Reverend Gideon Byamugisha: HIV and AIDS, Youth, and the Church

July 25, 2012

Katherine Marshall, World Faiths Development Dialogue; Berkley Center for Religion, Peace and World Affairs (Moderator).

Reverend Canon Gideon B. Byamugisha, Anglican priest in the Diocese of Kinkiizi, Uganda, and a canon of St Paul's Cathedral, Namirembe and Holy Cross Cathedral-Lusaka; founder of the Africa Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (ANERELA+).

Context

In July 2012, global AIDS experts gathered for the XIX International AIDS Conference in Washington D.C. to present new scientific knowledge and pursue both advocacy and dialogue on the major issues facing the global response to HIV. Although they are not always seen as central partners, faith leaders are on the frontlines of the HIV/AIDS response in many affected areas. Given their closeness to the issue, religious congregations can make a great difference in reducing the burden of HIV and AIDS when they are actively engaged with the theology and practical policies that surround the disease.

On July 25, 2012, the Berkley Center for Religion, Peace and World Affairs and the World Faiths Development Dialogue hosted Reverend Canon Dr. Gideon B. Byamugisha. His account focused on where he sees the present challenges, especially caring for and about orphans, youths, and other at-risk populations. Reverend Byamugisha spoke of his work with ANERELA+/INERELA (Religious leaders living with and affected by AIDS) and his personal experience as the first religious leader in Africa to declare that he was HIV positive. In addition to a leading role in the Church of Uganda's AIDS Program, Reverend Byamugisha currently serves as the Christian AID Goodwill Ambassador on HIV and AIDS. He highlighted his view that it is vital to move beyond ABC (Abstinence, Be Faithful, Use Condoms) to SAVE (Safe Sexual practices, Access to treatment, Voluntary testing and counseling, and Empowerment).

Presentation

Reverend Byamugisha opened his discussion with an explanation of his most recent initiative, the SAVE campaign, which he has promoted as an alternative to the A.B.C. (Abstain, Be Faithful, Use Condoms) approach that has been adopted in many affected countries. The SAVE campaign's stated goal is to "end AIDS before the epidemic ends the most vulnerable persons, families, communities and nations in Eastern, Southern, and Central Africa." The SAVE program was founded in 2003 and has since expanded greatly throughout sub-Saharan Africa. Recently, SAVE made a commitment to support the goals set by the 2011 UN Political Declaration on HIV/AIDS. These goals include: reducing sexual and non-sexual transmission of HIV by 50 percent by 2015, eliminating new HIV infections among children, and increasing the number of people on life-saving treatment to 15 million. The SAVE campaign's approach engages faith communities and religious leaders as centers of local knowledge and care for HIV/AIDS affected communities.

A.B.C. is too stigmatizing: The A.B.C program's approach to teaching *Abstinence*, followed by *Be Faithful,* and finally *Condom Use* has stigmatized condom use in religious communities, says Rev. Byamugisha. Those who purchased condoms were seen as people who could not maintain abstinence or be faithful, and were thus considered immoral. Rev. Byamugisha argued that safe practices cannot be

placed in rank and order as is conveyed by A.B.C. because different approaches serve different purposes. In the same way that a plane or a car serves different roles in transportation, different practices are best for different people. He often used the example of a man who uses condoms in order to prevent exposing his wife to HIV. In marriage this would not be a matter of abstinence or fidelity, and thus that man should not be stigmatized as an evil person for buying the condoms. He also noted that the A.B.C. approach does not include resources that could be directed towards lessening mother-child or non-sexual transmissions and misses more holistic approaches to HIV/AIDS prevention.

Rev. Byamugisha recognized that the A.B.C. approach was initially an effective initiative in places like Uganda because it targeted the groups most affected at the time, such as MSM (Men who have Sex with Men) and CSWs (Commercial Sex Workers). The at-risk demographic has since changed as the virus has spread and programs must evolve to aid the rest of the population, he said. He noted that "Uganda was a victim of its own success" and must consider new approaches to see further success. This will require challenging prominent vocal individuals and institutions associated with implementing A.B.C. who only focus on past successes and not present failures.

Moving Beyond A.B.C. to SAVE: Rev. Byamugisha promotes instead the SAVE campaign promoting Safe practices, Access to treatment and nutrition, Voluntary routine and stigma-free counseling, and Empowerment of those most vulnerable. In order to best implement the SAVE campaign, it is essential for affected countries to work to reduce SSDDIM (Stigma, Shame, Denial, Discrimination, Inaction, and Mis-action). His unique approach is to engage faith leaders in promoting these goals and reducing SSDIM. He was quick to point out that there are many ways to become infected with HIV without doing anything wrong, citing the fact that doctors in Zambia are 15 times more likely to become infected with HIV during the course of their work than doctors in France, due to unsafe medical and sanitary practices.

Providing access to information and care: "Why are 1.8 million HIV+ people dying from preventable and controllable causes?" he asked. It is access to testing and treatment, he says, that will reduce these numbers most quickly. Rev. Byamugisha turned to his personal story, speaking about the experience of being nearly on his deathbed in 1998, when local doctors did not give him more than several months to live. If he had not found antiretroviral treatment, he said he "would have been 14 years in the grave." He emphasized that countries must actively and energetically attack the HIV/AIDS crisis with all available resources. He argued that simply halting the increase in transmission is not enough. Senegal, he noted, which has maintained a 1 percent prevalence rate, is often called a success story. This success story should not however be an excuse to stop fighting, educating, and providing antiretrovirals before the virus is completely eliminated.

