice and peace, specialised education and assistance.

In the field of AIDS control, the important phase was the national consultation organised by the socio-pastoral unit from 15 to 20 February 1999. It brought together 70 participants around three main objectives, namely:

- Technical knowledge of the disease,
- Knowledge of the position of the various religions,
- Sharing of experiences and the search for the lines of action

Pursuant to these objectives the national coordination appealed to specialists, particularly doctors, and must be credited to the different representatives of the religious world (Catholics, Protestants and Muslims).

This meeting made it possible to highlight, amongst others, the Malian population’s perception of HIV/AIDS: some hold the view that it is connected with poisoning or bewitchment whereas another category considers HIV/AIDS as a divine punishment resulting from immorality and debauchery. Others who are even more incredulous affirm that HIV/AIDS does not exist and that it is an invention of the Whites...

During this conference, testimonies from the various parties showed that many members of the congregation of the Catholic Church live with HIV/AIDS, even if it is difficult to provide the statistics. Based on this observation the following lines of action were identified:

1. Preliminaries
   - Report at the parish level
   - Provision, as much as possible, of health centres for rapid testing
   - Fostering relations with other partners in the field (NGO, State), amongst others and participation in World AIDS Day (1 December)
   - Establishment of a concrete programme taking into account the orientation outlined according to the three areas defined

2. Knowledge of the disease
   - Information through local radio stations, posters, audio and video cassettes, drama and tools
   - Training: training sessions for the communities (village associations, Catholic action movement), training of trainers (health personnel, pastoral personnel)

3. Prevention of the disease
   - Establishment of AIDS Control Committees
   - Sexual education, taking into account the orientation of the church
- Awareness-raising by insisting on:
  - the sterilisation of materials and asepsis in the health centres;
  - combating illegal medicine;
  - testimonies and sharing of experiences.

4. Support
- Creating support structures: support team, support committee for the sick
- Supervision and treatment of the sick
- Creating solidarity funds
- Income-generating activities

5. Conditions for the implementation of action steps

At the national level, the bureau of the sub-committee is mandated to monitor the implementation of action steps in each diocese.

The diocese is free to involve the diocesan coordination of socio-pastoral activity with a view to the implementation of the resolutions.

Difficulties: It is an extensive programme which requires substantial financial resources which are not always at the disposal of the church. At present, for instance, many health centres have a chronic lack of rapid screening equipment and are therefore not in a position to confirm or reject the HIV/AIDS symptoms which they observe in patients.

Furthermore, it is urgent to intensify awareness-raising in view of the fact that the little work that has already been done is already yielding results:
- People are beginning to "dare" to speak about AIDS: the population has even created a terminology in the various languages of the country
- There are also voluntary requests for screening
- Day after day, discreet visits are paid to the representatives of the church even if it is not easy to find solutions to problems posed in homes affected by HIV/AIDS

3.2.2. Evangelical and reformed churches

It was difficult to collect information from the Protestant Churches and Missions in Mali without passing through the Groupings of Protestant and Evangelical Churches of Mali (AGEMPEM). This association brings together 30 members including 8 national Churches, 14 Foreign Missions (African and Western) and 8 associate members. According to the statutes, each member maintains its autonomy. The biggest churches of the Association are:
- The Christian Evangelical Church in Mali, established mainly in the East of the country
- The Evangelical Protestant Church in Mali
- The Protestant Church of the Kayes region
- The Federation of Baptist Churches
- The Evangelical Lutheran Churches
- The Assemblies of the Church of God
- The Grouping of Southern Baptist Churches
- The Union of Evangelical Churches in Mali

AGEMPEM functions with three departments, namely: evangelisation, youth and women. It also established a Non Governmental Organisation (NGO) to promote social development.

With regard to AIDS, AGEMPEM does not undertake any activity outside the work of the Protestant Association of Mali (APSM) which is an associate member of some health facilities belonging to a number of members. To date, it has simply played an observer's role by contenting itself with participating in the information and reflection sessions organised by the governmental structures and others. The association thus took part in 1993 in a reflection forum which brought together religious personalities, doctors and other stakeholders of civil society with the objective of collating the reactions of the various parties involved in addressing the HIV/AIDS problem.

This forum was followed by another meeting organised by the Rotary Club of the capital Bamako and which mainly focused on the practical problems posed by AIDS: what attitude to be adopted towards PLWAs? What are the rights
and duties of the latter? How should the PLWAs be informed in order to avoid shocks? At the end of the meeting a committee was established whose work consisted, for three months, in drafting the legal texts which must be submitted to the Ministry of Health.

AGEMPEM also participated in the consultation meeting organised in 1999 by the General Secretariat of the National Pastoral Committee.

3.2.3. The 7th Day Adventist Church

In Mali, the Adventist Community is said to be about three hundred members strong. Here, just as elsewhere, the Adventist Church is generally very committed in community development with programmes for village water supply, road construction and health. Unfortunately, no specific programme has, for the time being, been developed in the field of AIDS control.

Conscious however of the seriousness of the situation, the officials have been trying, should the occasion arise, to embark indirectly on counselling couples who are preparing for marriage to go for a medical check up including a serology test. However, contrary to what occurs elsewhere, the medical certificate is not a condition for the celebration of the wedding.

3.2.4. The Muslim Community

The action of the Muslim community coordinated by the AIPEF (Islamic Action for the Progress and Development of the Family) is still at the planning phase. In August 2000 the leaders organised an Islamic seminar called “Preparatory Workshop of Islam and AIDS Forum”. The themes covered were: the viewpoint of Islam on the causes of the epidemic, the ways and means of checking its propagation, the role of Ulemas and Imams in AIDS control. The focus was also put on the assistance to be provided to the PLWAs since in Muslim communities death from AIDS is increasing the number of widows, orphans and others who are without any support.

The following stage, which was to see the organisation of the “Islam and AIDS” forum, is under preparation. Initially scheduled for October 2000, it will not only have a national but also a sub-regional character with the participation of the representatives of the Muslim communities of the following countries: Senegal, the Gambia, Niger, Libya, Burkina-Faso, the Ivory Coast, Mauritania, Egypt, and Guinea-Conakry.

This forum will pave the way for a mutual understanding of the AIDS problem according to the Islamic strategy for AIDS control. The Ulemas whose role in AIDS control will be clearly defined, will be involved in making an inventory of the verses and hadiths with a view to the publication of an information booklet on HIV/AIDS. A plan of action will also be drawn up and a monitoring committee established.

This forum could also discuss a number of practices which are common in Muslim circles and which encourage the propagation of the disease, such as genital mutilation.

4. HUMAN RIGHTS AND POVERTY

For a great majority of the churches, the violation of human rights and poverty is contingent on development, namely access to education, health care and training. This explains why they have been trying to complement and reinforce the action of the government in this field through the opening of schools, the construction of health centres and hospitals, and the creation of projects in the urban or rural areas. Apart from this approach, the churches in Mali do not undertake advocacy vis-à-vis the government for an effective taking into account of the population in the distribution of wealth. However, Catholics and Protestants have been working together with the trade unions in order to foster the spirit of reconciliation whenever there are differences.

5. INVOLVEMENT OF ECUMENICAL ORGANISATIONS AND HEALTH FACILITIES

5.1. Ecumenical Movements

The ecumenical movements include the Biblical Alliance of Mali which brings together all the foreign churches and missions for the evangelisation and establishment of churches. In addition to the dissemination of the Holy
Scriptures and Christian literature, the Biblical Alliance of Mali produces books on the life of the patriarchs, particularly in the Bambara language, one of the most widely spoken local languages in Mali.

The AIDS has not yet retained the attention of the officials of the Biblical Alliance, which is, however, a good channel for collaboration with the churches.

5.2. Health Facilities

5.2.1. CESAC

CESAC (Listening, Care Motivation and Counselling Centre) is the only governmental structure which ensures the care of PLWAs. Established in September 1996, CESAC brought together two AIDS control associations namely AFAS (Women’s Association for Assistance and Support to Widows and Orphans of AIDS) and AMAS (Malian Association for assistance and support to PLWAs).

CESAC ensures the screening and psychological care with the financial support of the French Cooperation Mission. The consultations and screenings are free. Since its inception, nearly 5,000 persons have consulted there.

With regard to care, CESAC provides meeting places for PLWAs. Psychological care is provided for them, welcoming them, and providing comfort. They also receive group psychotherapy. At the social level, donations and other specific support (food, transport expenses) are provided for the most underprivileged. However, more than the donations, CESAC has been trying to safeguard the dignity of the PLWAs by avoiding their having to ask for help. Income-generating activities are proposed to them individually or in groups, particularly the making of chairs, dolls, and the sale of second-hand clothes. In the event of death, the orphans can benefit from multiple support if there is no other alternative: responsibility for school fees, food, clothing, etc. In 1999, through WFP (World Food Programme) assistance, CESAC was able to distribute 33 tons of food.

Unfortunately, the CESAC where one doctor sees 15 to 20 persons a day, is limited in its action and faced with several difficulties: financial partners are withdrawing systematically in order to allow the State to take over. This is reflected in the lack of, for instance, reagents, antiviral (those which some sick persons receive account for only 2% of real needs), generic drugs and financial resources. The need to expand the activities of CESAC to other regions was also felt.

5.3.2. The Protestant Health Association of Mali (APSM)

An associate member of the AGEMPEM, the APSM (Association of Evangelical and Protestant Groupings of Mali) was established in 1992 by the Health Personnel of the Protestant Churches and Missions in Mali. Its objectives are to encourage its members to provide quality health care to the Malian population, and facilitate the coordination of the medical activities of the churches and missions. The APSM designs, amongst others, literacy and health education programmes for women and children.

In the specific area of AIDS, APSM undertakes prevention exercises, and has produced information and awareness-raising documents in Bambara, the most widely-spoken national language. APSM is currently planning to design a specific programme on AIDS which could affect all the strata of the country’s population.

5.3.3. Union of Protestant and Evangelical Churches in Mali

This Union has a health structure on AIDS control in the north of the country according to the information provided by officials of the AGEMPEM.

5.3.4. The Mission Alliance

The Mission Alliance (not to be confused with the APSM) runs a programme for the care of PLWAs in the town of Sevare, located at more than 600 km from Bamako in the Mopti region. In view of the remoteness of this centre, we could not visit it, however, the various testimonies which we heard indicated that significant work had been accomplished by the German missionaries.
6. **RESOURCE STRUCTURES**

Even though this item does not fall directly within the scope of our study, it appears expedient to highlight the presence of a number of resource structures considering the role which they play in the capacity building of the structures of the churches and ecumenical movements.

