

Report on Fulfillment of the Personal Commitment to Action

TOGETHER WE MUST DO MORE



Prepared for
Strengthening Religious Leadership Working Group
and Meeting of Religious Leaders

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INTRODUCTION

In March 2010, some 40 Baha'í, Buddhist, Christian, Hindu, Jewish, Muslim and Sikh leaders met together with the Executive Directors of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Population Fund (UNFPA), the AIDS Ambassadors of The Netherlands and Sweden, leaders and representatives of networks of people living with HIV and other organisations active in the response to HIV. It was the first international, high level meeting aimed at building collaboration and momentum between religious leaders and among religious leaders and other sectors of the response.

Participants affirmed in their concluding statement the “renewed sense of urgency” to prioritize and strengthen the response to HIV. Such response includes “holistic prevention” in addition to reaching universal access to treatment, care and support. The statement called for the “respect for the dignity of every human being” as well as “a massive social mobilization” to support services for women to eliminate the transmission of HIV from mother to child.

In addition religious leaders drafted and personally signed a pledge to commit themselves to strengthened efforts to respond to HIV. The pledge includes “deepening meaningful engagement with people living with HIV” and “acting decisively to protect human rights within my faith community; through collaboration among other religious leaders of different faiths; and by influencing local, national, regional and global decision-making processes on HIV.” Unique to this personal commitment, it also calls for each signatory to report to each other every 18 months on how he or she has fulfilled the personal commitment. The first report was due September 2011.

The Summit was organized by the Ecumenical Advocacy Alliance and Cordaid, with support from the Dutch Ministry of Foreign Affairs, UNAIDS, International Network of Religious Leaders Living with or Personally Affected by HIV or AIDS (INERELA+), the World AIDS Campaign and the European Council of Religious Leaders (Religions for Peace), among other partners.

A multi-faith working group, facilitated by the Ecumenical Advocacy Alliance (EAA), was formed to follow up on the Summit outcomes, which has included the promotion of further signatures to the personal commitment, recommendations of resources and actions to support religious leadership in response to HIV, and development of processes to further the dialogue begun in The Netherlands and at other events between religious leaders and people living with HIV.

Since the Summit in March 2010, over 450 religious leaders have signed the personal commitment, many through the advocacy of the participants of the Summit themselves. Beginning in April 2011, the multi-faith working group, through the EAA, encouraged the leaders who had signed to gather and submit stories and reports on how they had fulfilled the personal commitment. Such reports were collected by email, web and phone through October 2011. Obviously there are some limitations of language, both in the appeal for reports, which was primarily done in English, and in their submission in different languages. Thus the following report shares only a fraction of the efforts of those who signed the commitment. We are aware of many more examples of religious leaders who are working to fulfil its aims of overcoming HIV-related stigma and discrimination and advocating for universal access to HIV prevention, treatment, care and support.

In addition, as this summary is based almost entirely on reports from individuals who have signed or otherwise associated themselves with the personal commitment, it does not pretend to be a comprehensive report of the full gamut of activities that faith communities and organizations, let alone individual religious leaders, may have taken on the issues raised in the personal commitment text.

The development and follow through of the personal commitment can only be seen as one avenue in which religious leaders are taking leadership in the response to HIV, and provide only some indication of the activities, challenges and opportunities they face. Certainly, structures and approaches of some religious traditions would make signing an individualized, personal commitment difficult, but this in no way indicates a lack of commitment by that leader or religious institution.

The 33 reports that have been collected and summarized here come from leaders in the Buddhist, Christian, Hindu, Jewish, Muslim and Sikh traditions, who speak from national and international perspectives in Africa, Asia, Europe, Latin America, Middle East and North America. We hope this report proves inspiring and challenging to others, encouraging an even greater effort to be engaged in the response to HIV and the underlying issues which increase vulnerability to HIV. The report will be reviewed by a small meeting of religious leaders and the multi-faith working group, who will make recommendations that individuals and organizations can consider in strengthening religious leadership and collaboration at national and international levels.

Some practical notes about the report: The summary of activities is indeed just that, a concise summary of events and activities that, in some cases, have extensive reports of their own. But the challenges, opportunities, lessons learned and recommendations are in the voice of the respondents. A geographic location is given after most entries to give context to the activity or comment, but the action itself might have a broader reach than the location might imply. The initial reflections at the end come from those who have gathered the report together to start a dialogue on how best to strengthen religious leadership in the response to HIV in the period ahead.



THE COMMITMENT

Together We Must Do More — *My Personal Commitment to Action*

As a religious leader, I am convinced that my faith must be more visible and active to halt the spread of HIV and reverse this pandemic.

For three decades now, HIV has continued to spread across all levels of our societies. Stigma and discrimination against people living with HIV continues to fuel ignorance, injustice, denial and hate. At this critical point in the epidemic, I need to be clear in my words and actions that stigma and discrimination towards people living with or affected by HIV is unacceptable.

Fundamental to my faith is the respect for human dignity and the value of human life. Such respect and value is central to my response to HIV.

Therefore, I commit to exercising stronger, more visible, and practical leadership in the response to the HIV pandemic - increasing commitment, deepening meaningful engagement with people living with HIV, and acting decisively to protect human rights within my faith community; through collaboration among other religious leaders of different faiths; and by influencing local, national, regional and global decision-making processes on HIV.

Conscious of the specific needs of all those affected by HIV, this leadership means ...

To people living with HIV, I commit myself to:

- Working tirelessly to end all stigmatizing attitudes and actions until people living with HIV are fully included in our religious communities and societies;
- Supporting concerted efforts and partnerships to provide support including health care and education in ways that respect privacy and dignity;
- Seeking to understand and respond to the specific needs and situations of different communities affected by HIV to enable all people living with HIV to participate fully in society;
- Providing spiritual support and resources to give hope and enable positive living, assuring you that HIV cannot separate you from love, mercy, compassion, forgiveness.

To children, I commit to:

- Recognizing your rights, including health, education and support, that will help you celebrate childhood and learn values and ethical practices for safer and healthier living.

To young people, I commit to:

- Listening to your needs and empowering you with the values and support to help protect you from violence and suppression and from behaviours that create risks for yourself and others;
- Enabling and facilitating your leadership and participation.

To women and girls, I commit to:

- Recognizing your special vulnerability and roles as caregivers and mothers and working tirelessly to ensure you have the services you require for prevention, treatment, care and support.
- Exercising respect and challenging any oppressive systems of power within my religious community and society which fuel violence and injustice;
- Providing space for your voice and leadership in our communities.

To men and boys, I commit to:

- Encouraging understanding of power that allows people to relate to one another with dignity and love.
- Supporting leadership and decision making that addresses the root causes of HIV.

To my religious community, I commit to:

- Doing all I can to break the barriers of silence and exclusion to fully and openly include people living with HIV and their families in our religious communities;
- Leading by example and encouraging my religious community to deepen its engagement in the response to HIV, including advocating for prevention, treatment, care and support for all.

To networks, organizations and public institutions, I commit to:

- Fully supporting all efforts to extend services and support that will enable an HIV-free generation by 2015;
- Challenging and supporting governments to meet their moral duty to implement their promises on HIV in their priorities, practices and financial support.
- Partnering with you to combine our experiences, approaches and expertise to reach our common goal of halting the spread of HIV and reversing the pandemic.

To those I am addressing in this pledge and to other religious leaders who join me in this covenant/pledge, I commit to:

- Reporting through available channels every 18 months¹ how I have worked to fulfill my pledge.

¹This would be: September 2011, March 2013 and September 2014.



SUMMARY OF ACTIONS

Working with People Living with HIV

- Contribution in access to treatment (*Cameroon*)^a
- Fundraising breakfast talk (*Lusaka, Zambia*)^b
- INERELA's work on global partnerships of people living with HIV, faith communities, governments and civil society (*Global*)^c
- Publication of SAVE toolkit (*Global*)^c
- Responding to homophobia (*Africa*)^c
- Two-day workshop for media (*Iran*)^d
- Production of program, "40 minutes without judgment" to overcome stigma (*Iran*)^d
- Counseling men who have sex with men (MSM) (*Delhi, India*)^e
- Address by Ms. Poonam Arya (Mahila Samta Manch) and discussion on issue of HIV and AIDS during the *Yagya* (fire ceremony) (*India*)^e
- Group discussion with MSM and high-risk groups (*West Delhi, India*)^e
- Orientation and support for families with members living with HIV and AIDS, organized by the Christian Institute of Gender Studies (*Cuba*)^f
- Individual psychological and pastoral support offered upon request to HIV-positive people and their relatives/friends (*Colombia*)^x
- Cooperation and active participation in the activities of *Caminando Juntos* (Walking Together), a self-help group that improves their members' lives by sharing everyday issues and offering recently-diagnosed HIV positive individuals a place where they will find hope, information and people they can trust (*Colombia*)^x
- Visit by the Archbishop of Canterbury to the Mildmay Hospital in Uganda and a hospice in West Bengal, India. These visits were publicized in the UK, Uganda, and India^{bb}
- Regular contact with individuals living with HIV^{bb}
- Medical and psychological care and social services for people living with HIV and AIDS; Taking responsibility for 250 orphans and vulnerable children and their families from April to September 2011 (*Attécoubé, Côte D'Ivoire*)^{ee}
- Created a competition for gardens: it is difficult to raise awareness about prevention and taking antiretroviral drugs (ARVs) when people don't have enough to eat (*Cape Town, South Africa*)^{ff}

Children

- Held a “train the trainers” workshop which led a participant to organize and hold a three-day workshop for 27 orphaned children living with HIV to aid in their physical and psychological well-being (*Delhi, India*)^g
- Goods to support children living with HIV (*Cameroon*)^a
- Participation in two-day meeting: “Voices of Hope for Children Impacted by HIV/AIDS: World Forum Action Tank on HIV and AIDS.” Plenary presentation to 850 participants on “Challenges of AIDS” (*Honolulu, USA*)^b
- Plenary presentation on “Mainstreaming Psycho-Social Support into Education/ Schools” (*Johannesburg, South Africa*)^b
- Helped groups of children, including those living with HIV and AIDS, to understand HIV and AIDS (*Cuba*)^f
- Started a junior group composed of 16 participants with their parents that meets on a weekly basis. Goal is to prevent young people from falling into the trap of any addiction and contribute to the betterment of the world through friendship (*Speyer, Germany*)^z
- Programmes with vulnerable children, prevention education, peer group education with 12-17 year olds. In-house social workers volunteer to work with vulnerable children (*South Africa*)^{ff}

Young People

- Workshops in Antigua, St. Vincent and St. Lucia cosponsored by UNICEF and the Evangelical Association of the Caribbean, training young people in HIV, sexuality and communication skills to raise awareness on sexuality, HIV and stigma among their peers.^h
- Workshop session on stigma against people living with HIV led by Zulu gospel singer Musa Njoko, who is HIV-positive. Extensive radio, television and newspaper interviews were held. Well-attended concerts by Musa in which she raised awareness with the Church on HIV and stigma (*Antigua, Barbados, St. Lucia, St. Vincent*)^h
- *Sex in The Church* meetings held in evangelical churches to dialog honestly about sex and HIV held by Eworth Williams, a youth pastor and teacher (*Guyana*)^h
- HIV sensitization session with church communities conducted by Merle Ali and Hasratt Ali (*Trinidad*)^h
- Workshops helping congregations confront their prejudices toward those with HIV (*Eastern Caribbean*)^h
- Continuing to work through the Hope Institute for Transformational Leadership and Development to impart vocational training, health empowerment, and business and leadership skills for young people living with HIV (*Uganda*)ⁱ
- Working to enable post-university students affected by HIV to get a diploma in HIV and AIDS policy analysis and advocacy (*Uganda*)ⁱ
- Presentations and discussion with all-Africa group of young religious (*Lusaka, Zambia*)^b
- Teaching sessions on HIV, Gender and Development with master’s students from the University of Oslo (*Lusaka, Zambia*)^b

Pastors don’t want to talk about sex in church. They only want to talk about righteousness, peace and God. They don’t want to address the issue from the pulpit but young people are going out there now for the answers.



“

The message that's constantly projected is that the at-risk communities are gays, prostitutes and other persons the church feels are not their constituency. Once we saw the stats it helped me say to the evangelical church leaders that HIV is not about 'them' out there in the marginalised communities. It is about us.