Understanding that combating AIDS requires more than just health care initiatives, Rev. Byamugisha asked, "How do you prepare young people for leadership in AIDS-affected areas?" He argued that by providing access to education and engaging young populations, HIV transmission can be stopped before it is takes hold of the generation. He stressed the importance of educating young girls: by providing programs designed for girls, they become aware and resistant to the policies and local practices that had made women vulnerable to the disease. To reach the largest number of affected youth, Rev. Byamugisha discussed introducing HIV/AIDS programs into vocational, agricultural, and technical schools as well centers for theology and programs for orphans.

Engaging Faith Leaders: Rev. Byamugisha argued that approaching the faith community is an essential step in preventing and treating HIV/AIDs, but highlighted that the different mixes of theology and practice create "two types of churches" each on opposing sides of Christian approaches to "divine justice":

1. “God as Judge” + sexual stigmas + strong personal, political, and social agendas:
As Rev. Byamugisha sadly noted, “Sometimes we use God to kill or humiliate people.” There are churches that use the example of HIV positive people (or the sexual practices that are associated with it) to forward their own theologies on sex. They can interpret HIV/AIDS as a scourge of those who have behaved immorally and set an example of the disease as a deterrent to encourage more “Christian” behavior. These churches are highly vocal, work from already established social and political agendas, and have much power in local communities to preserve stigmas that interfere with proper prevention and treatment of HIV/AIDS.

2. “God as Love” + compassion for the value of life + strong practical resources:
There are also many churches that work alongside HIV infected people to fight against AIDS, armed with the concept of a God who “loves more those who are vulnerable.” Their theological interpretations value life first, praying for an end to HIV regardless of the controversies. Rev. Byamugisha favors the potential of these churches because their positive theology can be coupled with the same powerful, practical resources and social influences that allow other churches to preserve HIV/AIDS stigma, to instead combat the disease. The resources available include:

> **P**resence: Churches are vocal, visual, and sustainable sources of authority in many high-risk communities. Permanent centers for HIV treatment are more likely to arise from churches, mosques, and temples—as they will be involved in the communities long after World Vision, PEPFAR, or any other NGO runs out of resources.
> **R**each: Prayers and hymns can be creative ways to communicate messages on safe practices.
> **E**ducation: Classes in HIV/AIDS prevention can be offered with church facilities and volunteers.
> **A**udience: Wide ranges in ages, genders, classes, and community roles attend churches.
> **C**ommunity: Funding and support comes from a wider spiritual community of families and friends.
> **H**aven: Houses of worship provide a safe haven and home for afflicted individuals and orphans.

Recognizing the potential of churches with “compassionate” theological interpretations and strong practical resources, Rev. Byamugisha aims to strengthen partnerships and communication among churches that are fighting against HIV/AIDS. His Africa Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (ANERELA+) has brought together and trained nearly 10,000 religious leaders. Through programs like ANERLA+, the SAVE campaign has reached more than 150,000 faith leaders with the message of reducing SSDDIM in their congregations. Rev. Byamugisha noted that now some 70,000 congregations are engaged in SSDDIM reduction and have adopted the SAVE campaign over A.B.C.

Rev. Byamugisha noted the importance of interfaith approaches as well. He explained that the practice of trying to understand a spiritual framework outside of one’s own religious beliefs mimics the experience of forming empathy for those affected by HIV/AIDS. That same process, he noted, has helped individuals or congregations who were stigmatizing HIV/AIDS victims to instead begin to understand the immensity of this pandemic through deeper personal and individual reflection, personalizing the statistics numbers.

Moving Forward:

Quantifying Successes in Church Engagement with HIV/AIDS Prevention & Treatment: Rev. Byamugisha was challenged to answer why there are not more religious leaders involved in the conversation on HIV and AIDS. Are the ones who are involved as enthusiastic and well-trained? And, if religious communities and organizations are doing a lot of the on-the-ground work, why are they rarely mentioned in national and international reports by groups like UNAIDS? He explained that religious institutions do not often feel an urgency to publish and communicate their work with larger international

institutions. These communities simply provide services because they feel it is the right thing to do. Although noble, this practice actually disadvantages religious communities and inhibits them from making even greater change. If broader development institutions do not learn about the work faith communities are doing, faith leaders will continue to be ignored and will not benefit from resources available, he stressed.

Fostering Further Dialogue: Rev. Byamugisha hopes that faith leaders will become more open to re-examine their theological traditions in the context of the tragedy of HIV and AIDS, especially when it affects the "innocence" of many children now born HIV positive or left orphaned by the disease. Theological issues like predestination and sex for procreation need to be discussed in lieu of the disease. Are these beliefs that could prevent churches from fighting against the disease more important than the other theologies that disallow threats to human life? Should diseases and new circumstances be considered when interpreting one's theology? Questions like these, he said, should enter into the discussion among Christian individuals and congregations alongside faith and secular forces.

Maximizing Efforts: Even if a faith community is actively working with HIV and AIDS patients, they can still work to maximize the efficiency of their efforts. Building partnerships across regions, faiths, and political beliefs is an essential step to reach the masses with positive and life-affirming messages. Rev. Byamugisha feels that an effective HIV and AIDS strategy involves smart and inclusive policy formation, resource mobilization to bring medication where it is most needed, research and publications to spread success stories, and finally, prayers for the future.