6.1. **Enda Third World**

Enda Third World Mali is among the NGOs which support the Malian government in its fight against AIDS through its health development department. It is different in that after a long period of action in the field of AIDS, it has already gone beyond the stage of evaluation and is currently seeking to reorientate its action. The current challenge is not only to maximise the results but also to cause a real change in attitude among the population. Enda has thus opted for a more participatory method and defined a new method based on the review situation of the target population. The latter is made to submit solutions itself based on factual situations.

Enda Third World Mali is also one of the few local NGOs involved in the care of HIV/AIDS cases with the financial support of Catholic organisations.

Any action in favour of AIDS in Mali could effectively benefit from Enda’s expertise. It is also desirable to maintain contact with this NGO in order to keep in touch with its new approach.

6.2. **The Djoliba Center**

Headed by a religious official, namely, father Francis Verstaete, the Djoliba Centre is a non-profit making apolitical association of national and international reputation. Established in 1964, it is specialised in documentation, training and social analysis, gender issues and promotion of women. It was in fact the first to be involved in AIDS control. The activities which it developed in this field were very diversified:

- Mobile and popular “education – information” sessions in the neighbourhoods and neighbouring villages of Bamako
- Training of trainers sessions in the local languages and French with GRAAP material. Several national NGOs benefited from it
- Session for 63 teachers of a diocese of Mali (Mopti),
- Loan and reproduction of cassettes and audio-visual media for exchanges
- Dissemination of documents on AIDS, since the Djoliba Centre is in relation with Enda Third World (Dakar) and “Strategies of Hope” based in Oxford
- Organisation of numerous exhibitions on AIDS

In 1990, nearly 2,535 persons attended the sessions and in 1991, 625 persons had benefited from it. The Djoliba Centre was also entrusted with the mission of ensuring a presence of the Catholic Church on the National AIDS Committee.

Today the Djoliba Centre has passed its responsibilities to the Health Committee of the Church. Besides the events organised in commemoration of World AIDS Day, it now concentrates its efforts on other centres of interest such as combating genital mutilation, including female circumcision. However, it remains prepared to collaborate with any programme concerning AIDS control and could even encourage collaboration work between the Churches and religious communities.

7. **AIDS CONTROL NETWORK**

Our study in Mali made it possible for us to realise that the different religious and ecumenical institutions foster within their own system partnership relations or work in networks in order to build their intervention capacity.

The Catholic Church thus forms part of a regional network which deals with health problems. A grouping with other denominational health facilities is even envisaged in each country. The Church officials are prepared to join this network provided their own identity is not called into question. The AGEMPEM is a member of the national NGO network which has nothing to do with AIDS.
Enda Third World Mali forms part of the national network of nearly 500 centres which mainly ensure the training of trainers.

However deplorable this may appear, the Churches and ecumenical institutions do not yet have formal partnership relations among themselves.

The Muslims claim they are in favour of collaboration with the other religions in order to halt the spread of HIV/AIDS. The Christian organisations are also said to be prepared, but nobody is taking the initiative.

8. **CONCLUSION**

The Catholic Church is the only Church which has made advances in the field of AIDS control. Its action falls within the area of prevention and slightly less in the area of care.

With regard to AGEMPEM, only the health facilities are involved, whereas it seems that the officials need to be sensitised and informed. This is an urgent need.

One can sense that the Muslims have a real desire to tackle the problem of AIDS.

There is therefore an open door in Mali through which the WCC and WAYMCA could enter.
1. **GENERAL AND EPIDEMIOLOGICAL DATA**

1.1. General Data

Nigeria, rightly called the giant of Africa is bounded to the West by Benin, to the North by Niger, to the East by Cameroon to the South by the Atlantic Ocean. It also shares a small border with Chad. Its area is 923,770 km². Its political or administrative capital is Abuja. Nigeria is the most populous country in Africa with a population of 108,945,000 inhabitants in 1999. The Nigerian economy is dependent on agriculture and oil exports. In 1998, Nigeria’s imports amounted to US $ 5,713 million and exports stood at US $ 7,930 million.

1.2. Epidemiological Data

Nigeria has not been spared by AIDS. AIDS prevalence in the general population was estimated in 1999 at 5.4%. The epidemiological situation evolves each year. It increased from 4.8% in 1992 to 5.4% in 1999.

The most affected age group is between 15 and 34 years accounting for over 80% of cases. The principal mode of transmission is sexual.

2. **NATIONAL HIV/AIDS INFECTION CONTROL POLICY**

2.1. Strategy Thrusts of HIV/AIDS Infection Control

Unfortunately we could not meet with officers of the National AIDS Control Programme (NACP) whose headquarters has been relocated from Lagos to Abuja. Nevertheless we were able to gather information from NGOs operating in the area of HIV/AIDS.

The NACP has been existing since the 1980s. Today, AIDS has been included among the priorities of the government. In fact, in the year 2000, an Inter-Ministerial Committee was established chaired by the President of the Republic in person. This committee is dependent on a multisectoral working group which comprises members of various ministries (health, education, youth and sport, employment, planning, finance, justice) and those of local and international NGOs. The plural character and multi-dimensional character of this working group shows that AIDS is no longer a health problem but has socio-economic implications.

The priority strategic thrusts of the fight against AIDS over the next 24 months cover the following points:

- Change in attitude
- Institutional capacity building
- Care of persons infected and affected by HIV/AIDS
- The development of a safe blood transfusion policy
- Prevention of transmission by mother to the child
- The development of the strategy of the promotion of voluntary test and the promotion of the availability of drugs

2.2. Stakeholders Involved IN AIDS CONTROL

In Nigeria, there are various types of stakeholders involved in AIDS control. Thus the Ministry of Health is supported by the other Ministries. The other stakeholders are national and international NGOs, bilateral cooperation agencies and development partners particularly, WHO, UNAIDS, the World Bank, UNDP, UNICEF, UNFPA, USAID...
3. **POSITION AND INVOLVEMENT OF THE CHURCHES AND RELIGIOUS COMMUNITIES**

Within the framework of this study, we have met with officials of the following Churches and religious communities: Anglican Church, Baptist Church, Methodist Church, Catholic Church, Presbyterian Church, Salvation Army, Christian Council of Nigeria, and the Muslim community.

3.1. **Perception of the Churches and Religious Communities**

It should be pointed out that the positions of these Churches are not different from those of other countries. As far as all the religious leaders are concerned, AIDS is a major health and social problem today in Nigeria, in view of the increase in the number of AIDS cases and all the socio-economic consequences which it engenders for families, Churches and the Nigerian society.

According to religious officials, there are factors which foster the propagation of the disease. Nigeria is a rich country. However, there is a concentration of the country's wealth in the hands of a minority which deepens poverty, unemployment, delinquency and drug addiction. At the same time, the Churches point out that AIDS is a phenomenon which transcends poverty because it affects both the poor and the rich. It is rather the latter who are the most affected. AIDS is rife in the USA, the richest country in the world: for Church officials this means that one should call into question the immoral attitudes of man which reflect the culture of debauchery in vogue and man's fearlessness of God. It is for this reason that AIDS can be considered as a punishment from God. As a matter of fact, "God does not kill his children, especially innocent babies. To say that AIDS is a punishment unleashed by God is a dangerous affirmation. AIDS strikes Africa more than the other continents. To say that AIDS is a punishment from God would then mean that God has cursed Africa. God likes Africa, whether or not this pleases some racists ideologies which wrongly interpret the Bible by affirming that Blacks are cursed by God. By abusing their freedom and intelligence, men are in the process of self destruction. Look at the nuclear bombs. It is not God who created them". This is the position of an Anglican Reverend pastor.

On the whole, as far as the Churches are concerned, AIDS is a self-inflicted punishment on man.

3.2. **Position of Churches and Religious Communities**

In order to be protected against HIV/AIDS, all Churches have agreed that man should revert to the word of God by avoiding adultery, fornication and sexual promiscuity. The issues that divide them is the expediency of whether or not to recommend condoms to the faithful. The Anglicans, Methodists, Muslims and Baptists are in favour of the use of condoms whereas the Catholics are against it, just as the Nigerian Presbyterians.

3.3. **Involvement of the Churches in HIV/AIDS Infection Control**

3.3.1. **The Methodist Church**

**Prevention Activities**

The Church puts a special emphasis on sexual education. The reason for this is that it is of the view that the youth of today should be provided with appropriate sex education in conformity with the Word of God and the realities of the modern world. This explains why every Sunday the Church organises in the parishes Bible studies during which issues of sexuality are discussed, particularly pre and extra-marital sexual relations, the notions of abstinence, fidelity in marriage, etc.. The question of sexuality has always been tackled in relation with the AIDS problem.

In order to combat AIDS, the Church focuses on information and education of the faithful. In this connection, awareness-raising seminars on the disease are organised for the youth. AIDS is included in the Bible studies programmes. Seminars and lectures-discussions are regularly organised and directed by doctors who are AIDS specialists. The Church trains counsellors in education who in turn organise awareness-creation tours with the projection of films in the parishes. They are supported by catechists and pastors who were themselves trained. The Church manages about twenty health centres countrywide. The medical personnel of these structures regularly organise educational discussions for the sick and visitors. It should be pointed out that the Methodists are not against the use of condoms.
Care
In the field of the care of PLWA, it should be pointed out that all the health facilities of the Church, the medical and para medical staff are responsible for the medical, psychological care of PLWA. However the Church points out that it does not do enough for AIDS patients particularly in the area of medical and food assistance. Consequently, the next phase of the Control Programme is to support AIDS patients with drugs, food and clothing.

It is important to note that the Church does not yet have an official position concerning voluntary test. Some pastors encourage people to undergo voluntary test, however it is clear that people are reluctant to do so in view of the rejection of the infected or affected persons or the stigma attached to them.

Support to AIDS orphans
There are homes for orphans including AIDS orphans. The Church educates feeds, clothes them and monitors their health status.

3.3.2. The Anglican Church

Prevention Activities
The main AIDS control activities are the regular organisation of lectures-discussions organised by specialists, the projection of films, the distribution of posters and leaflets. Furthermore, once every three months AIDS is the theme of preaching in the various church services. The Church also focuses on sexual education. For a long time, the question of sexuality has been a taboo matter. However the appearance of AIDS has made it compelling for the Churches to review its methodology. Thus, in addition to the discussions carried out within groups for youth and women, the Church invites specialists on sexuality to organise conferences followed by projection of films and slides which generates very interesting discussions between the youth, parents and pastors.