- Lecture sessions on HIV with visiting master's students from the University of San Francisco (*Lusaka, Zambia*)^b
- Meeting on HIV and AIDS awareness with more than three hundred people (*Wat Ounalom, Cambodia*)^j
- Youth and women's wings of ARYA SAMAJ continue to fight stigma against people living with HIV (*India*)^j
- With 500 young activists, ARYA SAMAJ organized several youth camps and workshops with HIV-positive youth (*India*)^e
- Three AIDS-awareness programmes, including street plays, benefiting 15,000 youths (*Sonipat, Bhiwani, and Hisar districts, Haryana state, India*)^e
- Fifteen theological students trained in São Leopoldo, Brazil, and 25 in Pietermaritzburg, South Africa^c
- Education, training and awareness-raising workshops for young people and adult men and women to mitigate the risk of new infections and to prevent the stigma and discrimination associated with being HIV-positive; the working sessions are based on role-plays, and take place in schools, congregations, ministry meetings and social welfare programs (*Colombia*)^x
- Awareness raising by peer educators with 12,000 young people between the ages of 10 and 25+, helping them to develop abstinence skills. (*Abidjan, Grand Bassam, Korhogo, Bouaké, Sakassou and Katiola, Côte D'Ivoire*)^{ee}
- Two training sessions for 100 young people from 10-24 years old, teaching them about HIV and AIDS and skills for healthy living. Post-training awareness raising from June to November 2011 (*Abidjan, Côte D'Ivoire*)^{ee}
- Awareness raising of peer educators on behavior change communication (*Attécoubé, Côte D'Ivoire*)^{ee}

It is easy to talk about mother to child transmission prevention. It is harder to talk about HIV prevention and sexual and reproductive health to young people who were born with HIV. Faith communities need to be ready to offer advice and support to young people who find themselves in this situation – and to address the stigma that surrounds these discussions.

Women and Girls

- HIV-awareness campaign to raise funds for a *Save My Mother* programme, which involved workshops for women who live with HIV or are at risk of contracting it; workshops taught them HIV-prevention methods and job skills to help them support themselves and their families (*Niger*)^k
- Fundraising campaign, which will include a charity skydive, to help mothers (*Sudan*)^k
- Morning reflection with senior students in a girls' high school on *Young People and HIV* (*Lusaka, Zambia*)^b
- World YWCA is integrating work on HIV and violence against women into ongoing programmes (*Middle East and Europe*)^{cc}
- AIDS awareness and skill development training programme for adolescent girls. Topics covered included self-respect, nutrition, sexuality, STDs and HIV (*Rothak District, Haryana, India*)^{ee}
- Working to prevent vertical transmission of HIV by holding conversations with women and talking with them about HIV when they are pregnant (*Kenya*)^m

- Preventing vertical transmission of HIV: on a household level with community health workers, on a community level through community coalitions, and on an environmental level by assisting local community leaders to advocate (*Netherlands*)ⁿ
- Conversations with member association YWCAs on sexual and reproductive health and rights, encouraging them to address issues of family planning and HIV prevention (*8 countries in Africa*)^{cc}
- Working with young women who are born with HIV; talking with them about HIV prevention and sexual and reproductive health (*8 countries in Africa*)^{cc}

We still see women and young people on the periphery of decision making, whether it is faith networks or intergovernmental mechanisms. They are still seen as beneficiaries, other than leaders. Senior religious leaders need to continue to reach out into the communities to recognize and ensure space for women and young people’s leadership. We need to go beyond tokenism to significance. Since we committed to turning the tide and getting to zero, we can’t do that unless women are at the center.

Religious Communities and Leaders

- Interfaith Summit on HIV (September 2010), attended by 500 delegates, including leaders representing eight different faiths, government officials, development agencies and NGOs. The summit raised awareness of the HIV pandemic in India. Interfaith leaders acknowledged that they have a significant influence on the public; committed themselves to working against stigma and discrimination; acknowledged that spirituality and faith are important to the well-being of people living with HIV; and committed to support and work in partnership with the national HIV response and other organizations working on this cause. A follow-up event is planned in two years to monitor progress. (*Bengaluru, India*)^g
- Faith in Action – A High Level Religious Leader’s Convention (February 2011) to generate awareness toward preventing and reducing stigma and discrimination against people living with HIV and AIDS. Attended by 86 Hindu, Muslim, Christian, Sikh, Jain, Buddhist, Bahai and indigenous religious leaders as well as representatives from the government and other sectors. An action plan was devised. (*Assam, India*)^g
- Prayers and sensitization on sexual behavior (*Cameroon*)^a
- An awareness campaign launched on World AIDS Day entitled “I’m Muslim, I Care,” reminding Muslim NGOs of their moral obligation to help those living with HIV (*United Kingdom/Global*)^k
- Creating a packet for mosques with information and a sermon about HIV which can be disseminated to the Muslim community through the weekly Friday sermon (*United Kingdom/Global*)^k
- Working on strategic plans and action for the Global Working Group on Faith, Stigma and HIV. Goal is to have 150,000 religious leaders trained in 23 countries in Eastern and Southern Africa and to generate 70,000 congregational responses by 2015. ^k
- The issue of stigma and discrimination in regard to HIV and AIDS has been included in agendas of international meetings of the European Council of Religious Leaders (ECRL), along with information about the Faith Leaders’ Summit and the personal commitment template (*meetings in Istanbul, Turkey; London, England; Moscow, Russia; Kyrgyzstan*)^o


- Religious leaders in the ECRL network have been encouraged to sign the personal commitment. (*Europe*)^o
- Information folders and personal commitment template have been provided in national and international conferences, meetings and consultations.^o
- 75-page booklet: Catholic Social Teaching and the AIDS Epidemic (Forthcoming). (*Jesuit Centre for Theological Reflection, Zambia and Malawi*)^b
- Created awareness amongst family, friends, the local congregation and wider Sikh community, and amongst men and women of all ages, of the latest status of HIV and AIDS in the context of the Millennium Development Goals. (*Birmingham, UK*)^p
- Following the suggestion to hold a prayer breakfast in June 2010 in parallel with the interfaith prayer breakfast held at the United Nations, Asa Di Var Kirtan (hymn singing) and Chaupai Sahib prayers at Guru Nanak Nishkam Sewak Jatha, Birmingham, UK, were held from 5–7 am, followed by the serving of Guru ka Langar. (*Birmingham, UK*)^p
- Producing a leaflet to inform the Sikh community about HIV and AIDS to be widely distributed. (*Birmingham, UK*)^p
- Advocating with religious leaders in advance of working with communities on HIV. Stigmatization happens both ways—from key populations towards religious leaders and from leaders to key populations. Have emphasized inclusion: “us” and “we.” Working on capacity of faith-based organizations (FBOs) to respond to HIV, including through the Channels of Hope curriculum. Have produced a film with religious leaders speaking on HIV. (*Indonesia*)^q
- In response to a request from the Ministry of Health, worked with religious groups around Tehran using a booklet developed before the Summit. This work was very successful both inside and outside the mosques (*Iran*).^d
- Workshop for Buddhist monks in Myanmar. Identified the prevalence of HIV particularly among young girls on the border of Thailand and Myanmar which the monks will try to help and address.^r
- INERELA+ is working to pull together a consultation with high level religious leaders from five countries on sex, sexuality and gender; a scripture focus will be part of this work. This will be integrated into the SAVE toolkit.^c
- SAVE Toolkit used to train religious leaders. 500 leaders from multifaith background at Art of Living in Bangalore, India (September 2011); 45 Muslim religious leaders in Delhi; 35 in Mumbai; 45 in Kinshasa, Democratic Republic of the Congo (DRC); 38 in Lilongwe, Malawi; and 45 (mostly youth) in Kwa Zulu Natal, South Africa; 50 in Cape Town. Trained 25 INERELA+ coordinators from 15 countries to take the process forward. The training deals with HIV prevention and mitigating stigma and discrimination. It highlights, among other issues, the vulnerability of key populations when excluded from faith communities.^c
- Training course for 30 Buddhist monks plus heads from 13 Caste and Religion Department provincial offices. The training focused on: taking care of people living with HIV; how to respond to people who are affected; how to teach the community where people who are affected with HIV live. Monks who are trained serve both as trainers of other people and helpers. Meeting with UNICEF to discuss the training process and plan further training for the other 10 provinces and other Buddhist monks. (*Cambodia*)ⁱ
- Twelve meetings with church leaders across the country, resulting in 33 people signing the personal commitment. Of these, 9 or 10 are women, which will help reach other women. (*Kenya*)^m
- Several meetings to share life experiences of HIV, how it affects the church community, and how necessary it is to overcome stigma in order to put an end to HIV and AIDS. (*Kenya*)^m
- After much discussion and education, the Buddhist community welcomed and ordained as a monk an aspirant who is HIV-positive. This

is a lifelong commitment for the community. (Germany)^s

- Maintaining and enhancing the programs of the Presbyterian World Service and Development Committee in several countries. (Malawi, Kenya, India)^t
- Speaking on this issue at church gatherings and annual meetings. (Canada)^t
- The American Jewish World Service works with direct service delivery in countries to raise monies, and send volunteers and funds to community-based organizations. ^u
- People in the community informed about the 2010 Summit. Efforts to keep issues of HIV and AIDS high on the agenda of the Rabbinical Assembly. Attended a breakfast meeting at the UN summit. Of the 1600 practicing rabbis and 1.5 million people they represent, trying to create a network of individuals who care about the issue (USA). ^u
- Work with colleagues who help religious leaders use the Channels of Hope methodology. Adapted this methodology to work in Muslim communities. Channels of Hope videos available on YouTube (Global)ⁿ
- Wrote liturgy and sermon guide for World AIDS Day used across World Vision in more than 100 countries. ⁿ
- Used curriculum written in Africa for theological students in course on Ethics at the Evangelical Theological Seminary (Matanzas, Cuba)^f
- All international delegations visiting the Evangelical Theological Seminary in Cuba are presented with the HIV and AIDS situation in Cuba, led by a person living with HIV (delegations from the USA, Canada, Europe, Latin America and the Caribbean)^f
- Honored World AIDS Day with a liturgical programme, including people living with HIV and AIDS. (Cuba)^f
- The Council of Churches in Cuba included HIV and AIDS in their programs of partnership and healing in Christian communities (Cuba)^f
- Groups of pastors and lay leaders in our

Theological Seminary are being formed to continue the work among local congregations and local communities. (Cuba)^f

- World AIDS Day in solidarity with people living with HIV and AIDS and people living with people with HIV and AIDS. (Colombia)^x
- Evangelical Lutheran communities in Colombia take turns to be the venue of liturgical celebrations where diaconal hope coexists with advocacy, promotion and inspiration for the recognition of universal rights. ^x
- Participated in the Meeting of Pastors in July 2011, where four hours were devoted to the topic "Sexuality and the Church" and a variety of expert guests spoke; The campaign *Personas distintas, derechos iguales* (Different People, Equal Rights) was launched. (Colombia)^x
- International and domestic implementation team on HIV/AIDS (USA)^{aa}



We need to continue to create space for sensitive discussions, and we need to develop a language to have these discussions within religious communities.

