



## AIDSFOCUS.CH Annual Assembly 2008

The role of Faith-Based Organisation in the response to HIV/AIDS

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## Introduction

- The term **faith-based** is used to describe organisations that are religious in nature and distinguish those organisations from government, public or private secular organisations.
- For many centuries, religious faith and spirituality have been major resources in promoting health and well-being, and in helping people to cope with the impact of disease. This is especially the case in Africa, where religious beliefs play a major role in shaping people's personal identities, thought patterns and perceptions of disease, and the decisions they make which affect their health.

## Situation Analysis

*Our earlier approach in fighting AIDS was misplaced, since we likened it to a disease for sinners and a curse from God.'*



## How do we see this?



## An opportunity

- ✓ People are in the Church
- ✓ Church is taking care of the people (hospitals, schools...)
- ✓ Sexuality is taboo and church has credibility
- ✓ Challenges



Church and FBOs have a very important role in responding to the challenge of HIV and AIDS

1. To advocate on behalf of marginalized and impoverished people
2. To raise money
3. To educate and mobilise their members
4. To establish well organised networks to support people infected and affected by HIV and AIDS.
5. To address the political issues around AIDS

## Role (Cont)

- To challenge other organisations and governments to take more action, and to ensure that action is rooted in grassroots experience.
- To build capacities
- To accompany
- To advise and support churches in their efforts to develop and maintain meaningful HIV/AIDS related programmes and activities according to their specific situation and needs;

## Conclusion

FBOs play much a greater role in HIV/AIDS care and treatment in sub-Saharan especially.

Yet by and large, the responses of FBO in general, and of churches in particular, towards the global HIV epidemic have generally lacked sufficient urgency and commitment. This is especially so in the field of HIV prevention, and in combating the stigma, denial and discrimination that are often attached to HIV/AIDS.

## Conclusion (cont)

We don't have right to give up because we are called to promote life rather than death.

We have to evaluate the progress, identify obstacles and renew our commitment.

## Conclusion (cont)

I call for greater dialogue and action between religious and public health leaders in the following areas:

1. Developing religious and public health literacy
2. Respectful engagement
3. Coordinating religious and health systems
4. Further collaborative research



Thank you very much