The Anglican church emphasises that AIDS can be prevented through fidelity and abstinence. However the Church is not opposed to the use of condoms.

Care of PLWAs
The Church does not have organised departments for the care of the sick. The cases which arise are discreetly managed by pastors and volunteer doctors of the Church. Indeed, it happens that a number of pastors are formerly doctors. Furthermore, in Lagos there is a clinic belonging to the Church where a number of volunteer doctors, who are members of the Church, work. These doctors take care of the psychological and spiritual problems of the sick. From time to time the Church organises fund raising in order to come to the assistance of persons affected with drugs and food. Within the Church, there is a committee responsible for visiting the PLWA at home in order to provide them with moral support. This committee is composed of pastors, laymen and doctors. The Church intends to reorganise it in order to extend its mission to provide a more varied support.

With regard to the issue of voluntary testing, the Church does not have an official position on the matter; it neither encourages nor implies voluntary testing on the faithful not even on those who are preparing to celebrate their wedding. However, a number of couples voluntarily undergo the test and it has already turned out that one of them is HIV positive. There are parents who accept the culmination of the process and there are some who reject it and this creates delicate problems which the Church must handle.

Support to AIDS orphans
There is no special programme for AIDS orphans. However, the Church has an assistance programme for orphans in general. The few AIDS orphans gain benefit from this assistance.

3.3.3. The Presbyterian Church

The Church trained peer educators counsellors in the youth groups, adults and women who are in turn responsible for creating awareness in their peers. Furthermore, they organise spiritual activities and house-to-house visits. A number of pastors are trained to supervise awareness-raising activities.

An AIDS control unit called “PRESBY-AIDS"was established within the Church. It is composed of pastors and laymen. It is responsible for mobilising the community against AIDS and also to ensure family planning and the monitoring of activities in the parishes. Meetings are organised periodically by the Church to evaluate the activities. With the assistance of USAID and Family Health International, posters and leaflets were produced on STD and HIV/AIDS, to serve as teaching aids during the awareness-raising exercises.
It should be emphasised that this Church is vehemently against the use of condoms. It recommends only fidelity and abstinence to its members. Furthermore, it does not have an official position on the issue of mandatory tests before marriage or on voluntary tests.

With regard to the care of the sick, the Church has three hospital centres which treat opportunistic diseases. The Church is faced with a few rare cases which they entrusted to the NGOs which have the PLWAs and HIV positive care component in their programme. However, PRESBY-AID has just created a committee for the care of the affected and infected persons.

The Church does not yet have an AIDS orphans support project; but this is being considered.

3.3.4. The Salvation Army

The Salvation Army is an international Christian organisation present in several countries of the world with its headquarters in London.

Prevention Activities

The Salvation Army is one of the churches the most involved in AIDS control in Nigeria. It executes various health development programmes and AIDS is included in it. Health counsellors are trained among youth groups and adult women for involvement in education and awareness-raising activities in their localities and parishes. They organise house-to-house visits in order to discuss health and AIDS problems, in particular with people at home. They intervene also in prayer groups in order to communicate their message.

The counsellors create anti-AIDS clubs in their localities and parishes. They established and also run drama groups which act plays on themes concerning AIDS. The Church organises symposia on AIDS. The project developed a pedagogical medium through the production of posters, leaflets and stickers...

The counsellors encourage people to undergo voluntary screening tests. This has yielded results because, apart from a few cases of hesitation, people began, little by little, to accept to undergo the tests. Those who do it voluntarily are psychologically prepared to accept the results. In either case, the persons concerned are managed by the counsellors.

Support to AIDS orphans

The Church organises the care of AIDS orphans. There is no special centre for them, but they remain in their family. The counsellors visit them regularly and partially provide for their food needs and health problems. The counsellors prepare the foster families to take care of the children. It should be pointed out that the foster families are for the most part relatives of the orphans.

3.3.5. The Catholic Church of Nigeria

We were not able to meet the Secretary of the Health Department of the Catholic Church. Information was sent to us by mail.

The Catholic Church is one of the most active Churches in AIDS control. Since the appearance of AIDS, it was the first to embark in educational activities of its faithful. Seminars were organised for the clergy and laity. Prevention and education programmes were initiated in the various dioceses of the country as well as training sessions for staff of the various laboratories operating in all the health facilities in the country. Following this, the Health Department of the Catholic secretariat of the Catholic Church in Nigeria took the decision to procure blood kits from German health institutions with the aim of guaranteeing the safety of blood transfusions. This project is continuing to date.

Faced with the escalation in the epidemics, the Episcopal Health Committee decided to send 5 health workers to Uganda, to be trained in counselling techniques and care of the sick in the hospital and at home. This group of trainers in turn trained other counsellors in the various localities of the country. The Church has contributed largely to educational aids such as posters, stickers, leaflets and audio cassettes produced in English and in the different languages of the country.
4. **POVERTY AND HUMAN RIGHTS**

The Churches initiate development projects in the country. They grant credit to women and officers of small and medium scale enterprises. They established hospital centres, vocational training centres, schools and even universities. Furthermore, they have funds for orphans and the needy without religious discrimination. The Christian industrialists and bankers are called upon to consider favourably the applications of the jobless youths which are submitted to their institutions. With regard to human rights, Churches focus on the civic education of their faithful. They denounce arbitrary arrests and all forms of Human Rights violation.

5. **ECUMENICAL MOVEMENTS AND HEALTH FACILITIES**

5.1. **Young Men's Christian Association (YMCA)**

In the opinion of a number of partners, YMCA Nigeria is one of the most active NGOs in the country. Just like the country, it is a big and dynamic institution.

This institution has been involved in AIDS control. It established an AIDS control project which began in June 1999 and spreads over a three-year period. The population targeted is estimated at 55,000 youths. The strategy is peer education. The project has been established in three States namely, Lagos, Kaduna, and Oweri. 24 peer educators and 11 supervisors were trained.

Benevolent peer educators are the main project stakeholders. Their main activities are the organisation of educational discussions, counselling on STI/AIDS, family planning, sexual education and Bible studies. To this, one should add the sale of condoms, the projection of films, radio-television broadcasts, and publicity campaigns with the aid of posters and leaflets.

The project also puts a special emphasis on the fight against STD through prevention and the medical care of those who are infected. The project does not yet have a component for the care of PLWAs and AIDS orphans. It encourages the youth to undergo voluntary tests in order to know their serological status.

The YMCA of Nigeria initiated throughout the country development projects which are its hallmark. Its contribution to the moral and civic education of the youth has been highly appreciated. Interesting pedagogical documents were prepared for this purpose.

5.2. **The Salvation Army HIV/AIDS Action Center**

Besides prevention activities, the care of sick and infected or affected persons is the field in which the Salvation Army excels. It has established countrywide 8 counselling and care centres called “The Salvation Army HIV/AIDS Action Resource Centres”. Each centre's personnel is comprised of five people. The mission of these counselling centres is to organise the medical, spiritual and psycho-social care of the sick. The motto of these centres is “From Fear to Hope”. In addition to care at the hospital, from time to time, counsellors organise house-to-house visits with the consent of the persons concerned. These visits are aimed at providing them not only with moral and medical support but also at convincing their families to take care of them, since there are numerous cases of rejection. Currently the Lagos centre cares for 25 sick persons and about sixty HIV positives.

5.3. **Saint-Joseph Ogobia and Saint-Thomas d'Ihugh**

Today a number of Catholic hospitals are very active in the care of the sick. In this regard, they constitute “pilot clinics” in Nigeria, for the care of the sick in the hospital and at home. These hospitals also serve as reference centres for epidemiological surveillance. The hospitals are the Saint Joseph Ogobia hospital and the Saint Thomas of Ihugh Catholic Hospital.

Finally, virtually all the Catholic health centres are deeply involved in activities concerning AIDS prevention and care of infected and affected persons. The counsellors' training programmes are being pursued.
6. **NETWORK BETWEEN THE CHURCHES AND THE ECUMENICAL ORGANISATIONS**

Strictly speaking, there is not yet a well structured and functional network in Nigeria. There are only two major church associations namely: the Christian Council of Nigeria (CCN) and the Christian Association of Nigeria (CAN).

These two Associations defend the common interests of Church members, however according to every indication, the CAN is more extensive because in addition to the Protestant and evangelical Churches, it includes Catholics. All Churches who met affirmed their membership to the CAN. It has also been observed that there is an apparent solidarity between the Churches. This can be understood in the particular context of Nigeria where there are periodic clashes between the Churches and Muslims.

Even though it is not yet deeply involved in AIDS control, it can be affirmed that CAN can already be considered as a network of churches. In this framework, from 4 to 6 September 2000 it organised a seminar bringing together the clergy of all Churches members. The purpose of this seminar was to sensitize Churches on the seriousness of AIDS and reflect together on the ways and means to be adopted in order to combat this scourge. All officials of Churches who met welcomed this initiative deemed necessary for a quick concerted action against the illness. It should also be emphasised that traditional Church officials have ruled out the possibility of collaboration with the sects which are currently proliferating in Nigeria. They describe their leaders as illusory and immoral peddlers who exploit the misery of the people to enrich themselves.

The traditionalists however do not preclude a collaboration with the Muslims.
1. **GENERAL AND EPIDEMIOLOGICAL DATA**

1.1. General Data

Senegal is a country located at the extreme end of the West African continent. It covers an area of 196,720 km² and shares its borders with Mauritania, Guinea, Guinea Bissau, Mali and the Atlantic Ocean. Its population is estimated at over 9 million inhabitants of which more than 50% are made up of the youth. Roughly 40% of this population live in the urban centres. The population of Dakar, the capital, is already estimated at over 2 million inhabitants.

Neither is the Senegalese economy any brighter at present. It is heavily dependent on agriculture (54,500 km² of land is used for agricultural purposes) and groundnut exports. Unfortunately production has been dependent on the vagaries of the weather and persistently declining world prices. The bulk of State non-farm income is derived from fishery, phosphates and tourism.

The vast majority of the population lives in abject poverty because the economic crisis has been compounded by the devaluation of the CFA Franc in 1994. Unemployment represents roughly 25% of the active population. Despite an unstable internal situation caused by rebellion in Casamance (South of the country), Senegal is host to a relatively large number of refugees from neighbouring countries where there are pockets of tension. It should also be pointed out that Dakar, the Senegalese capital, was also the capital of French West Africa and still maintains today relics of the past: educational facilities, (universities, training schools and institutes...) which attract many students from the sub-region. Dakar also hosts the headquarters of many international institutions which makes it a cosmopolitan city where citizens from all horizons live together.