- Major fundraising for HIV/AIDS work. Spring last year, direct mailed over 70,000 people.. Week of Prayer for the healing of AIDS. National Testing Day on World AIDS day. We took the personal commitment to our bishops and asked them to sign. They took it to their clergy and asked them to sign as well. (USA)^{aa}
- Active in the Strengthening Religious Leadership working group. ^{cc}
- The Archbishop of Canterbury and other leaders of the Anglican Communion issued a pastoral letter of the Church in January 2011 responding to gender-based violence. ^{bb}
- Attended, on behalf of the Archbishop of Canterbury, a conference on "HIV Positive Theology" organised by Canon Gideon Byamugisha at Queen's College. (Birmingham, UK)^{bb}

- Hosted a conference at Lambeth Palace for the UK HIV/AIDS Consortium Faith Working Group to launch their new report, *Keeping Faith. (London, UK)*^{bb}
- The All Ukrainian Network of PLWH and our Community have been involved in raising public awareness of HIV via the actions with religious institutions. On 22–24 March 2011 a conference on “Enhancing the capacity of churches and religious organizations in achieving of universal access to HIV prevention, treatment, care and support: Move forward!” was held. Among the outcomes was the development of strategies for strengthening integration of churches and religious organizations into the national response on HIV/AIDS and developing an action plan for 2011–2013. *(Ukraine)*^{dd}
- On 10 February 2011 a meeting of the Public Council under the Ministry of Health of Ukraine was held. The main topic of discussion was the question of substitution maintenance therapy in Ukraine and the role of religion and the church in support of patients. Ukraine has a problem understanding the purpose and the role of substitution therapy, which primarily functions as a prevention program. Participants agreed that substitution therapy patients should be supported not only physically but also spiritually. ^{dd}
- Work through our Anglican AIDS Health Trust and Hope Africa. Continue to encourage clergy to not forget HIV. Education and primary health care have been keys for action. Asking churches to be one-stop shops for psycho-social counselling, HIV testing and counselling. *(South Africa)*^{ee}

“We try to talk about diseases related to poverty. To find the umbrella. To relate it to economic justice, not let it stand alone. Our national church has zeroed in on a couple of priorities. And one has to do with confronting the scandalous reality of poverty and HIV/AIDS – you can’t separate the two. I think people would still say this is a commitment for our church, for our leadership.

We have been deepening relationship with African Methodist Episcopal Zion church over the last years. We are in a deepening conversation – which given the histories of our two churches in the US, is quite a big thing. We brought our folk working on HIV and their folk together. This is a good way to live out our ecumenical commitment.”



Networks, Organizations, Public Institutions

- A two-day working meeting was held at The Art of Living International Centre in Bengaluru in March 2011, involving Hindu, Christian, Islamic, Buddhist, Jain and Sikh leaders, along with people living with HIV. Outcomes included: a draft text assessing and adapting religious scriptures on their approaches to illness and HIV; further education on HIV and AIDS and on stigma; and an open channel of communication among religious leaders. Suggestions for further action included preparation of booklets of scripture texts in regional languages and broadcasting awareness programmes on television. *(India)*⁹

“Religious leaders can often come across as patronizing or judgmental when applying their religious texts in a purely theoretical way. Having people living with HIV in the room as the discussions take place completely changes the dynamic and takes it into a much more positive direction.

- Train the trainers workshop was held in March 2011 for 15 state coordinators, enabling them to approach interfaith leaders with accurate and deeper knowledge of HIV. The coordinators were to hold similar workshops with Art of Living teachers in their respective states. *(New Delhi, India)*⁹
- Talking about the issues with opinion makers, legislators and religious leaders. *(Israel)*^v
- Activities of the International HIV Fund (IHIVF) have included: blogging; social networking pages on Facebook, YouTube and Twitter, which have helped to highlight HIV among a younger audience; introduction of objectives to a variety of parliamentarians, especially in the Lords' HIV/AIDS in UK Committee and to members of the International Development committee; serving on the Faith Working Group for the UK Consortium on AIDS and International Development; and a monthly newsletter, featuring interviews with persons working in the humanitarian or HIV field. *(UK)*^k
- Events attended by the IHIVF: Stop AIDS Tour at the House of Commons; a training course on HIV and Gender-Based Violence which took place in South Africa; and through the Faith Working Group of the AIDS Consortium the launch of a report at Lambeth Palace focusing on faith-based responses to the HIV epidemic. *(London, UK)*^k
- The IHIVF has been covered in magazines and trade publications such as EMEL Magazine, Charity Times and Baseline HIV. *(UK)*^k
- The European Council of Religious Leaders (ECRL) is a member of the Strengthening Religious Leadership working group facilitated by the Ecumenical Advocacy Alliance (EAA). As member of the working group, helped to plan, then co-moderated a prayer breakfast during UNGASS 2011. *(ECRL)*^o
- Talk on consolidating NGO efforts against HIV given to Southern African AIDS Trust in July 2011. *(Lusaka, Zambia)*^b
- A *Faith for Life* conference in Kericho, Kenya, involving networks, public organizations and public institutions, was held in August 2010. This was a collaborative conference between UNICEF, Guru Nanak Nishkam Sewak Jatha and the Inter-religious Council of Kenya. The conference included sessions entitled “Role of National Aids Control Council in HIV/AIDS mitigation” and “Reduction of HIV/AIDS stigma, denial and discrimination within faith communities.” The session closed with stories and experiences being shared by people who are HIV positive. *(Kenya)*^p
- Development and participation in a six-hour television programme on AIDS for World AIDS Day 2010 *(Iran)*^d
- Workshop with government authorities in religious affairs and health sectors *(Thailand)*^r

- 37 religious leaders signed a letter to G20 leaders in June 2010 calling on them to keep their promise to reach universal access.⁹⁹
- Several religious leaders participated in the multi-faith pre-conference and the International AIDS Conference held July 2010. *(Vienna, Austria)*⁹⁹
- Meeting with the leaders of the Ministry of Cults and Religion and the Ministry of Health on how they can cooperate to respond to HIV and AIDS issues in Cambodia. *(Cambodia)*ⁱ
- Maintaining linkages with the research community and medical practitioners who treat HIV and AIDS patients regularly *(Canada)*^t
- Worked with the UN family on training for faith leaders. Participated in the Civil Society High-Level Meeting. Reviewed UNICEF's guide for engaging with FBOs on HIV. *(Netherlands)*ⁿ
- Leadership participation in the Commission created to facilitate networks of people living with HIV and HIV organizations in Colombia. The Evangelical Lutheran Church in Colombia is involved in the process to create an ecumenical Christian Ecclesiastical HIV Care Network.^x
- Documents on HIV-related life stories gathered, kept and distributed. Provide interested parties with study materials on the influence and prevalence of ecclesiastical actions around the world. *(Colombia)*^x
- In 2010, the Lutheran Foundation of Diakonia (FLD) promoted a training event with the leaders of IECLB, members of FLD's Advisory Board and representatives from partner institutions like the Center for Support to Small Farmers and the Council of Indigenous Mission. This event resulted in a cross-sectional action plan, which is being executed by FLD. In 2011, FLD participated in a modular course by Internet entitled *Gender, Violence and HIV-AIDS*. *(Brazil)*^y
- Development of an action kit, available in English and Spanish, and promoting it on the ELCA website. Also, continued showing of the "Lazarus Effect." *(USA)*^{aa}
- Moderated a bridging session on faith and HIV, talking about sex work, sexual orientation, and widowhood at the Vienna IAC.^{cc}
- Spoke at the Civil Society Hearings on HIV in April 2011 at the UN. Also addressed the UN General Assembly on women's and children's health in September 2011. *(New York, USA)*^{cc}
- World AIDS Day messages have been launched on the Archbishop of Canterbury's website.^{bb}
- Serving on the steering committee of a coalition on Church Responses to Sexual Violence called "We will speak out." Have worked with Tearfund, WCC, UNAIDS and others on this initiative, including attending the launch workshop for Burundi and Rwanda in August 2011.^{bb}
- The Archbishop of Canterbury met with survivors of sexual violence in Eastern DRC (Democratic Republic of Congo) and following this meeting filmed his 2011 World AIDS Day message there, focusing on HIV and sexual violence. *(DRC)*^{bb}
- The Archbishop has spoken out on issues of violence against sexual minorities and engaged with the UK Government on the importance of maintaining commitments on funding for universal access. *(UK)*^{bb}
- Agreed to host a three-day conference on religion and public health. Have met with the minister of health and emphasized the need for insurance and primary health care. *(South Africa)*^{tt}

The conference not only brought awareness of HIV/AIDS within various religious communities in both Kenya and the UK, but also enabled networking between health service providers on the ground in Kenya, and between HIV/AIDS sufferers. The conference was also attended by the NSPSI college students, thereby educating the local population of HIV/AIDS health risks and prevention and specifically involving and helping people living with HIV.



CHALLENGES AND OPPORTUNITIES ENCOUNTERED

CHALLENGE:

Ongoing Presence of Stigma

- HIV is still taboo in Lebanon and almost all Arab countries of the Middle East. People living with HIV do not speak out. Just mentioning HIV looks like an insult to them. Doctors refuse to give information about their patients. There are no specialized centers. *(Lebanon)^w*
- Prejudice *(Israel)^v*
- There are many Muslims that are living with HIV that we do not know about. Due to the stigma surrounding it, a lot of countries in the Middle East do not publish or provide adequate information on how many people are living with HIV. More countries need to follow the lead of Indonesia which has created its own model of finding out how many people live with HIV in their country. ^k
- The most difficult challenge is of denial mainly due to social stigma among the adult HIV-positive population and the consequent passing it over to spouse and children. *(India)^e*
- Taboo around discussing this problem among the less educated men and women from a rural background. *(India)^e*
- The level of stigma is still high among the clergy; most people don't want to disclose their status because it means you are immoral. It is easier among church members. *(Kenya)^m*
- Church leaders still don't want their churches to be used for HIV and AIDS-related activities. *(Kenya)^m*
- We don't claim the "us" dimension of HIV. We tend to think of it as "out there" – a global issue and we are not addressing it the way I'd hoped for our own country. *(US)^{aa}*
- Attendance at workshops depends highly on the trust placed in the religious leader. There is a need to break down preconceptions related to HIV and AIDS. *(Colombia)*
- Theological grounds to stop stigma and discrimination towards the LGBT community. *(Colombia)^x*
- Some people claim to love the sinner, but not the sin, e.g., "We accept the homosexual individual, but we repudiate homosexuality." *(Colombia)^x*
- The unkindness of religious groups to gay congregants is not only felt by them, but also by their families and friends. Most especially, in the context of HIV/AIDS, it leads to low self-esteem, encourages risky behavior and puts them outside the messages that are essential to prevent the spread of the epidemic.^l

“
Whilst I appreciate the need for patience, compromise, sensitivity and understanding, the fact remains that religious organisations are part of the problem in responding to the AIDS epidemic. The refusal even to mention the groups and individuals most vulnerable in the dialogue and statement of Den Dolder [The Netherlands] is an indication of how far we still have to travel.

CHALLENGE: Underlying Issues

- Poverty; hunger in some children living with HIV in the quality of foods available. *(Cameroon)^a*
- I would like to do more but HIV and AIDS are not the focus of my community. *(Germany)^s*
- Attitudes to sex, sexuality and gender remain extremely conservative, and continue to greatly inhibit the ability to address HIV within faith communities. *(Johannesburg, South Africa/INERELA+)^c*
- We try to talk about diseases related to poverty: to find the umbrella; to relate it to economic justice, not let it stand alone. *(US)^{aa}*
- The discourse is shifting on HIV. It seems more technocratic and programmatic. We need to bring back the urgency of focus on HIV. This is about life. We need to bring back

the political urgency. UNAIDS talks about getting to zero. We can't get to zero unless we invest in women and girls: we need to bring back the centering of women and girls. If you want no new children infected, you need to address the mother, and to address the mother, you need to address the factors which make the mother vulnerable. ^{cc}

- We have 33 million people living with HIV in the world, and most are in sub-Saharan Africa. There is a direct relationship with poverty. The definition of care has now shifted to treatment. We don't seem to be as invested in supporting communities to provide care. When governments don't provide, the faith community takes on this work. ^{cc}



CHALLENGE: Changing Priorities

- A challenge is the weakening focus on HIV globally and also within World Vision. People have changed over to maternal child health—it's the new hot topic. We have integrated the Hope initiative into World Vision's main work (this is fantastic) but the problem is that the moment people thought the Hope initiative was ending they thought the focus on HIV was also ending. So you have to be strategic. If you do HIV work linked to maternal child health, it is easier. *(Netherlands/World Vision)ⁿ*

CHALLENGE: Research & Partnerships

- We don't have research to spearhead the stigma reduction campaign. If you are looking for a policy change, people say: What is the data that shows that SAVE is better than ABC? We are looking for partnerships to gather that research. *(Uganda)ⁱ*
- There is a need for harmonizing the messages around HIV/AIDS with the religious leaders and what the government and other actors are saying and doing. You need a different approach if you want to reach clergy, especially when you talk about models (e.g., the third model: they still prefer ABC). *(Kenya)ⁿ*
- The Interfaith element in the US hasn't been reclaimed. We are always looking at what will bring us together into dialogue with others of different faiths. ^{aa}
- Lack of recognition of our interventions as faith-based organizations by the South African government. I spoke at the National AIDS Conference last year, and other faith organizations were saying, why the Anglican church again? We need more recognition of what other faith-based organizations are doing. ^{ff}