With regard to religion, Muslims are in the majority and account for over 80% of the population whereas Christians represent barely 10%. The Catholic-Protestant population distribution represents roughly 5% for the former and 2% for the latter (all denominations inclusive). Constitutionally, Senegal is a secular state.

1.2. Epidemiological Data

It was in December 1986 that the first case of AIDS was diagnosed. The latest figures available are those at the disposal of UNAIDS (June 2000 estimates). Of a population of 9,251,000, there are 76,000 infected adult (1.77%) 40,000 of which are women. Infected children are said to represent 3,300. The two types of HIV (HIV1 and HIV2 are found in Senegal). Three years earlier, 2393 cases of AIDS were reported to the WHO, representing 28.8 infected persons out of 100,000 inhabitants.

Just as elsewhere, regional disparities are noted. In the case of prostitutes considered – as one of the high-risk groups for instance, the prevalence rate ranged from 1.2% to 32%, “with a decreasing gradient from South to North”.

It is obvious that emigration, transhumance and prostitution including cultural tourism due mainly to poverty and inadequate natural resources are the main causes of the rapid spread of AIDS. However, in Senegal, excision and levirate, which are common practices among Muslims, also contribute to this rapid spread of the disease.

2. **NATIONAL CONTROL POLICY**

2.1. Background to AIDS Control

Just like what is happening in other countries of the sub-region, the National AIDS Control Committee (NACP) executes the government’s AIDS Control Policy. At the same time, the Senegalese NACP differs from the others because of its novelty: it does not play an implementation role but is involved in advocacy and delegates its power to the local structures according to the capacities of each of them. Senegal is indeed one of the countries where a very strong partnership exists between the government and NGOs which benefit from a favourable environment, even if the government does not generally provide them with any technical or financial support.
There are over 300 NGOs and associations involved in the struggle against AIDS. This general mobilisation which is explained by the natural tendency of Senegalese to community life, has certainly had a positive impact on the prevalence rate which, according to official sources, might be around 1% in the general population.

2.2. Strategy Thrusts of HIV/AIDS Infection Control

With regard to strategy, the NACP which focuses on advocacy actions vis-à-vis the international community, insists on the following points:

- concerning prevention, priority is given to the struggle against STI, safe blood transfusion, epidemiological surveillance (the prevalence rate must be maintained below the 3% level, because beyond this limit, the epidemics becomes uncontrollable).
- with regard to care, the NACP has been striving mainly to ensure reduction in the cost of anti-retroviral (ARV) and its policy is beginning to yield its first results. According to information provided by the National Daily “le Soleil” carried by the PANA News Agency, “some 670 adults and 200 Senegalese children living with the HIV/AIDS are expected to benefit by 2003 from anti-retroviral (ARV) treatment through the drop in transfer prices decided upon by five pharmaceutical groups which were in negotiation with the NACP under the auspices of UNAIDS. The groups include Bristol Meyer Suibb (BMS), Glaxo Welcome, Merks Sharp and Dohme (MSD), Boehringer Ingelheim and Roche.

Thus, the annual costs of ARVs for adults are 1,000 dollars as against 7,000. Those of children will fall from 1,750 to 425 dollars. This 75% reduction in ARV prices will enable the State to make savings and increase by four at least the number of patients who will be treated.

2.3. Stakeholders Involved In AIDS Control

The stakeholders are the same traditional partners as in other countries: UNAIDS, UNFPA, UNICEF, the World Bank... which provide a multidimensional support to the fight being waged by government's drive to halt the spread of the disease and care for PLWAs. Senegal is also privileged to host international renowned NGOs such as Enda Third World, African Research Network on AIDS which are taking an active part in this struggle. At the national level, there is nothing the government envies about other countries: NGOs and associations involved in this struggle are countless.

Furthermore, one very significant fact is that Senegal is one of the rare countries of the sub-region to use its Churches and religious communities to collaborate closely with the NACP in the struggle against AIDS.

3. Position and Involvement of the Churches

3.1. Perception of the Churches and Religious Communities

Senegal is one of the countries in the sub-region where there is a strong involvement of the religious communities in the fight against AIDS.

As far as the Catholics, Protestants and evangelicals are concerned, AIDS is not “a divine curse meant for only the sick”. Like all other diseases, it forms part “of the long list of evils which have befallen man at one time or the other since his fall from the Garden of Eden”.

In view of the fact that contamination is mainly by sexual means, the Churches advocate “fidelity of couples and sexual abstinence of bachelors as the means of prevention of AIDS contamination through the sexual mode”. The Protestant and evangelical Churches acknowledge the dimension of the “proper use of condoms”. Indeed, they accept the use of condoms solely by married couples, whereas this aspect is not explicit among Catholics or Muslims. The latter tend to consider AIDS as a divine punishment and the prophet Mohammed is quoted to support this claim as follows: “where sexual debauchery and all that it entails appears in a society, the latter itself attracts the punishment of God”.

In countries with high Muslim populations, it has been acknowledged that the practice of levirate which requires that the brother of a deceased “inherits” automatically his spouse(s) is a factor of propagation of AIDS. Meanwhile the
fight being waged against this practice has not yet yielded the expected results, since the persons concerned feel obliged to honour the memory of the deceased. Meanwhile, a relatively surprising fact has been discovered regarding Muslims in Senegal: in a document published by the Muslim NGO Jamra in conjunction with the NACP and Catholics, it is affirmed that “no religion should impose levirate”.

The general opinion is that Churches and religious communities must be involved in combating the epidemics regardless of the causes.

### 3.2. Involvement of the Churches and Religious Communities

#### 3.2.1. The Catholic Church

The Catholic Church is structured into 6 dioceses and its faithful represent roughly 5% of the population. It is deeply involved in the socio-economic life and concentrates its efforts in the educational, health and agricultural fields. With regard to health, the Catholic Church has health facilities of various sizes spread across the entire territory. In Senegal, more than elsewhere in the sub-region, the Catholic Church has been an indispensable and effective stakeholder in the process of combating AIDS and the name of the late Cardinal Hyacinthe Thiandoun, Archbishop of Dakar has been associated with it. One understands therefore why the health promotion centre (HPS) inaugurated on last 3 January bears its name.

However, generally, the entire action of this Church has an engine called AIDS-Services, an association which we will discuss under the item “health facilities”.

#### 3.2.2. The Protestant Church of Senegal (PCS)

The PCS is the Presbyterian type of Protestant Church established in Senegal since 1861. It brings together roughly 300 members mainly non-Senegalese. In view of this, the PCS resembles more an international than a national Church. It is also a Church which has a relatively chequered history because of continuous conflicts between the indigenous and other members of the Church.

Despite these problems, the PCS has, besides evangelisation, also “assigned itself a mission of concrete solidarity works in the service of the Senegalese population without distinction of race, sex or religion”. It is to this end that it established a social structure called APES (Mutual Assistance Protestant Association of Senegal) to carry out educational, assistance and scourge control actions... it is this structure which is responsible for the AIDS component.

#### 3.2.3. The Muslim Community

The Muslim community is very active and contributes in more than one respect towards the struggle against AIDS. Two NGOs called “Jamra” and “Anis” are tangible examples of this. They have already initiated several activities and collaborate with the NACP and the Catholic Church. In March 1995, Jamra organised the first seminar on “Islam and AIDS”. Jamra and Anis jointly published a guide on “Islam and AIDS”.

Unfortunately we could not meet the leaders of these two NGOs, because they had relatively tight schedules during this fasting period. However, through the information which we had received from the NACP, we could outline the major thrusts of the AIDS prevention policy of the Muslim community. The policy mainly focuses on information and education because according to the teachings of the prophet, “giving a good education to a child is better for the parent than providing him with food charity everyday.”

### 4. Poverty and Human Rights

In Senegal there has been a more significant perception, a clearer vision of the link existing between poverty, human rights and AIDS. It is one of the rare countries in the sub-region which could develop and support advocacy vis-à-vis the international community for the reduction of the costs of anti-retroviral which remain inaccessible for PLWAs or their families. It is with great relief that in October 2000, the population welcomed the new drop in prices of anti-retroviral.

The Churches and religious communities play a very active role in the field of the struggle against poverty by automatically associating their evangelisation efforts with development actions, in order to contribute to the well-
being of the populations. Through schools, hospitals and health centres, agricultural facilities..., they strive to address the shortcomings of the State.

5. ECUMENICAL ORGANISATIONS AND DENOMINATIONAL HEALTH FACILITIES

5.1. AIDS-Service

AIDS Service is the “spearhead” of the Catholic Church in the fight it has been waging against AIDS for several years. The inauguration on last 3 January of its Health Promotion Centre (HPC) has made it a rare reference at the national and community level.

Prevention
Since its inception in 1992, it has buckled to prevention by choosing as its main target the youth from academic circles and women. In 1995, AIDS-Service also embarked on support and training. In 1996, it organised the first national seminar on “AIDS and religion” which brought together all the bishops of Senegal. Ever since, AIDS-service has increased and diversified its activities as much as possible as follows:
- establishment of branch offices in the six dioceses
- formation of relay communities
- training of peer educators...

Care
Today, the formation of the HPC has crowned a long and exacting job. Initiated by AIDS-Service and the Association of Catholic Private Health Posts (ACPHP), the HPC is meant to be the place for an audience and for psychosociological, medical and spiritual support. It is also an Information-Education-Communication (IEC) unit particularly for STIs and AIDS, a training unit for those who are involved in socio-educational, psycho-sociological and paramedical activities...

Within the particular framework of the struggle against AIDS, the HPC medical test laboratory provides anonymous and free screening services. The support programme has three components namely, psychosocial, medical and spiritual,

- The first component is listening (counselling) and monitoring. Income-generating activities have been planned for the needy who also benefit from medical and nutritional support as the case may be. The HPC organises visits to homes and to the hospital, whether children, orphans or not also benefit from the monitoring.
- The medical component is responsible for the treatment of opportunistic infections, since the HPC does not yet have access to the tritherapy. The consultation is done three times a week and the sick buy drugs or receive them free of charge depending on their financial conditions.
- The spiritual support has an important place. Depending on his wish, the PLWA is entrusted to a Muslim, Catholic or Protestant leader who will assist him in his/her relation with God.

The HPC which carries out between 200 and 250 consultations – all categories inclusive – wishes to extend screening to the sub-region in the future. It should be pointed out that AIDS-Service is also active in Gambia.