CHALLENGE: Funding & Capacity

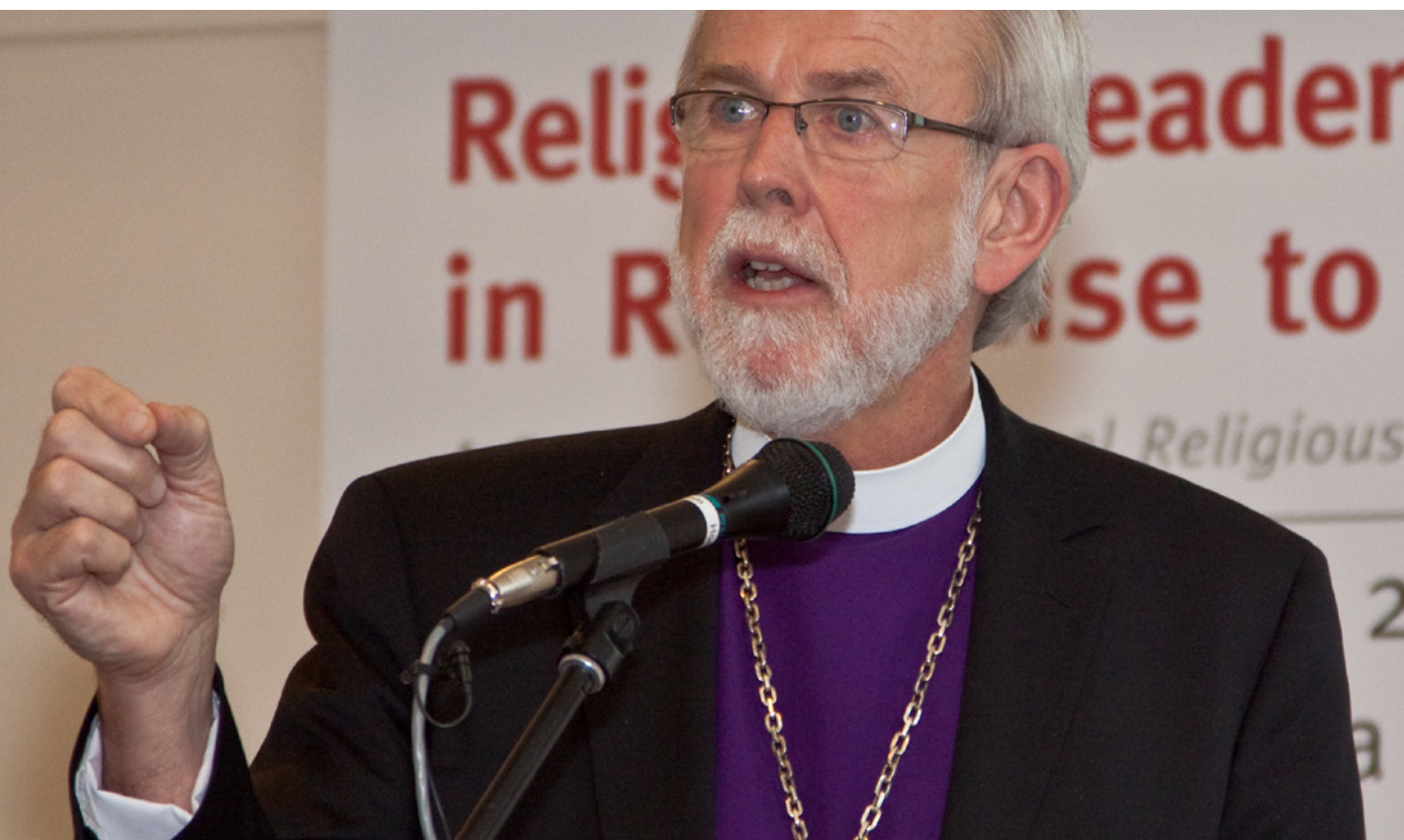
- Retired bishops and archbishops can provide the leadership experience and respected voice, but you need a base of finance to support their transport around the community because they don't have separate funding. But technical assistance can always come when you can identify the need. *(Uganda)ⁱ*
- We need to fund the campaign until governments realize they have to act. ⁱ
- Having enough time and money to work on these issues is a challenge. *(Cambodia)^j*
- Organizing meetings takes time and money; when you go beyond the church level, you need three hours to get the message across and people will not stay unless they are given food and drink. *(Kenya)^m*
- We have had to lay off 100 ELCA staff, but retained some who work on HIV/AIDS. This is constantly a challenge. *(USA)^{aa}*
- How does the Now commitment to raise 15 million for malaria not overshadow our commitment to HIV/AIDS? We made a public commitment to raise 10 million as a church over ten years and we are still seeking to honour that commitment. *(USA)^{aa}*
- High workload and a small staff, in addition to the absence of specific resources directed towards HIV and AIDS. *(Brazil)^y*
- Lack of dedication to the subject shown by Lutheran ministers and members, leading to low support for FLD's operations. *(Brazil)^y*

- When we discuss at a high level, it is difficult to apply at a local level. Whatever commitments we make at the global level, we need to be able to resource conversations at the community and household levels where people live. Are our communities really ready to provide real accompaniment for people in their midst? *(Switzerland/Zimbabwe)^{cc}*
- We need to provide psycho-social support and pastoral support to clergy and social workers. *(South Africa)^{ff}*

As soon as you venture out to raise awareness in a place like Southern Africa, people start coming forward. We hit the snag of fundraising and resources where still poverty is the greatest challenge we have. We need intense fundraising, training and planning. We depend too much on PEPFAR and Global Fund and need to help people find out that this is what they can do with the resources they have.

CHALLENGE: Educational Material, Communication

- General lack of audiovisual material and effective approaches towards preventive measures. My colleagues and I feel increasingly challenged by the social cultural religious causes responsible for HIV. *(India)^e*
- We need to ask 'what does the domestic side of our strategy look like?' We must move beyond educational materials, testing. We give grants, but I don't think we have yet shaped a domestic HIV AIDS strategy that we have articulated properly. A lot of people talk about our malaria campaign, but if we asked them what is our domestic HIV/AIDS campaign, they wouldn't know. *(US)^{aa}*



OPPORTUNITIES:

- We have not encountered any challenges: people have been very receptive and responsive, and significant achievements have been made. *(Birmingham, UK)*^p
- The opportunity is that the community is very open. Before 1994–96, it was very difficult to do work on HIV, and those who were HIV-positive were discriminated against. People are very open now. There is little or no discrimination. People are very active. There are lots of trainings on how to care, how to reach the community. *(Cambodia)*^j
- Our teacher Thich Nhat Hanh encouraged us to write papers on applied Buddhism and HIV and AIDS. It will hopefully happen sometime. *(Germany)*^s
- There is no opposition to hearing or speaking of this issue to religious audiences in my sphere, but the challenge is to make the issue relevant and current, because for many Canadians the issue is “old news” and they wonder about the relevance. Speaking to younger people to educate them on the health risks and consequences of their actions is vital but is a struggle. The best approach is to emphasize the relevance for young women and that usually gets a good hearing for the constituency is largely female here in Canada. ^t
- The worldwide Jewish community has had no ambiguity about providing the most aggressive treatment for HIV prevention. There are no qualms about condom use, needle exchange. It is a scientifically-oriented community and as a consequence, it doesn't have a problem affecting the community as defined by a group: Jewish. It doesn't mean we don't feel affected by what is happening in the entire world. So, we don't have the same opportunity to get involved in policy change within our community because there aren't policies to change. *(Rabbinical Assembly)*^u
- The interest of the children and the young people is great. There is less interest in including it in the “normal” programme of our churches. *(Cuba)*^f
- The 2010 meeting was critical in terms of timing and the energy that was focused around the issue. *(USA)*^{aa}
- The interfaith prayer breakfast meeting had a very strong echo globally. This is an approach we need to continue to provide. We need to provide space for discussion between senior religious leaders and senior political leaders to listen and to identify the points of confluence. *(Switzerland/Zimbabwe)*^{cc}
- There are tensions in the Anglican Communion on issues of human sexuality. In the context of HIV, however, the focus is on the dignity of each made in the image of God, on care and support, on rights to universal access and on listening and responding to the most vulnerable. *(UK)*^{bb}
- Breaking taboos so that the whole community is fully informed about HIV and AIDS. Bringing an end to stigmatization in the religious environment while demystifying HIV and AIDS in our different religious communities. *(Switzerland/Zimbabwe)*^{ee}

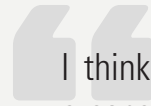


WHAT DIFFERENCE HAS IT MADE TO ME, AND TO THE PEOPLE AND COMMUNITY I SERVE

- Hopefully greater tolerance and compassion. Important not to be discouraged by hostility or indifference. ^v
- We are becoming a visible coordinating body on HIV and AIDS from an Islamic perspective. Non-Muslim NGOs have been approaching us for information on HIV and Islam. ^k
- The level of confidence coming from faith communities and people living with HIV when they know they have a strategic response that is not stigmatizing. Many are embracing the cause already. ⁱ
- Before, there was much more stigma; now people have dramatically changed their perceptions and behave toward those living with HIV with compassion. ^j
- Working together has been crucial. The relationships that we are building with different organizations are helping us to create a network where we can gain support and share resources. ^k
- The people who we work with have more will power to live and desire to take care of themselves. They take their medication. Numbers participating in NGO health programmes have increased. Our discussions with the Ministry of Health and the Ministry of Caste and Religion and with UNICEF have helped bring this about. ^j
- It is increasingly recognized that faith based organizations are in the forefront of strategies for care and prevention, for education and spiritual comfort and that without the involvement of religious institutions, the battle against AIDS cannot be won. It is equally true that the suffering of people living with HIV and dying from AIDS has been compounded by religiously-based stigma and discrimination. ECRL adds its voice to the fight against stigma and discrimination of HIV-positive people and people suffering from AIDS. ^o
- My involvement in these convenings has a) put the matter higher on my list of priorities and illustrates the impact that we can have through advocacy, or raising money for the issue, or bringing the attention of government or community members to the issue; b) made me see that people really can continue to make a difference to each other. It is an issue that needs to continue on our agendas. We can never take for granted the level of suffering and the immense global impact that AIDS has and must ensure its profile is as clear and as high as it deserves to be. ^u
- On every overseas trip I visit institutions and individuals that have this work as their primary focus is vital for me. I learn from each visit and can bring that insight back to Canada. ^t
- The International AIDS Conference in Vienna was excellent. I was able to make contact with the research and scientific communities and have maintained these. I believe

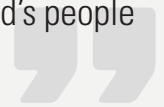
such cross-over linkages are vital so that both communities (religious and scientific) do not feel estranged from one another. ^t

- We have all become more aware and developed a spirit of solidarity with people living with HIV and everyone affected by HIV in any way. The people we serve have been able to break down stigmas, preconceptions and discrimination. ^x
- FLD's team is multidisciplinary but lacks health care professionals. Nevertheless, continuous training and performance with an approach centered on mainstreaming has enabled the whole team to realize the connection of the HIV and AIDS theme to their respective areas. ^y
- It is a self-discipline to maintain the commitment that I made – not just in March, though the March commitment was very important as it was a very public act of commitment to other faith leaders in the world that I remember when I am tempted to say I have too much to do. Our church and its highest governing body has also made a commitment and adapted an HIV/AIDS strategy (it's quite detailed) and so in that sense, the church has given me my marching orders, in terms of my priorities. ^{aa}
- Being part of this initiative has helped me to grow in understanding the perspectives in other faiths. ^{cc}
- While hard to measure, the feedback we get is that the Archbishop of Canterbury's leadership and modeling of ministry is a powerful example and encouragement to others. His leadership in the coalition on church responses to sexual violence has influenced other Anglican leaders and other faith communities to join the work. ^{bb}
- Increased knowledge on the part of the community of religious leaders. A Muslim structure that is capable of responding to their different concerns about the issues around HIV and AIDS and STIs. ^{ee}
- The celebration of World AIDS Day through sermons in several mosques. ^{ee}
- A fall in the level of stigmatization at the level of imams and Muslim preachers. ^{ee}
- Communities are being empowered to take care of those in need. They are feeling they can make a difference. ^{ff}



I think for me personally, there is a sense of fulfillment that it is not about the Archbishop but it is about the serving in line with what our Lord demanded of me. It was allowing God to use what little gifts I had with his people. The more I got involved, the more I wanted to do the best I could do to care for the vulnerable. But I also learned I could not do everything – it spoke also to my own mortality and the need to work in a team and with others. And when funding went dry, it reminded me that we need to be scrupulous good stewards of the resources in our care.