5.2. Young Men's Christian Association (YMCA)

Established on 21 November 1982, the Young Christian Men's Association (YMCA) developed programmes in relation with the unionist philosophy. Thus, YMCA initiated micro-enterprise, environmental protection and kindergarten programmes in favour of the youth. The impact of the movement programmes on the youth has been very significant and the Senegalese movement plays the role of leader in Southwest Africa in YMCA circles.

Prevention
With regard to AIDS, YMCA's policy has been mainly focused on prevention. Very early on, it drew lessons from the experiences of other national NGOs and instead of developing solely an AIDS programme, it preferred to embrace a more extensive field which is that of adolescent reproductive health (ARH). In fact, an initial aborted experience of common programme with other NGOs namely the “Xaal yoon” programme, prompted YMCA to design and manage its own programme.
The ARH is a programme whose novelty covers peer training. It is the youth themselves who carry the messages to their “peers”, friends, class mates and neighbours, etc... The action of peers is often supported by that of “peer adults or opinion leaders” namely, teachers, heads of workshops or neighbourhoods. The programme motivators support this youth movement and intervene directly from time to time especially in the area of counselling. Roughly 10,000 youths under 35 years were affected by this programme.

The activities which began in 1993 are based mainly on IEC (Information, Education, Communication) sessions organised in the regions of Senegal where the movement is active. These include Dakar, Rufisque, Mbour, Kaolack, Thies, Saint Louis, and Fatik.

The programme co-ordination is responsible for the training of trainers, motivators and peer educators. The sessions extend over a one-year period with the same targets and according to an interval determined in mutual agreement with the targets. It is a participatory method which covers both the choice of themes ranging from the anatomy of the genital organ to AIDS including early pregnancies, family planning, STIs...

The novelty of this programme is that it plans henceforth to include the family planning unit by establishing a parent-child dialogue. The studies have shown that the subject of sexuality is not so much of a taboo problem as that of lack of information. Many parents lack fundamental knowledge on sexuality for the initiation of their children. This project which is also to train the parents is therefore at the experimental stage and will soon be extended to other regions.

5.3. The APES and AIDS Control

APES - Association Protestante d’Entraide du Sénégal (Protestant Mutual Assistance Association in Senegal), work of the EPS, is a member of the Council of Non-Governmental Organisations for Development Support (CONGAD - Conseil des Organisations Non-Gouvernementales d'Appui au Développement). It has been involved in combating AIDS since 1996. With the collaboration of the Churches of Holland, APES is undertaking an awareness-raising action in combating STD/AIDS in the centre of the country and the coastal region. The latter is characterised by a concentration of hotels and the very strong presence of sex professionals. The zone is also fish-endowed and attracts many seasonal workers.

Prevention

APES often organises public events for the general public or with women’s groups backed by drama, television, video films, streamers...

APES also collaborates with health posts and its strategy gives priority to youth and women, combines awareness-raising and the distribution of condoms... It also focuses on the training of trainers and relay of motivators.

In the capital, APES has integrated into the programme of its vocational schools, information and awareness-raising sessions on problems relating to sexuality and AIDS with the support of doctors and motivators of the Senegalese Family Welfare Association.

For the future, APES wishes to focus on the following points:

- participating actively in combating drug in its zones of intervention
- Broadening awareness-raising to other diseases
- Reinforcing and providing the various groups with teaching and motivation aids

5.4. The Protestant IADS Co-ordination Commitee (CPLS - le Comité Protestant de Coordination SIDA)

In Senegal there are Protestant and evangelical Churches. The former include the Protestant Church of Senegal, the Lutheran Church, the evangelical Lutheran Church, the Methodist Church. The latter are broadly referred to as “Evangelical Fraternity”. They include the Assemblies of the Church of God, the evangelical Church, the Baptist Church, the independent Churches and missions...

The main objective of the Protestant AIDS Co-ordination Committee (PACC), which was recently established in May 2000, is to “co-ordinate the fight against AIDS within these two families of Churches. The Protestant Churches already have a structure called “Protestant AIDS Control Committee”(PACC) and the Health Department of the “Evangelical Fraternity”has an AIDS component. However, like any child of this age, the PACC is currently undergoing full structuring and there are trial and errors. The collaboration has been hampered by some reservations observed among the evangelicals probably for doctrinal reasons. The establishment of the General Committee which should be an emanation of the two Church groupings has not succeeded. However the PACC has
already done good work with the assistance of the CRWRC (Christian Reformed World Relief Committee), by publishing a reference document on AIDS titled “Appeal to the Churches: reflection guide and practical advice”.

Prevention
In anticipation for the resolution of these difficulties, the PACC has been in operation and has outlined some strategies of action as follows:

- training of trainers at the committee and population level
- monitoring of PLWAs
- design of awareness-raising tools
- creation of a welfare centre
- creation of a care centre

The PACC is of the view that the current challenge is to know the real situation in the regions, make people to act together, encourage health and risk-free behaviours...

In concrete terms, the PACC was able to undertake its initial activities during the World AIDS Day, edition 2000, with the assistance of MAP International based in Abidjan (the Ivory Coast). For this purpose, it chose the city of Fatick, situated at 130 km from Dakar where the Lutheran Church is located. Procession through the main streets of the town, photo exhibition, projection of films, lectures-discussions on AIDS were the programme of the day; political figures, religious figures and the entire population were invited.

Unfortunately, the PACC depends entirely on the CRWRC. It therefore needs funds in order to carry out its activities thoroughly.

5.5. The Evangelical Fraternity of Senegal

As we have already emphasised, the fraternity brings together missions, Churches and associations of Churches which total nearly 8,000 Christians of evangelical denominations. Even though each member is autonomous, the fraternity has a health department which has established an “HIV/AIDS Committee”. For two years, the committee organised several seminars in order to inform pastors and gather their opinions on the matter.

It is the wish of the fraternity, which is mainly a Church-based movement, to preserve biblical values in its struggle against AIDS. Their resource person is Dr. Fotso whom we could not meet because he was travelling.

Remark: We felt a certain reticence in the leaders of the fraternity even though officially they are prepared to collaborate with the PACC.

6. Resource Structures

6.1. Enda Third World Senegal

Enda-Senegal is a special partner to be taken into account in any initiative in the struggle against AIDS at the West-African sub-regional level. The novelty of Enda-Senegal is to be a development agency in the south, based in a Southern country. Created in Senegal nearly 30 years ago, it is present in some twenty countries.

In the field of the struggle against AIDS, Enda can be considered as a pioneer. Its Health Department has designed a multidimensional programme which is in its thirteenth year of implementation.

Since 1986, with the support of a multidisciplinary team, Enda-Senegal has carried out a reflection on AIDS, whose results appeared in a document titled “AIDS and the Third World” and published in 1987. In 1988, Enda-Senegal established a four-component programme in 10 African countries based mainly on prevention as follows:

- stage 1: general sensitisation consisting in sounding the alarm on the danger of AIDS
- stage 2: provision of comprehensive information on the transmission of the disease
- stage 3: individual information or by small groups on screening
- stage 4: actions targeted towards vulnerable groups: prostitutes, long-distance truck drivers, students...

The novelty of Enda is that it has already gone beyond the evaluation stage with relatively alarming results: 80% of the specimen chosen had precise and correct information on AIDS. However the behavioural change did not follow, because ¾ among them still take the risk of unprotected sexual relations.
How can this objective be attained? Solutions proposed include, inter alia, recourse to the “internal police” which is faith. The Churches and the religious communities have been mobilised to activate the internal lever of faith. Enda is working in this regard with the Muslim brotherhood, with Catholic organisations and religious NGOs.

Enda-Senegal is also co-producer, with the European Union and Radio France International of 12 programmes titled “Priorité Santé” (“Health Priority”) and devoted to the struggle against AIDS in 8 African countries.

At the national level, Enda has been working closely with prisoners, prostitutes and PLWAs.

For the year 2001, Enda designed a programme for West Africa relating to migration and STI/AIDS. The work with the migrant communities will be done with specialists who are citizens of their countries of origin.

Enda projects itself as an indispensable ally and is prepared to collaborate with any action initiated by the WCC and the WAYMCA. Enda is a member of several networks of which it is often founder or co-founder, particularly Icaso (International Council of AIDS Control Agencies), Africaso...

6.2. African Research Network on AIDS

Established in 1989, the network brings together 18 countries in West and Central Africa and its main objective is to encourage the collaboration with other structures and work in the field of training with a view to strengthening the operational capacity of its members: initiation to scientific writing. The latter are organised into national networks and have the possibility of resorting to the headquarters to successfully carry out their own programmes namely: financing of research works. The network is also a service provider which carries out, for instance, research activities or studies for all those who request it in different fields: AIDS-related risks in emergencies in the hospitals, immigration and AIDS.

The network which has a sub-regional board of directors is also involved in advocacy activities at the level of governments, local elected persons, religious leaders...

6.3. National Alliance Against AIDS (NAAA)

The mission of the NAAA which is directed by Mr. B. M. Goumbala, is to strengthen and support in the field, associations involved in the struggle against AIDS. The programme of the Alliance began in 1994 and to this day, it has supported in all over three hundred associations and NGOs.

The strategy of the NAAA is to rely on associations and NGOs already established and have them integrate the AIDS component into their programme, if that did not already exist. In the exceptional event where there are no development associations or NGO in the field, the NAAA established one in order to carry out its mission effectively.

The intervention of the Alliance is in the form of technical and (or) financial support. The first component has enabled the NAAA to assist the association or NGO concerned, to better understand the importance of the struggle and to be involved in the prevention with the design of an appropriate programme. When the observation is made that the zone of intervention did not receive enough information, the focus is then put on the IEC techniques (Information, Education and Communication). In the localities where the information problem does not arise, the associations were made to develop specific activities such as participatory approach.

With regard to support, the following points were tackled:

- psycho-social support
- facilitation of screening
- counselling
- visits to homes or the hospital
- reintegration of PLWAs. In this regard, it should be emphasised that the NAAA has contributed to the creation in 4 regions of Senegal units bringing together the PLWA, doctors, and other stakeholders of civil society.

The second component consists, where necessary, of a non-refundable financial subvention.

The NAAA forms part of several networks of which it is at times the founding member: Icaso, Africaso, Icaso international, national network of PLWAs...
7. NETWORKS

The unique network which is found in Senegal is "the alliance of religious officials and medical experts in response to the AIDS epidemic". Unfortunately, the Protestants and evangelicals do not form part of it. Addressing this shortcoming would further strengthen the action of the Alliance.

In addition to the Alliance, AIDS-Service, while maintaining its own identity, forms part of nearly all the networks which exist in Senegal and which bring together NGOs working in the same field such as Enda Third World, NAAA, ICASO...

With regard to Protestant Churches, the formation of the network has begun, this deserves to be supported and reinforced.

The evangelical fraternity, even if it is very reserved, also provides a framework for network.

The YMCAs forms part of a network which brings together six African countries and the United States.

8. CONCLUSION

Without any exaggeration, one can say that Senegal is far ahead of its neighbours of the sub-region in the struggle against AIDS. Even if it is obvious that the situation is still alarming in a number of localities, it should be mentioned that it proves that "with Uganda and Thailand, they are the first developing countries which achieved the best results in AIDS prevention". Not later than the beginning of this year, UNDP which intervenes since 1998 in the financing of the NACP brought men and women of the media from all over the world to Senegal, so that they would be informed about the success achieved by the country in its struggle against AIDS.

It should be pointed out that the prevalence rate is about 1% and the efforts to maintain it at this level are continuing. One of the factors which has contributed to this success is general mobilisation.

Churches and religious communities also set a very good example by their involvement and providing their assistance towards the attainment of the objectives fixed by the government: in fact, a close collaboration exists between the NACP, the Catholic Church, represented by AIDS-Service and the Muslim community. To some extent, this collaboration was facilitated by the consensus found in connection with the condom. The NACP will not request the religious communities which do not wish to do so to undertake the promotion of condoms and the latter will no longer denigrate its policy on the matter.

Senegal also distinguishes itself from other countries of the sub-region by the constructive progress achieved in the Isamo-Christian dialogue. The alliance of religious figures and medical experts, in response to AIDS in Senegal, is one of the precious fruits of this dialogue. Unfortunately, the absence of Protestants and evangelicals in this process should be deplored: a serious shortcoming which should be addressed promptly.

Furthermore, AIDS-Service is on the threshold of prevention and care by the creation of its health promotion centre. These are examples which should be encouraged and reflected on other countries for the reinforcement of the struggle against AIDS.

Senegal is also an example to be emulated within the framework of the "initiative on the acceleration of AIDS patients access to care in developing countries", launched jointly in January 2000 by the United Nations, WHO, UNAIDS, the World Bank, UNICEF and UNFPA which has not yet succeeded in other countries.

Finally, Senegal has the privilege of hosting important structures for the struggle against AIDS and could, in this respect, play an important role in the sub-region.
1. GENERAL AND EPIDEMIOLOGICAL DATA

1.1. General Data

Togo is a small country of West Africa bounded to the East by Benin, to the North by Burkina-Faso, to the West by Ghana and to the South by the Atlantic Ocean. The area of Togo is 56,758 km² with a population estimated at 4 million inhabitants. Lomé is the political, administrative and economic capital of Togo. The main religions are Christianity, Islam and animism. The economy of Togo is mainly based on the exploitation of coffee, cocoa and phosphates.

The health situation of Togo is characterised by high rates of infant and juvenile mortality attributable to infections and parasitic diseases. Maternal mortality also remains high.

1.2 Epidemiological Data

Just like other African countries, Togo is highly affected by the AIDS epidemics. The prevalence rate is 3.8% in the general population and 6.8% in the sexually active population of 13 to 24 years which represents ¾ of the total population. This situation makes Togo the country with the second highest number of HIV positives in the sub-region after the Ivory Coast.

From January 1987 to June 2000, 12,047 cases of AIDS were reported in the health facilities and the number of PLWAs is reported to be between 150,000 to 200,000. During the past five years, AIDS has spread in an exponential manner in the country. The Togolese youth and the female population pay a high price for it. In fact, youth who are between 15 to 45 years, represent roughly 80% of the infected persons and more than half are women. Furthermore, the rural areas, which for a long time were spared, are heavily affected with approximately 30% of the cases recorded in Togo.

2. NATIONAL HIV/AIDS INFECTION CONTROL POLICY

2.1. Background to the AIDS Control Policy in Togo

The fight against AIDS began in Togo in 1984 with the organisation of awareness-raising and information activities and the creation of the National AIDS Control Committee (NACC) in 1987 and the setting up of Elisa network for diagnosis and screening. Short, medium and intermediate plans of action were drawn up. Today in Lomé, there is a counselling and documentation centre (CCD - Centre de conseils et de documentation) for anonymous and free voluntary screening.

In order to involve all the Churches in the fight, the NACP organised, awareness-raising and training workshops in 1999 for traditional chiefs and religious officials.

2.2. Strategy Thrusts of the HIV/AIDS Infection Control Policy

The HIV/AIDS Control Policy is based on the objectives and strategies set by the government. There are a total of ten (10) objectives namely:

1. Information, Education and Communication (IEC) in order to reduce HIV transmission;
2. Preventing transmission through sexual means;
3. Preventing transmission through blood transfusion;
4. Preventing transmission from mother to child;
5. Improving the care of HIV positive persons and AIDS patients;
6. Improving knowledge about the epidemiological situation and appreciating the spread of the epidemic;
7. Developing and co-ordinating prevention activities and the fight against STDs;
8. Proposing solutions to ethical and legal problems concerning HIV/AIDS/STD confronted with PLWAs;
10. Co-ordinating and promoting research on HIV/AIDS/STD.

Pursuant to these objectives, the NACP defined strategic axes which focus on the following fundamental points:

- Decentralisation: empowerment of the regional and district levels for the carrying out of activities;
- Deconcentration: delegation of activities to all partners (governmental, private, non-profit-making associations) for an intersectoral and multidisciplinary fight;
- Integration of synergical programmes: HIV/AIDS/STD, tuberculosis, reproductive health.

2.3. Stakeholders involved in AIDS Control

The fight against AIDS is not the exclusive affair of the government. Other partners are involved and associated by the NACP in the struggle.

There are four types of partners namely local NGOs, the private sector, international NGOs and bilateral and multilateral co-operation agencies.

2.3.1 Local national Non-Governmental Organisations (NGOs)

Their main field of intervention is prevention. The strategy most often used is Information, Education and Communication (IEC). The main activities are training, counselling and the sale of condoms. Some NGOs/associations are also interested in the care of the sick and HIV positive. The main target groups are the youth, women, school children, prostitutes and child-school dropouts.

2.3.2. The private sector

AIDS is causing havoc in Togolese enterprises. For this reason, a number of enterprises, with the technical support of the NACP, designed, financed and launched AIDS programmes for their employees.

2.3.3. International NGOs

The international NGOs play a crucial role in the fight against AIDS in Togo. Not only do they execute directly the programmes in the field, but they also financially and technically support a number of local NGOs. Their field of action remains mainly the prevention of STD/AIDS and the institution of support to local NGOs.

2.3.4. The international organisations

Today, the main international organisations intervening in the struggle against AIDS in Togo are the United Nations agencies such as UNAIDS, UNDP, WHO. To these, should be added the bilateral co-operation agencies such as the European Union, the French Co-operation, the German Co-operation (GTZ). They support the government and the international and local NGOs technically and financially.

2.3.5. The role of the Churches

According to the director of the NACP, the Churches are not yet actively involved in the fight against AIDS whereas in his view they have a key role to play in view of their moral, social and spiritual status. The collaboration between the Churches and the NACP is very low and should be redynamised.

3. Position and Involvement of the Churches Confronted with the Problem of AIDS

We met several Church officials in connection with our study in Togo. The Churches include the evangelical Presbyterian Church, the Assemblies of God, the Methodist Church of Togo, the Catholic Church, the Saints of God Church and the Biblical Alliance of Togo.
3.1. Perception of the Churches and Religious Communities

All the Church officials whom we met have satisfactory elementary knowledge on AIDS. They know that it is caused by a virus (HIV) which is transmitted in three ways namely, sexual means, blood transfusion and from mother to child.

Furthermore, and in a unanimous manner, they perceive AIDS as a major social and health problem and a source of concern for the Churches for several reasons.

AIDS has been spreading in an exponential manner in the country. It kills a lot of people including the faithful of the Church and especially innocent children. One pastor said that

“Today AIDS kills children in the same way as the Pharaoh killed the children of Israel”

At the social level, the consequences are equally severe. In the country there are currently many orphan children whose parents died of AIDS. A vicious circle is created because these children are abandoned to their fate and without any moral, financial and emotional support they resort to delinquency (stealing, drug abuse) and prostitution only to suffer the same fate as their parents.

AIDS destroys the family unit and also puts African solidarity under severe strain. In fact, in Africa, sick persons (even mad men) were all the time surrounded by their family members and treated with dignity. However this is not the case with the PLWAs who, for the most part, are rejected and abandoned to their sad fate.

Today, AIDS is increasingly affecting the youth and women who disappear in their “prime of life”. The productive force is thus reduced because this age group is the most active economically and socially. This situation engenders confusion within families, leads to social dislocations and seriously mortgages the future of the nation. The Churches which form one body with the society are concerned with this social drama.

In the opinion of religious officials, the propagation of the disease is due to several risk and vulnerability factors which include, inter alia, poverty, rural urban drift, immigration of Togolese youth to the neighbouring countries and vice-versa, ignorance of the population and the suicidal silence of political authorities who have for a long time denied the existence of the disease in order to protect the tourism sector. This was in addition to the socio-political troubles which the country had experienced and which constrained thousands of Togolese to go into exile before returning.

For as much as poverty is acknowledged as a major cause of the spread of the disease, the Churches point out that Christians must transcend this poverty and remain dignified: a Catholic priest said that “poverty is neither a vice nor a sin, it can however drive men to sin, but the true Christian who believes in Jesus Christ his saviour must live and accept with dignity his poverty and avoid contravening the laws of God”.

As far as the Churches are concerned, the true immediate causes of the spread of AIDS are the debauchery of the youth, fornication, infidelity of couples, sexual promiscuity. Briefly, all the human sexual comportment which defy moral rules and which are inconsistent with the divine commandments.

In other words, AIDS appears to some extent as a ransom of sin but it is not a punishment from God because the God of the Bible is a good magnanimous God who likes his children and who never seeks the death of the sinner. Furthermore, God created man free of his thoughts and actions. At this moment, man is the only person responsible and accountable for the consequences resulting from immoral conduct.

It is therefore obvious that no Church considers AIDS as a punishment from God. It is rather a sickness like all others which can either avoid or contract as a free man responsible for his acts.