I had a sense that people had a sense of resilience, despite their status, that they wanted to live, to live positively and move forward. There was a sense of community and belonging. The sense of hopelessness is starting to go away. People are saying, yes I am HIV positive but I am a child of God and I am worthy. They are willing to talk to others. So I am starting to feel that because I went to the conference and signed the personal commitment, it opened my eyes and ears more to what God's people were saying.





LESSONS, OBSERVATIONS, RECOMMENDATIONS TO OTHER RELIGIOUS LEADERS

- Priorities in developing and religious societies in the Middle East differ from that of developed societies where religions play a small or no role at all, and where openness and transparency is much more common. One of these priorities is people living with HIV: the way they look at themselves and the way society looks at them.^w
- The world is in the need and we have to serve the world. Let us work together to fight HIV and to help those who are living with the virus.^a
- The Niger programme helped us give a direct impact on the ground by improving lives of people living with HIV especially through the workshops that taught them income-generation skills.^k
- We should start somewhere. We should not wait for big things to happen that involve a lot of money. Start from our point of strength. People will see what we are doing.ⁱ
- I shall endeavour to carry on trying to make a difference. In particular, I have continued to pray for the welfare of all sufferers of HIV/AIDS and for those trying to assist this pandemic. I would share that all religious leaders should pray for the cause – this is the most powerful tool. I would also recommend that information about HIV and AIDS needs to be disseminated more widely, particularly in schools and institutes of education.^p
- Part of the reason for vulnerability is exclusion from faith communities. I continue to learn, and am truly invigorated by the opening of attitudes and minds I see in the people I work with and train. Commitment in challenging the realities around HIV and AIDS is not for the fainthearted – if you have made a commitment, make sure you act upon it!^c
- We have different cultures, languages, religion, and geography, so it might be different also in the way to fulfill our personal commitment. For me, I have conducted training courses to Buddhist monks on how to help and advocate to people suffered from HIV/AIDS.^j
- We share our experiences and commitment with other like-minded friends in different religious groups. We ourselves are greatly benefited from the experience and commitment of Christian religious leaders and activists. We need to resist the onslaught of crass consumer culture and promote a culture of simple living & high thinking: a culture of sharing and caring and a religion of taking responsibility for one's actions.^e
- I have learned that we have to reach indigenous religious leaders. And also, we have not got enough information to reach men. With women, it's ok – but men are hard. It's hard to sit with them, to listen, to give them information. Because they are in the fields – they are breadwinners. We must gear our programmes to how we reach

I was particularly pleased that the New York meeting [Interfaith Prayer Breakfast during the UN Review in June 2011] took a step beyond that which proved possible in Den Dolder, The Netherlands, last year. By naming the vulnerable groups (MSM, CSW, IDU), we gave them the dignity of their identities. Only in this way can we reach out and hope to affect behavior and thereby to prevent the further spread of the epidemic.

men. They are decision-makers. When they say “we want to do this” they do it. They have the power. They steer their households. ^m

- [I recall from the March Summit in the Netherlands] the refusal to include in the closing text reference to the vulnerable groups who are recognized in most United Nations documents as those particularly exposed to HIV and needing the help and support of religious communities: men who have sex with men (MSM) commercial or transactional sex workers (CSWs), injecting drug users (IDUs) and other vulnerable people including women, children, prisoners and refugees ... I must admit that I felt rather discouraged by the ultimate outcome. ^l
- The youth, our new generation, must also not be left behind. This is what I want to say about the youth: as religious leaders, we should have a programme on training leaders on how to handle youth sexual issues, sexuality in detail. Most of the time they won't come to us. But if religious leaders can have a programme geared for them, this would be good. So that the youth can talk freely with their religious leaders about sex and see it is something God-given, that it has a meaning in life, and is not be used carelessly. ^m
- The annual observances on December 1 are important for all religious organizations. The world expects to hear from us and this is a

perfect opportunity to speak directly and relevantly about this issue. ^t

- In opening up oneself to this discussion I have found it amazing how many other avenues of discussion and sharing it opens up. I would also urge other leaders to make inroads to other religious leaders both within their own communities and with other groups. This discussion can bring people together. ^t
- I had my anniversary as a person living with HIV in September, my 24th anniversary. The response was fabulous. People listen in a different way when you speak as a faith leader living with HIV. ⁿ
- It is essential to continue to focus on HIV. But we cannot do it as a single disease focus. The time for the single disease focus is gone. We must be smart in how we address it and link it to other key issues, such as co-infections, infectious diseases, MDGs, maternal child health. ⁿ
- It is very important to work with children and with the families that have members with HIV and AIDS. We need to avoid any concepts or stereotypes that will marginalize homosexual people. We need to work more with children, young people and families to eradicate misapprehensions. ^f
- Continuity is vital. Because we trained young people and they are now going out and talking to their friends, we have a good chance to sustain the learning. ^h

I have realized that you cannot do HIV work alone. The people look up to me to see whether I practice what I preach and rely on facts and on the approved methodology for HIV prevention. People are beginning to believe the accuracy of the information that I share with them.

- Work should be based on hope and on the understanding of the mutual benefit derived from helping others. ^x
- Consider interest groups that can be reached to join forces and share lessons learned, including, inter alia, the Ministry of Public Health, HIV/AIDS civil society organizations, faith-based organizations, people living with HIV and educators. ^x
- Use original materials (e.g., mugs, bookmarks, etc.) to raise the awareness of the general public. ^x
- The financial and methodological support and the sharing of experiences among the supported groups further strengthens action and allows the expansion of the support group and networks. ^y
- We want to share a lesson we learned: it is very important to approach the subject, even if it seems to be far from our reality,

area, or personal and professional training. To understand and address the topic HIV/AIDS from an approach that is familiar and significant to us is a great first step towards mainstreaming. ^y

- If religious leaders are to be faithful to the commitment, they must have people in their faith bodies who will hold them to account and also be the hands and feet and implementers that make these commitments concrete. If our commitment will manifest itself in behaviour that changes, it must have a structure to it within our religious communities. It must have a strategy that drives us, if not, would just be a piece of paper we signed. If it's just an individual, it is very difficult to follow through. ^{aa}
- I recommend that religious bodies put down on paper what they are going to do. We have 3 "As" – 3 dimensions in our HIV/AIDS strategy: Accompaniment (to those living with HIV/AIDS and also to those who are seeking to serve them); Advocacy; Awareness (deepening of our knowledge). ^{aa}
- The EAA could develop a strategy to facilitate sharing resources with those religious communities who do not have the support structures and implementing structures that others do. ^{aa}
- We need to continue to be all at the table together: senior religious leaders, the UN, the different communities that experience risks and vulnerabilities and discuss how we continue to shape the issues. ^{cc}
- We also need to share what is good in what is happening in faith communities and how do we scale up rather than what needs to change. How can we resource the multitudes of faith communities where they are already meeting – women's networks, for example – and enabled them to have a greater impact? ^{cc}
- Women and young people are still on the periphery of decision-making in faith networks as well as intergovernmental agencies. They are still seen as beneficiaries rather than

It's been a feeling of hope and inspiration that it is possible to grow and change and become more and more inclusive and to educate ourselves. What I understand from this process (of the community that ordained an aspirant who was HIV-positive) was this: persistence and compassion. That it never works when we condemn people for not seeing things the way we see them, or acting the way we act. We must believe in their capacity to see more broadly, to open up. If it's a decision which has a long-term implication to it, it is much better to take your time. The more people you have on board, the better it will be implemented, because the more people will support it. It makes sense to give it time, hear people's heart and address their concerns. Then, eventually, you'll get a decision which people will support wholeheartedly.

leaders. We need to go beyond tokenism to significance. ^{cc}

- Social media is important but we still need human touch and face-to-face meetings. ^{cc}
- The prevalence rate is plateauing but we still need to care, even if it is just one person with HIV. We still need to be angry if people do not have access to medicine. ^{cc}
- We still need an EAA. The faith community still needs to stand. We cannot drop the work on HIV. ^{cc}
- Listen to the voices of those whose lives are impacted by HIV. Affirm the leadership of those openly living with HIV within the faith communities. ^{bb}
- Model leadership by public engagement both in speaking about the issues and visiting projects and talking with people living with HIV. ^{bb}
- Speak confidently about the work of faith communities in relation to HIV. ^{bb}
- I need to take a leadership role, to be a moral conscience of the community. ^{ff}
- It is important not to do it alone but to provide structures in the church and support for actions. ^{ff}
- Providing pastoral support to our foot soldiers is critical. ^{ff}

“

The spirit of this ministry in addressing HIV/AIDS is inspired in Our Lord and His earthly ministry: it shall be based on love, inclusiveness, dignity and hope.

Always turn to God for direction and wisdom. Do it every step of the way, for our loved ones, who have always remained close, may not support our work and that can be challenging. Pray for those who work in the ministry, for the activities carried out, for those who help each other, and those whose beliefs are different from ours (those who oppose the ministry).

Work should be based on hope and on the understanding of the mutual benefit derived from helping others. Our support promotes the humanization and transformation of what living with HIV and AIDS means.

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REFLECTIONS ON THE REPORT

These are initial observations and reflections which are offered as the start of a discussion on next steps in strengthening religious leadership in response to HIV. Further reflections and recommendations will be made during a review meeting by religious leaders held in Toronto, 29–30 November 2011. We invite others to share their observations and reflections as well at www.hivcommitment.net/?page_id=402

- In reading through the summary of activities, one recognizes that religious leaders are at different places in the response to HIV. Some individuals work almost full time in the response, for others, it is a new perspective for themselves and their community.
- It is moving to speculate on how many people were touched in some ways by the events that are chronicled in this report. It is also daunting when you visualize all these points on the globe and realize how many more places and people there are that are affected.
- There was such a wide range of activities – from those directly affecting a small community of people (like the orphans in Attecoubé and Delhi) to the high level events aimed at raising global awareness.
- There were many more activities at the level of meetings, workshops, and summits than there were activities directly benefiting people living with HIV and AIDS. But given the group of respondents – not the people, for the most part, who are on the ground – this may make sense. Are these leaders connected to arms of their organizations that are having direct impact? And, more basically, how active are their organizations on this area? Is more awareness-raising still the most important activity? Once you educate people as to the need – then what?
- No one called out actions that focused on men and boys. Is this because there is not a need to separate out actions for men and boys from the general programming? Or is there another reason? One person did comment that an opportunity is being missed to appeal more directly to men, who, as heads of households, can “steer their households”.
- Stigma continues to be a major issue, cited by many in one form or another. Notable were the very few who claimed that their communities are basically bias-free. There were two kinds of stigma and discrimination mentioned: general societal discrimination and that stemming from religious bodies and their theological convictions.
- Several comments noted that HIV has been pushed off the national stage which has drastic consequences for funding and other resources. How do we continue to make the case in our work inside religious communities and in government and society, of the priority to deal with HIV and its underlying causes? Some leaders reflected on the need and

opportunity to identify an umbrella issue – such as poverty – in which HIV can be raised and the fundamental causes of vulnerability addressed.

- Several people called for more encouragement/openness to leadership by women and by people living with HIV.
- Appreciation was expressed numerous times about the value of this interfaith action and about the role of EAA in particular.
- A number of respondents commented that committing to be personally accountable was a significant experience.
- This was not a question that anyone was called upon to address, but I wondered just

what financial resources are available to work on these issues, and what is the most effective way of using them. Mark Hanson suggested that the EAA develop a strategy to facilitate sharing resources among religious communities. Would something like that distribute resources in a helpful way without forcing groups into “one-size-fits-all” approaches?