3.2. Involvement of the Churches

3.2.1. The Catholic Church

It is numerically the most important and extensively involved in the education, vocational training, trade, agriculture and health sectors. In all probability, it is more advanced than other Churches with regard to reflections and actions. In 1994 the OCDI (Organisation for Charity for Integral Development) in collaboration with the Catholic Relief France and CAFOD Great Britain (Catholic Fund for Development in Overseas countries), organised a national seminar on the theme: “the Church of Togo confronted with the HIV/AIDS epidemics”.
The objective of this seminar, which brought together some sixty participants from all the dioceses, was to mobilise the participants with a view to a more rational fight and map out a strategy which will ensure the care of HIV positive persons, the sick and AIDS orphans. At the end of this seminar, which was addressed by resource persons from other African and European countries, the participants, sensitised on the existence of AIDS and its seriousness, made important recommendations which underlie the current actions:

1. Information, Education and Communication (IEC) meetings should be organised at the level of all the dioceses of Togo in the area of AIDS and STDs
2. A new behaviour must be adopted with a view to halting the expansion of HIV transmission. The focus is especially on sexual education in the Christian spirit, chastity outside marriage and fidelity during marriage.
3. A schedule should be drawn up at the parish level, for visits to the hospitals and dispensaries and visits to homes for material, moral and spiritual support to the sick.
4. There should be a personal commitment towards family members and their immediate entourage for a discrete charity action for material, moral, psychological and spiritual care.
5. The seminar also recommended a mobilisation of the Church at all levels to combat AIDS:
   A. Recommendations to Christian homes: testimony of an authentic Christian life by prayer and dialogue.
   B. Recommendations to the parish communities:
      1. The reality of the AIDS problem should be integrated into the catechises and into the homily
      2. Counselling, reflection and prayer unit should be established in order to support those who are suffering with the collaboration of all the organs of the parishes.
   C. Recommendation to the national OCDI:
      1. The priests, religious officials, nuns, the entire parish communities of all dioceses should be sensitised
      2. Periodic evaluation sessions should be organised for the training of new teams.
   D. Recommendations for Catholic schools at all levels
      The training of teachers should be organised at all levels
   E. Recommendations to the bishops.
   F. Listen in order to discern, facilitate and encourage initiatives.

As it can be observed, this is a complete plan of action which each diocese is in the process of implementing according to its realities, its own planning, means and resources.... with the collaboration of the OCDI represented at the level of all parishes. There are difficulties in the implementation of the plan of action but the will to forge ahead is still there.

3.2.2. Evangelical Presbyterian Church of Togo (EEPT - Eglise évangélique presbytérienne du Togo)

Since the time of the missionaries and up until today, the leitmotiv of the EEPT - over 100,000 faithful - is “all the Gospel for all people”. In other words, the evangelisation must be associated with development and with anything which contributes towards the well-being of the human being. In order to attain this objective, the Church established educational, health and community development structures. Several primary and secondary schools who trained many executives of the country, several health facilities of various sizes, several agro-pastoral projects bear the label of EEPT throughout the country. A department called “co-ordination of works and projects” is responsible for the monitoring of all these structures.

With regard to the struggle against AIDS, the policy of the EEPT is more visible through the Protestant Association of socio-medical works (APROMESTO - l'association protestante des oeuvres médico-sociales), which will be discussed in more detail, without the Church having felt the need to discuss this problem at the level of the higher authorities which is the synod. It should be emphasised that practical problems arise with regard to the Holy Communion. The EEPT is still in favour of the use of the common cup whereas reservations are being expressed against it.
Prevention
It is centred on awareness-raising. With the support of APROMESTRO, the care of the Church organised information meetings and seminars for the pastors. The information on AIDS has already been integrated into the programme of one synod, however, there was no follow-up.

Care
All the health facilities of the EEPT deal with AIDS cases by trying to treat the opportunistic infections. Unfortunately, the EEPT does not have specific care structures.

For the co-ordination of works and projects in Lome, leaders indicated to us that they were managing four (4) AIDS cases by financially providing for the purchase of drugs and the coverage of other needs as much as possible. Through its department of the chaplaincy, the Church also intervenes for the sick who are hospitalised.

The leaders of the works and projects co-ordination expressed the wish to see leaders of the WCC and the WAYMCA assist them in establishing a data bank accessible to all Churches and religious communities. The need for training in the field of pastoral support is also felt.

3.3.3. The Methodist Church of Togo (EMT - l’église méthodiste du Togo)

Attached for many years to the Methodist Church of England, the EMT gained its autonomy since the proclamation of its conference on 26 March, 2000. Its principal mission is “to preach the Gospel to the whole person in as far as soul, spirit and body, and render service to the poor, the marginalised and the oppressed of society.”

In order to attain this objective, the EMT whose faithful are roughly 40,000, established specialised organs including the Methodist Development Programme of Togo (PMDCT)

Prevention
Sensitised on the AIDS problem, the EMT, through the PMDCT, has just initiated an AIDS awareness-raising campaign project in the south-maritime region where the EMT is strongly implemented. This project aims at reducing the spread of AIDS and the improvement in the living conditions of the populations, which will be a benefit to the youth and women in the region.

The PMDCT will train 20 motivators who will be the stakeholders of awareness-raising in 30 Christian communities. Ten branches will be created in this region

Church officials insist on the need for Churches to “revisit” the African culture in order to derive all its values and update them.

For the time being, the project is at the stage of the search for financing. Church officials would like the WCC and the WAYMCA to draw up a schedule for visits with the Churches in order to discuss this problem with them because they pointed out that they did not have all the information to be able to talk about it.

3.3.4. The Assemblies of the Church of God

The number of its faithful is more than 100,000 and it is one of the charismatic Churches which are currently the wind in its sails. It was with surprise that its leaders realised that AIDS also affected the Church. Preventive measures therefore needed to be taken. The Church sponsored a young person for training in this field in Nairobi, Kenya and plans to detach him to take care of health problems.

Prevention
Apart from abstinence before marriage and fidelity among couples, the Assemblies of the Church of God now demands the serological test for prospective couples for marriage. In the event where the result is positive, the marriage is not celebrated. The admission of candidates to the biblical school also depends on this test. The Church also instituted AIDS day which has been observed for six years every 10 December. On that day, the preaching is focused on the consequences of sin including AIDS. The Assemblies of the Church of God does not only abide to this sensitisation but also tries to train the youth who are victims of poverty: a school of apprenticeship was established for young women who are unoccupied. However, the officials acknowledge that their means are very limited.

Care
A psychological, material and spiritual support is provided to persons infected and affected by AIDS. However, the Assemblies of the Church of God, which manages a number of health centres, does not have adequate structures for therapeutic care.
The officials indicated the strong desire to see the AIDS problem discussed at the level of the Christian Council of which their Churches are members.

3.3.5. The Church of the Saints of God

It forms part of the so-called independent Churches and is said to have up to 13,000 faithful with branches in Benin, Burkina-Faso, Niger and Gabon. The novelty of this Church is that it established its own plant-based pharmacy of the sub-region. Concerned with the AIDS problem, the laboratory of the Church tried to develop a drug called “Sidacrom”. Unfortunately, for the time being, Church officials, for whom AIDS is not only a physical disease but also a spiritual one, are not in a position to indicate whether the drug is effective or not.

Besides the therapeutic approach, the officials advocate a life of sanctity, even if they admit that this is not always obvious.

If on the whole all the Churches visited have a common vision of the causes and factors of propagation of AIDS, their positions differ on one point regarding the means of prevention: that is whether to use the condom or not.

In fact all Churches without distinction hold the view that the safest means which conform to the Word of God are chastity, abstinence and mutual fidelity among couples. This is not the same with regard to condoms.

The “adherents” include the evangelical Presbyterian Church and the Methodist Church. They claim they are open and realistic because Church officials acknowledge that all the faithful, particularly the youth, do not necessarily conform to the divine commandments. In this regard, it would be unrealistic to be intransigent on principles. However this does not mean that they undertake the promotion of condoms, but besides abstinence and fidelity, they remain open to all the other methods which make it possible to prevent AIDS.

The opposition comes from the Catholics, the Assemblies of God and the Saints of God. They adhere to the only preventive measures which in their view are consistent with the Bible. As far as they are concerned, recommending the condom to the faithful would open the way to sexual promiscuity. The Assemblies of God seem more moderate because in their view the condom can be used by the couples for family planning purposes but especially when one of the partners is HIV carrier.

The Catholics are more radical. According to them, it is scientifically proved that the condom does not provide full protection against AIDS. They point out also that the campaign for the promotion of condoms responds more to commercial interests and indirectly motivate minors, adolescents, youth and adults to sexual promiscuity. It is also a moral catastrophe which could further accelerate the spread of the disease. “Condoms are not being sold in Africa to combat AIDS. Indeed, it is conspiracy by the Western countries to control birth in Africa. We shall not accept it” a Catholic priest told us.

It should be pointed out that the religious figures and lay Catholics whom we met have a more open position, full of nuances.

4. Poverty and Human

The socio-economic situation of Togo is one of the most dramatic in west Africa. The country has been isolated from the international community because of inadequate democracy. Donors are withdrawing, economic activities are sluggish. Civil servants are no longer paid regularly and purchasing power is dwindling daily. The impoverishment of the population is deepening.

The Togolese Churches give the impression of being overwhelmed by the situation as their resources are limited to cope with the problems. Their most significant contribution remains the setting up of schools, health centres and vocational training centres. In addition, there are the implementation of various development projects in the urban and rural areas.

In the area of the defence of human rights, the results are mixed not by the lack of will but on account of the oppressive nature of the ruling government. It should however be pointed out that during the socio-political crisis, the Churches worked hard to ensure peace and reconciliation.
5. ECUMENICAL ORGANISATIONS AND DENOMINATIONAL HEALTH CENTER

5.1. Young Men's Christian Association (YMCA)

Togo YMCA forms part of the most prominent youth associations and the most outstanding and reputed NGO of the country. Several programmes contribute to this image. The most significant are the community development programme which covers some twenty communities, the agro-pastoral training centre and the Adolescent Reproductive Health (ARH) programme.

The ARH was initiated to sensitise the youth on the risks inherent in the area of reproductive health and suggest to them the behaviour to adopt. The purpose of the project is to improve the skills, reproductive health attitudes and practices of adolescents between 12 and 19 years and exceptionally up to 23 years through basic education. YMCA runs, inter alia, a youth orientation centre and through the provision of contraception services.

The main target groups are both the youth and adults with priority given to adolescents students and apprentices.

The project is being implemented in Lome, in the Bè district, a popular area of the capital.