- What next? Do people continue to focus on their own contexts, because they know them best? Or is there a global strategy that would be extra-effective? Where should international organizations that try to support and strengthen religious leadership in response to HIV focus their energies?

Respondents

- ^a Rev. Pastor Biyiha Djop Victor/Christian/Eglise Presbyterienne Camerounaise/ Cameroon
- ^b Fr. Michael J. Kelly/(witness)/Christian/ Zambia*
- ^c Rev. Johannes Petrus Mokgethi-Heath/ Christian/INERELA+/ South Africa
- ^d Dr Hesameddin Ashena/Muslim/ Imam Sadiq University/Iran
- ^e Swami Agnivesh/Hindu/Bonded Labour Liberation Front/India
- ^f Rev. Ofelia Ortega/Christian/Presbyterian Reformed Church in Cuba
- ^g The Art of Living Foundation (H.H. Sri Sri Ravi Shankar)/Hindu/ India
- ^h Bishop Gerry A. Seale/Christian/Evangelical Association of the Caribbean/Barbados
- ⁱ Rev. Canon Gideon Byamugisha/Christian/ Friends of Canon Gideon Foundation/Uganda
- ^j Venerable Sam Art Oeun/Buddhist/ Office of the Great Supreme Patriarch/Cambodia
- ^k Dr Hany El-Banna/Muslim/International HIV Fund/United Kingdom
- ^l The Hon. Michael D. Kirby AC CMG/Member of the UNAIDS Reference Group on HIV and Human Rights, and UNDP Global Commission on HIV and the Law/Australia*
- ^m Bishop James Okombo/Christian/Free Christian Assemblies/Kenya
- ⁿ Rev. Christo Greyling/Christian/World Vision International/Netherlands
- ^o Bishop Gunnar Stalsett/Christian/European Council of Religious Leaders/Norway
- ^p Bhai Sahib Bhai (Dr.) Mohinder Singh/Sikh/ Guru Nanak Nishkam Sewak Jatha/United Kingdom
- ^q Anggia Ermarini/Muslim/SRL Working Group/ INTERNA/Indonesia/*
- ^r Venerable Phramaha Boonchuay Doojai/ Buddhist/Asian Interfaith Network on AIDS (AINA)/ Thailand*
- ^s Sister Jewel/Buddhist/European Institute of Applied Buddhism/Germany
- ^t Very Rev Dr Richard W Fee/Christian/The Presbyterian Church in Canada
- ^u Rabbi Julie Schonfeld/Jewish/Rabbinical Assembly/USA
- ^v David Rosen/Judaism/American Jewish Committee/Israel
- ^w Mohammad Sammak/Muslim/Secretary General of the Christian-Muslim Committee for Dialogue/Lebanon

- x Reverendo Eduardo Martinez/Christian/
Evangelical Lutheran Church in Colombia
(IELCO)
- y Lutheran Foundation of Diakonia (FLD)/
Christian/The Evangelical Church of the
Lutheran Confession in Brazil (ECLB)
- z Dr. Furi Khabirpour/Bahá'í/Germany
- aa Bishop Mark Hanson/Christian/ Evangelical
Lutheran Church in America/USA
- bb Rachel Carnegie/Christian/Archbishop
of Canterbury's International Development

- Secretary/United Kingdom
- cc Nyaradzayi Gumbonzvanda/Christian/World
YWCA/Switzerland - Zimbabwe
- dd Vladimir Zhovtyak (witness)/All-Ukrainian
Network of PLWH/Ukraine*
- ee Imam Cisse Djiguiba/Muslim/Fondation Djigui
La Grande Espérance/The Great Hope Djigui
Foundation/Ivory Coast
- ff Archbishop Thabo Makogba/Christian/
Archbishop of Cape Town/South Africa
- gg Ecumenical Advocacy Alliance/Switzerland*

* Not personal signers of the commitment but have witnessed the commitment and/or been involved in the follow up to the Summit.



APPENDIX I

List of signatures to *Together We Must Do More: My Personal Commitment to Action* as of October 2011:

Names of the leaders who signed at the Summit in March 2010:

Nyaradzayi Gumbonzvanda, World YWCA	Rev. Dr Richard Fee, Ecumenical Advocacy Alliance
Sri Sri Ravi Shankar, Art of Living	Imam Cisse Djiguiba, Foundation Djigui/Religious Alliance in Ivory Coast
Rabbi David Rosen, American Jewish Committee	Rev. Patricia Sawo, INERELA+
Right Rev. Gunnar Stålsett, European Council of Religious Leaders	Rev. Dra Ofelia Ortega Suarez, Vice-President of the Alliance of Reformed Churches
Rev. Dr Calvin O. Butts, III, Abyssinian Baptist NYC/ National Black Leadership Commission on AIDS	Bishop Gerald Seale
His Holiness Abune Paulos, Ethiopian Orthodox Tewahedo Church	Dr. Hesameddin Ashena
Sheikh Mohamed Gemea, Al-Azhar Al-Sharief	Rev. Canon Gideon Byamugisha, Christian Aid/Friends of Canon Gideon Foundation
Rev. Mark S. Hanson, President of The Lutheran World Federation/Presiding Bishop, Evangelical Lutheran Church in America	Mohammad Sammak, Christian Muslim Committee
Sheikh Ali Banda, INERELA+ (International Network of Religious Leaders Living With or Personally Affected by HIV or AIDS)	Bishop James Okombo, INERELA+ Kenya
Rabbi Julie Schonfeld, Rabbinical Assembly	Rev. J.P. Mokgethi-Heath, INERELA+
Rev. Dr Olav Fykse Tveit, World Council of Churches	Venerable Oeun Sam Art, Office of the Great Supreme Patriarch of the Kingdom of Cambodia
Tarmizi Taher, Indonesian Mosque Assembly	Annabel Laity True Virtue, Unified Buddhist Church
Swami Agnivesh, World Council of Arya Samaj	Sr. Jewel – Kaira S. Lingo, Unified Buddhist Church/ European Institute of Applied Buddhism
Dr Hany El Banna, The Humanitarian Forum	Rev Aiah Foday-Khabenje, Association of Evangelicals in Africa
Dr Furi Khabirpour, Baha'í Faith	Dr Kezevino Aram, Director, Shanti Ashram
Archbishop Thabo Makgoba, Anglican Archbishop of Southern Africa	Rev. Christo Greyling, World Vision International and INERELA+
Bhai Sahib Mohinder Singh, Guru Nanak Nishkam Sewak Jatha/Sikh	Rev. Rachel Carnegie, Archbishop of Canterbury's Secretary for International Development
Bishop Julio E. Murray, Latin American Council of Churches (CLAI)	Prudence Mabele, Nyangazezizwe Traditional Healers
Most Venerable Ch.Dambajav, Mongolia	Dr Syeda Sultana Razia
	Dr Farid Esak, University of Johannesburg

Names of the leaders who have signed the commitment subsequent to the Summit in March 2010:

Archbishop Emeritus Desmond Tutu, South Africa	Rev. Philomena Alabi, Sponsor A Child in Africa
Bishop Dr John White, African Methodist Episcopal Church	Mohammad Mahabubur Rahman, Save the Children USA
Dr Fulata Mbano-Mojo, World Council of Churches	Rev. Edwin Sanders, Metropolitan Interdenominational Church
Rev. Michael Schuenemeyer, United Church of Christ HIV & AIDS Network	Rev. Michael J. Kelly, S.J., Jesuits of Zambia and Malawi
Bishop Dr Yvette Flunder, The Fellowship	Rev. Valerie F. Faust, Rhema Power Ministries
Rev. Gunilla Hallonsten, Church of Sweden	Biyiha Djop Victor, Eglise Presbyterienne Camerounaise
Dr Elisabeth Schüle, German Institute for Medical Mission (Difäm)	Rev. Dr Cheryl Anthony, President, Women of Faith Advocating Change – on behalf of the 20 women clergy members of WFAC in New York City
Rev. Dr Femi Alabi, Bethel Of Praise Ministries/Alpha Community Development Corporation	Peter F. Borges, Human Touch, India

Rev. G. John Daniel, Love India Ministries
 Myra Daya-Patal, San Pablo Conservative Baptist Church, RedHAT Phils, WVDF
 Rev. Dr Guy Liagre, United Protestant Church in Belgium
 Bishop Floyd M. Schoenhals, Arkansas-Oklahoma Synod Evangelical Lutheran Church in America
 Bishop E. Roy Riley, New Jersey Synod, Evangelical Lutheran Church in America
 The Rev. Richard H. Graham, Metropolitan Washington DC Synod, Evangelical Lutheran Church in America
 Bishop Claire Burkat, Souteastern Pennsylvania Synod, Evangelical Lutheran Church in America
 Bishop Jessica Crist, Montana Synod, Evangelical Lutheran Church in America
 The Rev. Elizabeth A. Eaton, Northeastern Ohio Synod, Evangelical Lutheran Church in America
 Bishop Ralph Dunkin, West Virginia – Western Maryland Synod, Evangelical Lutheran Church in America
 Angdrea DeGroot-Nesdahl, Evangelical Lutheran Church in America
 Herman R. Yoos, South Carolina Synod, Evangelical Lutheran Church in America
 Rev. Dr Luther W. Syman, Evangelical Lutheran Church in America
 Rev. Joseph B. Likiti, Global Arise & Shine Evangelism Ministry, Kenya
 Luc D’Hoe, VPKB, Opstandingskerk Aalst, Belgium
 Richard Magnus, Interim Pastor, Evangelical Lutheran Church in America
 Pastor Matt Staniz, Temple Lutheran Church (ELCA)
 Rev. Lewis A. Grace, St. Timothy Lutheran Church, ELCA
 Marily Liden Bode, ELCA – Immanuel Lutheran Church
 Judy Bergeson, Diaconal Minister, ELCA
 Rev. Rebecca Mentzer, Prince of Peace Lutheran Church, ELCA
 Rev. Dan Doering, People of Hope, ELCA
 Rev. Martha J. Hampton, Resurrection Lutheran Church, ELCA
 Jodi Deike, Evangelical Lutheran Church in America, Washington Office
 Rev. Earl Janssen, Our Shepherd Lutheran Church, ELCA
 Rev. James E. Boline, St Paul’s Lutheran Church of Santa Monica, ELCA
 Rev. Matthew Groenke, American Lutheran Church, ELCA
 Bishop Wolfgang D. Herz-Lane, Delaware-Maryland Synod, Evangelical Lutheran Church in America
 Anne-Marie Mettus, Good Shepherd Lutheran Church (ELCA), Southampton, Pennsylvania
 Rev. Paul Ziese, MacArthur Park Lutheran Church (ELCA)

Bishop Murray D. Finck, Pacifica Synod — Evangelical Lutheran Church in America
 Rev. Rachel Thorson Mithelman, St. John’s Lutheran Church, ELCA
 Rev. Janice Meier, ELCA pastor, Christ the King Lutheran Church
 Rev. Annemarie H. Cook, Immanuel Lutheran Church, ELCA, Lakewood, NJ
 Seminarian Jacob Simpson, Lutheran Theological Seminary
 Rev. Michael A. Last, Bishop, Western Iowa Synod, Evangelical Lutheran Church in America
 Rev. Mark Wm Allert, Peace Lutheran Church of Corona, ELCA
 Rev. Andrew J. Bailey, Griffith Lutheran Church (ELCA) John Loppnow, ELCA
 Rev. Vicki L. Sauter, Immanuel Lutheran Church, ELCA
 Rev. David C. Parsons, St. John-St.Matthew-Emanuel Lutheran Church (ELCA)
 Vicar Lisa K. Watson-Hill, Gloria Dei! Lutheran Church
 Rev. Larry W. Camp, Bethlehem Baptist Church
 Kristie L. Fuller, HIV Caring COMMUNITY
 Rev. David Franzo, Love Alive International, Inc.
 Dr Arun Pabari, Hindu – Sathya Sai Organization, Switzerland
 Prof. Akhtarul Wasey, Head, Department of Islamic Studies, Jamia Millia Islamia, India
 Dr Razi Ahmed Kamal, Associate Professor, Department of Islamic Studies, Jamia Millia Islamia, India
 Dr Iqtidar Mohd. Khan, Associate Professor, Department of Islamic Studies, Jamia Millia Islamia, India
 Dr Mohd. Ishaque, Associate Professor, Department of Islamic Studies, Jamia Millia Islamia, India
 Dr Syed Shahid Ali, Associate Professor, Department of Islamic Studies, Jamia Millia Islamia, India
 Dr Junaid Haris, Assistant Professor, Department of Islamic Studies, Jamia Millia Islamia, India
 Maulana Waris Mazhari, Research Scholar, Department of Islamic Studies, Jamia Millia Islamia, India
 Mr. Safdar Nadvi, Islamic Fiqh Academy, India
 Dr Mohd. Khalid Umri, Department of Islamic Studies, Jamia Millia Islamia, India
 Dr Umar Farooq, Department of Islamic Studies, Jamia Millia Islamia, India
 Dr Shakil Ahmed, Department of Islamic Studies, Jamia Millia Islamia, India
 Dr Umair Manzar, Department of Urdu, Jamia Millia Islamia, India
 Dr Waris Khan, Jamia Senior Secondary School, Jamia Millia Islamia, India
 Mr. Abu Talha Islahi, India

Maulana Rafique Ahmed Qasmi, Jamat-e-Islami Hind, India
 Dr Suhaib Alam, Centre for the Study of Comparative Religions and Civilizations, Jamia Millia Islamia, India
 Maulana Maqsoodul Hasan Qasmi, Imam, Kahkashan Masjid, Okhla Vihar, New Delhi, India
 Hafiz Abdul Mobin, Imam, Pitampura Masjid, New Delh, India
 Maulana Zeeshan Hidayati, President, Safina-ul-Hidaya Trust, New Delhi, India
 Maulana Hasan Kumaili, General Secretary, Idara Tafheem-e-Islam, Okhla Vihar, New Delhi, India
 Maulana Jinan Maulai Saheb, Jasola Vihar, New Delhi, India
 Maulana Abdul Mannan Saheb, Jamia Sanabil, Jamia Nagar, New Delhi, India
 Dr Mufti Mohd. Mushtak Tijarvi, Department of Islamic Studies, Jamia Millia Islamia, New Delhi, India
 Maulana Shamun Qasmi, Bijnor, U.P., India
 Maulana Asghar Ali Imam Mahdi Salafi, General Secretary, Markazi Jamiat Ahl-e-Hadees Hind, "Manzil Ahl-e-Hadees", Jama Masjid, Delhi, India
 Maulana Mumtaz Ahmed Qasmi, Mohtamim Idaram, Shimla, India
 Maulana Sultan Ahmed Islahi, Darul Anas, Aligarh, U.P., India
 Alhaj Sarwar Chishti, Dargah Sharief, Ajmer, India
 Maulana Ashrafal Kausar, Jamia Millia Islamia, New Delhi, India
 Maulana Yasin Akhtar Misbahi, Rector, Darul Qalam, New Delhi, India
 Maulana Yaqoob Saheb, Imam, Khalilullah Masjid, New Delhi, India
 Syed Nazim Ali Nizami, Dargah, New Delhi, New Delhi, India
 Maulana Khushtar Noorani, Madrasah Hazrat Nizamuddin Aulia, New Delhi, India
 Maulana Zeeshan Misbahi Saheb, Madrasah Hazrat Nizamuddin Aulia, New Delhi, India
 Maulana Ashfaq Saheb, Secretary, Jamat-e-Islami Hind, New Delhi, India
 Dr Farida Khanam, Associate Professor, Department of Islamic Studies, Jamia Millia Islamia, New Delhi, India
 Dr Halima Saadiya, Hamdard Public School, New Delhi, India
 Prof. Sughra Mehdi, New Delhi, India
 Qari Sulaiman Qasmi Saheb, Imam and Khateeb, Jama Masjid, Jamia Millia Islamia, New Delhi, India
 Maulana Mahmood Saheb, Imam, SRK Masjid, Jamia Millia Islamia, New Delhi, India
 Dr Safia Amir, Jamia Hamdard, New Delhi, India
 Maulana Muqem Faizi, Naib Nazim, Jamiat Ahl-e-Hadith, New Delhi, India
 Maulana Mahmoodul Hasan, Jamiat Ahl-e-Hadith, New Delhi, India
 Hafiz Abdul Mannan Saheb, Imam, Jamat-e-Islami Masjid, New Delhi, India
 Maulana Abdul Hamid Nomani Saheb, Jamiat Ulema Hind, New Delhi, India
 Naseem Majidi Saheb, Markazi Jamat-e-Islami Hind, New Delhi, India
 Prof. Masood Alam Qasmi, Department of Sunni Theology, Aligarh Muslim University, India
 Prof. Ali Mohd. Naqvi, Department of Shia Theology, Aligarh Muslim University, India
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 Mr. Zafrul Haque Nadvi, New Delhi, India
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 Abu Sahban Ruhulquddus, Lucknow, India
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 Mufti Khalil Ahmed, Mohtamim, Madarsa Zeenatul Quraan, Punjab, India
 Maulana Shakeel Ahmed Qasmi, Nazim, Madarsa, Chandigarh, India
 Dr Shamshad Saheb, MBBS, Abul Fazal Enclave, New Delhi, India
 Maulana Jarjis Karimi, Idara-e-Tahqeeqat-e-Islami, Aligarh, India
 Maulana Sheesh Taimi Saheb, New Delhi, India
 Janab Mansoor Agha Saheb, New Delhi, India
 Farzana Begum, AMAN Foundation, Kolkata, India
 S.M.Ali Alqadri, Kolkata, India
 Sohail Ahmed, Secretary, AMAN Foundation, Kolkata, India
 Mr Jaffer Inamdard, Goa, India
 Ms. Parveen Ahmed, Bangalore, India
 Fr Thomas Ninan, CMAI, New Delhi, India
 Swami Sukh Chaitanya, Art of Living, India
 Imran Aman Khalili, Jamia Millia Islamia, New Delhi, India
 Mohd. Sajid Rashidi, Kul Hind Imam Association, India
 M Tanwir Rahmani, Khanquh Rahmani Munger, New Delhi, India
 Prof. Haseena Hashia, Jamia Millia Islamia, New Delhi, India

Paul Hatani Kisting, The Evangelical Lutheran Church in Namibia (ELCRN)

Eduardo Martinez, Iglesia Lutherana de Colombia

Tomas Ndawanapo, Igreja Evangelica Lutherana de Angola

Garga Zizi-Endch, EELC/Cameroon

Elitha Moyo, Evangelical Lutheran Church in Zimbabwe (ELCZ)

Naison Shava, Evangelical Lutheran Church in Zimbabwe

Alfred Chana, Evangelical Lutheran Church in Zambia

Kristin Tomasdottoir, Evangelical Lutheran Church of Iceland – LWF

Sopiriy Masandu, The Protestand Church in Sabah (Malaysia)

Magnea Sverrisdottir, Evangelical Lutheran Church in Island

Donald J McCoid, Evangelical Lutheran Church in America

Chandran Paul Martin, Lutheran World Federation

Mary Sally Nymbaro, Evangelical Lutheran Church in Kenya (ELCK)

Milkau Holger, Evangelical Lutheran Church in Italy

Imola Balintu

Halkamo John, ELCK

Manova John, ARCOT Lutheran Church

Bishop Thomas J Barnett, Evangelical Lutheran Church in Sierra Leone (ELCSL)

Martina Helmer–Pham Xauan, ELM – Germany

Sindisiwe Ndelu, Evangelical Lutheran Church in Southern Africa (ELCSA)

Chen, Shu–Chen, Evangelical Lutheran Church of Taiwan (R.O.C.)

Carlos Gilberto Bock, Fundacao Lutherana De Diaconia

Mariette Razivelo, Lutheran Seminary of the Malagasy Lutheran Church

Raymond Schutz, Evangelical Lutheran Church in Canada

Kjetil Aano, Church of Norway, Norwegian Mission Society

Fook Yee Wong, Tsung Tsin Mission, Hong Kong

Bishop John Manurung, UPC Indonesia

Alan ELDRID, United Evangelical Lutheran Church in Argentina and Uruguay

Eun – Hae Known, Lutheran Church in Korea

Roberto O. Stein, Ingresia Evangelica Lutherana UNIDA

Maria Erling, Lutheran Theological Seminary in Gettysburg (Pennsylvania), USA

James F Mauney, ELCA

M Helen Jackson, Evangelical Lutheran Church in America (ELCA)

Meghan Johnston Aelabouni, ELCA

Tin Pui Ching, Evangelical Lutheran Church of Hong Kong

Rachel B j Ramadhani, Evangelical Lutheran Church in Tanzania

Brita Bye, Church of Norway

Medardo Ernesto Eioms Soto, Obispo Iglesia Luterrone de El Salvador. GA

Kilian Dorr, Evangelical Lutheran Parish Sibiu/Romania

Viginia Alicia Ivanez Ribeiro Iglesia Evangelica Lutherana eu Venguela

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Yenny Tobing, Christian Protestant Church in Indonesia

Achameyelesh Amare Aligaz, Wollo University, Dessie Ethiopia

Wakseyoumi I. Megeci, Ethiopian. Evangelical Church Mekane Yesus

Deed Jaldessa Kontoma, Ethiopian Evangelical Church Mekane Yesus

Tadelech Loha, Ethiopian Evangelical Church Mekane Yesus

Bishop Burju Purba, Huria Kristen Indonesia

Belman P. Dasuha Bishop, Simalungun Protestant Christian Church Indonesia

Pasteur Pierre Samba Séné, Eglise Luthérienne du Sénégal

Shiblal Soren, Northern Ev. Luth. Church

Bishop Elias Solin, Pakpak Dairi Christian Protestant Church

Refael Malpica Padilla, Evangelical Lutheran Church in America (ELCA)

Sunitha Mortha, Evangelican Lutheran Church in America (ELCA)

Moritz Gräper, Freundeskreis St. Peter’s Child Care e.V.

Robert Granke, Canadian Lutheran World Relief

Reinhard Hansen, Evangelical. Lutheran Church in Bavaria, Germany, Centre One World

Louis Dorvilier, Evangelican Lutheran Church in America (ELCA)

Dr Gisela Schneider, DIFAEM, German Institute for Medical Mission

Loide Namhindo, Evangelical Lutheran Church in Namibia

Rev. Martha Kanyemba, Evangelical. Lutheran Church in Namibia

Imke Guse, Landeskirche Hannover, EKD

Detlef Klahr, Landeskirche Hannover, EKD

Sahala Sinaga, Indonesian Christian Lutheran Church

Ann-Cathrin Jarl, Church of Sweden

Aripa G. Marealle, ELCT Northern Diocese, Women’s Department, Tanzania

Victoria Ntenga, ELCT Tanzania

Raharivao Jeannette, FLM Lutheran Church Madagascar, Toliara

Godwin Nag, Evangelican Lutheran. Church in the Himalayan States, India

Stacy Kitahata, Trinity Lutheran. College, Everett, WA, USA

Cosmos Moenga, ELCB Botswana
 Moses Aboka Osewe, ELC in Kenya
 Katia Maria Cortez Cristales, Iglesia Luterana de Nicaragua
 Fe y esperanza
 Yonas Y. Dibisa (Ron), Ethiopian Evangelical Church Mekane
 Yesus
 Workinesh Getachew, Ethiopian Evangelical Church
 Mekane Yesus
 Esther C. Musah, Lutheran Church in Liberia
 Ruth J. Mengon, Lutheran Church in Liberia
 Prof. Dr. J. Wieggers, Protestant Church Olst, The
 Netherlands
 Nichiko Niwano, Rissho Kosei-kai, Japan
 Yoshie Niwano, Rissho Kosei-Kai, Japan
 Takeshi Kawabata, Rissho Kosei-Kai, Japan
 I. Mogra, Assistance Secretary General, The Muslim
 Council of Britain
 Most Rev. Archbishop John Ribat MSC, Port Moresby
 Catholic Dioceses
 Rev. Anthony Dalaka, Assemblies of God (AOG), Port
 Moresby
 Pastor Tony Kemo, Seventh Day Adventist, President of
 Central Papua Conference, Port Moresby
 Patrick Gaiyer, President, Baptist Union
 Bishop Qogi Zonggoreng, Lutheran Church Organization
 Pastor Julian Kivori, Baptist Church Organization
 Bishop Edea Kidu, Urban region of United Church of Papua
 New Guinea
 Pastor Rodney Tomuriesa, Living Light Four Square Church,
 Port Moresby
 Rev. Samson Lowa, Moderator and Chairman, PNG Council
 of Churches
 Pastor Pinaria Sialis, Christian Life Centre (CLC), Port
 Moresby
 Commissioner Andrew Kalai, Territorial Commander,
 Salvation Army of Papua New Guinea
 Pastor Fuwe Hayego, Christian Revival Crusade (CRC), Port
 Moresby
 Bishop Peter Ramsden, Anglican Church, Port Moresby
 Pastor Edward Wenge, Christian Outreach Church (COC),
 Port Moresby
 Pastor Suma Kaima, Soul Harvest Church, Port Moresby
 Agnes Aluvula, Papua New Guinea Christian Women's
 Council
 Pastor Vincent Miria, Ministry Fraternal Church, Port
 Moresby
 Pastor Hengebe Himugu, Evangelical Church of Papua New
 Guinea
 Pastor Daniel Hewali, AGAPE Interdenominational Church