The main activities cover:
- Training of peers on all subjects of the ARH
- Education and awareness-raising sessions at training centres and in schools.
- Socio-cultural and sports programmes
- Discussion workshops
- Lectures/discussions
- Projection of films
- Distribution of condoms and contraceptives

The centre for youth counselling and orientation (CCOJ - Centre de Conseils et d'Ori entation de Jeun es) is run within a friendly framework based on confidential counselling and orientation/transfer of the sick to the treatment centres for STD cases.

The project's strategy is based on recourse to peer educators: students and apprentices are trained in IEC applied to ARH and who educate their colleagues and friends within the study groups.

This awareness-raising of peers is supported by the action of “opinion leaders”, teachers, workshop leaders or youth workers in the neighbourhoods. The project does not have a component for the care of sick or infected persons.

5.2. The Biblical Alliance of Togo

(ABT - L'Alliance Biblique du Togo)

The ABT began its activities in the 1960s and has been involved in the translation of the Bible into the various national languages as well as its dissemination. In order to reach as many people as possible, the ABT uses radio cassettes for the illiterate and the Braille for the blind. Portions of the writing are also adapted for children and the youth. The ABT collaborates with all Churches in Togo and mainly with those of the Christian Council (the evangelical Presbyterian Church, the Methodist Church, the Assemblies of the Church of God, the Baptist Church, the Pentecostal Church, the Lutheran Church, the 7th day Adventist Church) and the Catholics. In addition to the Holy Scriptures properly so called, the ABT also puts at the disposal of the faithful books and cassettes which deal with the problems of daily life.

Faced with the rapid spread of HIV/AIDS and in the light of its devastating consequences within the population and especially the faithful, ABT has just designed a project centred on prevention and care for which it is seeking financing. “... the fight against AIDS and the care of those who are either infected or affected by it in Togo is a challenge for the Church which not only must serve as the therapeutic community for the PLWAs but also assist by prevention...”

The ABT project should, when completed successfully, cover about 45% of the Christian population or a little over 2 million inhabitants. The ABT plans to organise a consultation workshop with Church leaders in order to enlist their support. A plan of action will then be prepared with their assistance. Based on the data gathered from Churches, the ABT will subsequently organise training sessions on STI/AIDS. With regard to IEC, the ABT plans to put leaflets in each Bible sold. Posters will also be produced for education and training centres.
For the time being, ABT is awaiting to secure financing for this project.

5.3. **Christians Against AIDS**

This is an independent association of some twenty youth, students, medical and social welfare assistants aged between 18 and 42. It is handled by a young pastor of an independent Church.

**Prevention**

Established in 1996, Christians against AIDS has been involved in sensitisation and training. The sensitisation is done from the projection of films in denominational schools and training sessions are organised for religious officials. Pastor Yves Gaba, the leader of the association, acknowledged that the task is not easy for the members of the association: all religious officials do not always identify themselves with their initiatives.

In the future, Christians against AIDS plans to open a free counselling and assistance centre. The association also wishes to extend awareness-raising through the print media.

**Care**

Christians against AIDS, registered by NACP and which survives mainly on contributions from its members, takes care of some twelve PLWAs by bearing as much as possible, the costs on medical care and food as the case may be. The association is also in contact with the WCC which provides it with documents for pastoral support.

For Togo, the association has expressed the wish that a network should be established bringing together all associations in the struggle against AIDS. It expressed the wish that the WCC and the WAYMCA make available to these associations posters designed from biblical principles which can enlist support at all level of all Christians.

5.4. **The Protestant Association Medico-Social Works of Togo (APROMESTO)**

APROMESTO is an association bringing together seven Churches of the Christian Council of Togo. It was established in 1994 and aimed at co-ordinating the action of the health centres and hospitals belonging to these Churches, sensitising the faithful in the struggle against AIDS, train the nursing personnel and resolving the health problem through concerted actions. Generally, APROMESTO encourages the team of health facilities to establish a psychosocial care unit and draw up AIDS projects in order to address the epidemics more effectively.

On the other hand, based on the projection of video films, the association educates the faithful of Church members (women and youth associations, choristers...) on the HIV/AIDS and STIs.

In the future, APROMESTO would wish to centralise its activities for increased effectiveness. A project called the “STRUGGLE AGAINST HIV/AIDS in the community of Protestant Churches of Togo” was designed in this connection. It should make it possible to involve the population in a participatory approach, in order to ensure that they are involved in the search for solutions to the problem of HIV/AIDS. Specifically, this is aimed at:

- organising training workshops in the peer groups
- equipping each Church member to have a specific information programme on HIV/AIDS and STDs and encourage voluntary testing
- Organising choristers' singing competition on the theme of AIDS

This project, which will spread over a two-year period, could commence as soon as its financing is secured.

Even though the relations are still timid, APROMESTO has been trying to collaborate with OCDI (organisation for charity and complete development), which is a Catholic project.

5.5. **The Saint-Jean-de-Dieu Hospital of Afagnan**

This hospital which belongs to the Catholic Church receives patients from all over Togo and the neighbouring countries such as the Benin and Burkina-Faso. It is a reference hospital in the area of epidemiological surveillance which receives a lot of PLWAs and HIV positives.

In the year 2000, it had recorded over 500 AIDS cases. At the time of the interview, at least 30 out of 250 beds (capacity of the welcome centre) were occupied by them. There is an AIDS care unit composed of doctors who are priests, nuns and the laity.
But what is peculiar about the centre is the introduction of an original treatment of the sick based on auto-vaccination. Unfortunately the officials did not want to give further information on this experience which would be effective, because since 1984, 80 patients who underwent this treatment are doing well. The advantage of this treatment is that it costs the patients only 30,000 (FF 300) per annum.

The hospital has also recorded numerous HIV positives including about hundred who are under surveillance and benefit from the psychological support of the care unit.

The Afagnan hospital is also involved in awareness-raising activities of populations. Thus, besides periodic educational discussions for the visitors to the centre, the Church trained community health staff who organise awareness-raising activities in the rural communities of the prefecture where the hospital is located.

It should be pointed out that the Afagnan hospital encourages people to undergo voluntary tests, however the requests are few. Candidates for the voluntary test are taken care of by the team of counsellors before and after the test.

Even though it is a Catholic institution, the team of the Afagnan hospital has not taken any position for or against the condom, giving the impression of having an ambiguous attitude.

5.6. Bethesda Hospital Agou Nyobo

The Agou Nyogbo Bethesda hospital belongs to the evangelical Presbyterian Church of Togo. This health facility enables the Church to express the humanitarian dimension of its mission and make its contribution towards the promotion of a better welfare of the individual in terms of health. Even though it is located in the rural area, this hospital is not spared from the expansion of the AIDS infection epidemics in the country. A recent estimation puts the rate of infection among hospitalised subjects at 2.15% and at 50% the rate of prevalence among the benevolent blood donors to the hospital. These donors are recruited from among the youth of the community where the hospital is located. Even though all doctors and paramedical staff underwent two or three training or awareness-raising sessions in the care of AIDS cases, there is still not yet any PLWA psychosocial care unit. Each doctor is responsible for providing pre and post test counselling for any request for serology. The care and consultative medical commission of the hospital, conscious of the seriousness and urgency of the situation, envisages the establishment of control committee to ensure the safety of blood transfusion to patients and sensitisation of the community.

5.7. St-Paul Cathol Dispensary of Avenou

Located in one of the outskirts of Lome the capital, this dispensary has a high rate of attendance because of its credibility and the low cost of its services. The personnel, made up mainly of nuns, combine curative care with activities relating to the prevention of major endemic including AIDS whose number of cases is estimated at 10 per month among the population who undergoes consultations.

Since one year, the medical staff instituted an awareness-raising programme for consultants and a programme on information for the youth of the community (students, apprentices) on the risk factors of HIV contamination by resorting to the GRAAP method. The difficulty encountered by the team is that the infected persons do not accept the result of their serology and often blame their illness on spell-casting and witchcraft. In order to convince them and ensure greater efficiency, a total commitment from the Church at all levels, a sensitisation of priests, nuns, care of PLWAs and orphans are necessary.

6. NETWORKS

The Christian Council, which brings together the evangelical and Protestant Churches of Togo, is the biggest ecumenical institution of the country. Apparently, the Council functions well, and serves as the consultation framework for Church members. However, for the time being, the problem of AIDS has not yet been put on its agenda, but the Council members express the wish to see that this should be done soon. With regard to the Secretary General of the Council, he expressed the wish that the WCC and WAYMCA convene in the short term a meeting of the heads of Churches of the sub-region to talk about AIDS and take common measures to combat it. He acknowledged that the religious officials and the laity need training in order to be able to be involved effectively in this fight. Besides the Baptist convention, the Lutheran Church (based in the north of the country), and the 7th day
Adventist Church (associate member) whose officials we could not meet, all the officials of the other Churches members of the Christian Council are in favour of a common action against the epidemics.

Furthermore, there are periodic meetings between the Protestants, Catholics and Muslims to defend the common interests of believers and especially to settle a number of political conflicts which have serious consequences for the nation. In the past, at the height of the socio-political crisis, the religious officials served as mediators and conciliators between the ruling party and the opposition. Unfortunately, these Churches have never consulted each other in order to discuss the AIDS problem and create a network which could serve as a framework for collaboration and the sharing of experiences between them. It can however be pointed out that one is witnessing the beginning of the collaboration between the Protestants and Catholics. As a matter of fact, the OCDI and the APROMESTO have began, albeit timidly, to organise together seminars and training and sensitisation activities. This initiative is a sketch which should be strengthened and extended to other Churches. This will be all the more easy as the religious officials who met claim it is necessary and urgent to harness their efforts to combat AIDS together which has become a threat and a challenge for Churches.

At the time of the drafting of this report, we learnt that an international seminar was to be held in Lome in January 2001 on the role of the “Church against AIDS”organised by the “Christians and AIDS”association in conjunction with NACP, OCDI (organisation for charity and full development) and APROMESTO, it brought together delegates from religious confessions of Benin, Burkina-Faso and Togo. Its aim is to review the action taken by Churches against HIV/AIDS.

7. **CONCLUSION**

Togo is experiencing a very difficult and peculiar socio-economic situation because of its political instability and the resulting economic consequences. Unfortunately it is the population which bears the brunt of this crisis. Meanwhile Churches which, for a long time have contributed towards the alleviation of the plight of the families have reached their limits today. Many of them no longer receive the regular subventions from outside as hitherto and the faithful who are supposed to support them also lack the necessary resources. It is therefore very logical that we are witnessing a deterioration in the health system. Many health facilities are not in a position to undertake screening tests and there are numerous families who are living in silent dramatic situations.