Cathleen M. Pyngrope, Catholic Church, Shillong
 Dr Manjeet K. Kaushal, Sri Guru Singh Sabha, Shillong,
 Meghalaya
 Mudang Elyu, Danyr Riilo Meder Nello (A.R.)
 Shanalinga Rudramuni Shivachargaru Rajeshwar,
 Ranbhapuri Trashta, Rajeshwar
 Pranavananda Swamy Nagabhuna Sivayogimat, Head Post
 Muchalam, Basavakalyan, Bidara
 Niranyan Nanh, Go-Bansha Rakshyan Parisad
 Basappa Swamy, Mandheswan Madh Soluv Nelomongola,
 Bangalore
 Rev. Dr Nipawacha Sigh, Lamphel Meeting Church,
 Manipar
 M. Sarveswaragiri, Santhoshi Matha Temple with Ashram,
 Ranavas village Marwad, Poli, Rajasthan
 Partho Chakraborty
 A. Arjun, Art of Living
 Tako Dabi, Arunachal Pradesh
 Sujit Chakraborty, Art of Living
 Kuru Tai, Apatani Priest Association, Danyi Piiloism,
 Arunachal Pradesh
 Jragh Cilian, Catholic Church
 Ms. Mala Sinha, Art of Living
 Dr Sr Mary Harriet, Srs of Our Lady of the Missions
 Sri Kapardhi Siddalinga Triameyi, Yoga Vanahills Herbal
 Hospital for Incurable Diseases, Bangalore
 Vijay Vyas, Tanagar, Arunachal Pradesh
 Pastor Zongmit Pakhrin, Shiloh Christian Church of Sikkim
 Latsam Khimun, Rangfrae Faith Promotion Society
 Kishori Vyas, A.O.L, Crouhati, Assam
 P.T. Kunzang, Ladakh Buddhist Association, Leh Ladakh
 Rameshwer Dass, Mahamadlaishwer Mahnt, Puranimandi,
 Jammu
 Pawan Pandoh Purani Mondhi, Sh. Ragnath Sewa Dal,
 Puranimandi, Jammu Muttu, Volunteer
 Pratap Chandra Sarangi
 Sri Ashim Bhattacharjee, Art of Living
 Roma Wani, ELLE AAR GROUP
 Monika Bansal, Art of Living Foundation, Bangalore
 Asha Jat, PWNT, Rajasthan
 Dr Vikram Kumar, Swami Dayanand, P.V. Chandigarth
 Acharya Gopal Khettry, Bhabapagla Mahasammelan,
 Dakhineswir, Calcutta
 Swami Sarbasiomela, Ghosher Chak Ramkrishna, Ashram
 P.O. Baishata
 Khendo Chowang Acharya, Buddhist Community of Sikkin
 Pai Dawe, Donyi Polo, Arunachal Pradesh
 Banamali Das, ISKON

Affan Yesvi, Yasawi Foundation
K.S. Anil, Art of Living
Sanjay Dhar, Sharika Foundation "Sharing Joy"
Dr Sanita Bajpai, Art of Living
Narendramishra, Brahma Vidya Peeth, Vaishalinagar Bhilai
Swai Pramanhysel, Shamada Nikela
Dr Y. S. Swamisi, Kuppur Gaddige Mutt, C.N. Halli Tumkur
Shakeel Ahmed Quesmi, Mujaddedi Edy Souly
Ashraf Usman, Abulmali Street, Deoband
Kailash Vidya Dham, Sri Sri Acharya, Ashram, Jammu,
Kailash, Divya Nand Saraswati
Swami Kumar Ji, Greeta Satsang Ashram, Jammu
Sultan Ahmad Islahi, Founder President, Idarae Ilm O Adab
and All India Tahreeke
Swami Madhavananda, Chinmaya Mission, Ranchi Lake
South Road, Ranchi
Sanat Kumar Brahmelian, Souvodaya Society
Guhapriya, Sri Tapovanam, Tanilnadu, Tirupur
Asok Bhattacharyya, Alam Bazar Math, Ram Chaufra,
Bagadi Lane
Sr Britto, Snehaddeep, Holy Cross ccc, Tarwa, Jharkhand
Anonymous signature
Anonymous signature
Selvi, Sri Tapovanam, Tanilnadu, Tirupur
Tsewang Thiwles, Ladakh Buddhist Association, Leh Ladakh
Captain Rajpaul, The Salvation Army, Dharmatala, Calcutta
Prof. Rev. N. Gnanaratanu, Amitabha Centre for Buddhist
Studies
Swami Bhuteshananda, Bharat Sevaslian Samghor, Indra
Prasttia Colony, Ramchi
Abdul Aziz, Milli Ettehad Parishad JHI (Jamgat-e-Islami)
Anonymous signature, Reliance Industries
Asish Kedmarray, Sri Sri Kailaley A Dham, Calcutta
Rev. Dr Mons Mathew, Mar Thoma Church
Ranjai Singh Sodhi, Dera Baba Dargah, Singh Ji, Nirmal
Akhara, Hardwar
Rajeshwar Swamigi, Vishara Shanti Trust, Tadila Bidar
Mikhel Vesier Jacobsan, UNAIDS
Sr Dr Lucian, President, Sister Doctors Forum of India (SDFI)
Br Dhruv, Maharshi Menhi Ashram
S. Santhi Din, Art of Living
Mohan Lal, Bharot Sevashram Sag, Bangalore
Md. Jarjees Karimi, Idara Tahqeeqo Tasmeeef, Aligarh
Rajan Sawlmey, Bhagwat Seva Serruiti
Manjit Sink, Digiana Ashram Jammu
Dr Suck Want, Baba Nand Singh Baba, Gajjan Sigh
Memorial, Nanak Sar Trust

Ven-Konchok Chostar, All Ladakh Gonpa Association, Leh
Ladak Jek
Bandhugourab Brahmachari, Mahamnddharan Math
(Mahanam Sampreadaya and Serak Sangha)
Giani Darbara Singh, G.N.J (Gurdwara Nanase Jhira), Bidar
Ramanand Das, Shree Ramkunj, Katha Mandab, Ramghut,
Faizabad
Haseeb, Muslim Fund, Deoband, All India Iqtasadi Council
Vice-President, World Council of Arya Samaj, Sarvdeshek
Arya Pratimidhi Sabha, New-Delhi
Mufti Sharun Qasuni, Qasha Pada EKTA, Preghad Bijnar
Harvinfer Singu, Sirsa, Haryanu
Laxanemachenya, Situran Sora Kondor Jaya
Ramashawisarshesti Visaypasisnan, Biert Paulne Jamru
Swami Dhirenalra, Maharshi Menhi Ashram, Rishikesh
Ram Jhula
Mumlaz Dhim, Gdara Eslabul Fikak
Bafaji Zednyananda Das, Sri Paramtrahma Sevashram,
Tarada Pada, Jajat Singh pur Odisha
Dr Rajentra Ku Dasu, Swadhyaya Paribar, Kapila Prasad,
Old Town, Bhubaneswar, Drissa
R.P. Swamji, Vishara Kalyan Ashram, Calcutta
Mihd Ajmat Khan, Sheikh Farid Education
Debashish Mukherfu, Sri Sri Ram Thakur Bhaktamardali
Dr Patayali, Ravi Senkeir Assan
Rev. Donaldwood R. Masak, Method Baptist Church,
Meghalaya
Umeshchandgothia, Patanyuli Yog Samity, Shillong
Dilipbaid, The Art of Living
Balyogini Giten Deviji, Shree Girnabe Asharam, Amreli
Poly Ray, Bhabhar Maghala
Prakash Betala, Jain Samaj, Orissa
Babaji Zedayanandu Das, Sri Pinvem Brahme Sevashem
Swami Bisuratmananda, Bharat Sevaslian Samghor
Samghor Puri, Bharat Sevashram
Brahmacharesi Dipa Devi, Dakshineswar Balika Ashram,
Adyapeerth, West Bengal
Swami Saradatmananda, Sree Ramkrishna Satyananda,
Calcutta
Swami Paramatmananda, Sree Sree Brahamayee, Kali Badi
Brahmachari Mural Bhai, Dakshineswar Ramkrishra
Sanghu, Calcutta
Swami Saraswatananda, Bharat Sevashram Sangha,
Ballygunge
Swomi Chandreshanerl, Sri Ramakrishra Virikanah,
Bengalore
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Mohan Singh, UNA

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Strengthening Religious Leadership Working Group

A multifaith working group, with participation by key multilateral organizations and civil society partners, is promoting the personal commitment, providing support to religious leaders and others, and guiding the reporting process. The working group is facilitated by the Ecumenical Advocacy Alliance:

Ms Ruth Messinger, President, American Jewish World Service (Chair)

Dr Hesameddin Ashena, Head of Culture and Communication, Imam Sadiq University, Iran

Canon Gideon Byamugisha, Goodwill Ambassador on HIV and AIDS for Christian Aid, United Kingdom

Phramaha Boonchuay Doojai, Chairman, Asian Interfaith Network on HIV and AIDS, and Vice Rector, Mahachulalongkornrajavidyalaya University, Thailand

Dr Anish Kumar Dua, The Art of Living Foundation, India

Anggia Ermarini, Secretary General, INTERNA and Secretary, Nahdatul Ulama (NU), Indonesia

Nyaradzayi Gumbonzvanda, General Secretary, World Young Women's Christian Association

Dr Asavari Herwadkar, India Coordinator, Asian Interfaith Network on HIV&AIDS (AINA)

Rev. Johannes Petrus Mokgethi-Heath, Acting Executive Director, International Network of Religious Leaders Living with or Affected by HIV (INERELA+)

Dr Kevin Moody, International Coordinator/CEO, Global Network of People Living with HIV (GNP+)

Edwin Nichols, Deputy Director, World AIDS Campaign

Bishop Gerald A. Seale, Spokesperson on HIV, World Evangelical Alliance

Sally Smith, Partnerships Adviser, UNAIDS

Bishop Gunnar J. Stålsett, Bishop Emeritus of Oslo and Moderator, European Council of Religious Leaders, World Conference of Religions for Peace

Rev. Msgr. Robert J. Vitillo, Head of International Delegation, Caritas Internationalis, Switzerland

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PHOTOS

Photographs in this publication do not necessarily represent the situation, opinions, or beliefs of the persons depicted, and in no way imply their HIV status.

Cover Usanietur susant omnimolor aspiscit voluptate eum aut fugiate mquatius, volliquam.

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Page 14 The Art of Living Foundation, India

Page 15 Bhai Sahib Bhai (Dr.) Mohinder Singh, Guru Nanak Nishkam Sewak Jatha, United Kingdom

Page 17, 24a The Hon. Michael D. Kirby AC CMG, UNAIDS Reference Group on HIV and Human Rights, and UNDP Global Commission on HIV and the Law, Australia

Page 19, 22 The Most Rev. Dr. Thabo Makogba, Archbishop of Cape Town, South Africa

Page 24b Bishop James Okombo, Free Christian Assemblies, Kenya

Page 25 Sister Jewel, European Institute of Applied Buddhism, Germany

Page 26 Reverendo Eduardo Martinez, Evangelical Lutheran Church in Colombia (IELCO) (Translated from Spanish)



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