Some impressions
from the

International AIDS Conference and the interreligious pre-conference – Durban

July 2016

AIDS 2016

www.aids2016.org

Some remarks before

Since it was my first AIDS Conference I neither can compare nor can I offer really an overview about the whole conference – there are many reports and papers [1] - but I just would like to share some impressions related to the various fields of activities I am engaged in.

1. Stigma kills – a huge call to reflect, challenge and change the perception and theological and practical reflection on HIV & AIDS towards inclusivity
2. Including key populations in programs as active members
3. Widening programs – including TB
4. Workplace programs are working
5. A few new findings/ programs / researches
6. The success Story of South Africa and the open gaps
7. Faith based encounters during the World ADS Conference

[1] (eg. www.aids.2016 or http://www.iasociety.org/ or in German from my college from the Lutheran Church in Hannover , Axel Kawalla, on ekd Website in German: http://www.ekd.de/aktuell/edi_2016_07_28_welt-aids-konferenz_durban_kawalla.htmlhttp://www.ekd.de/aktuell/edi_2016_07_28_welt-aids-konferenz_durban_kawalla.html)

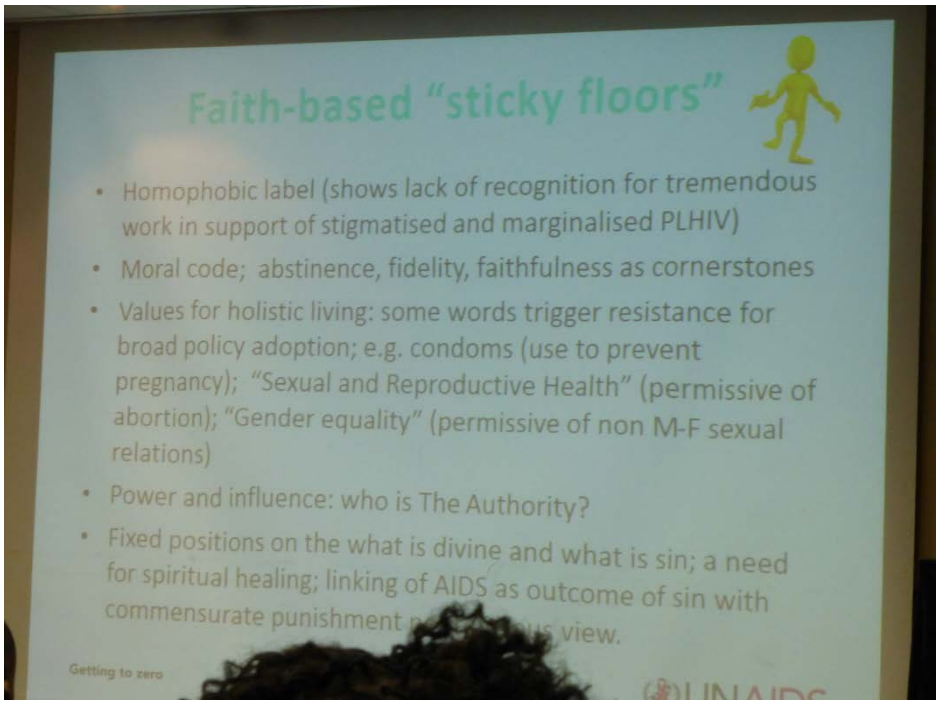
All observations are quite subjective and guided by my own experiences and the questions I had and the programs I am involved and the networks I am engage in!

Lastly thanks to Dr. Christoph Mann and EAA that I could have been part of the Chaplains' team at AIDS2016 – it was a good chance to contribute in small sense to the conference and get more insights how FBOs are reflected in a quite secular conference and a country which is not secular at all.

1. Stigma kills – a huge call to reflect, challenge and change the perception and theological and practical reflection on HIV & AIDS towards inclusivity

During the interreligious pre-conference Faghmedia Miller, the first Muslim woman in South Africa who went public and saying that she is living with HIV, said: "Not much has changed. Clinics are not HIV friendly. … Religious leaders have become immue against HIV & AIDS. ..while religious leaders could be the catalysts of change. .. But still stigma is killing us!"

Rev. Amin Sandewa, an ordained Lutheran Pastor from the Evangelical Lutheran Church in Tanzania,who is living with HIV since 22 years, told his bishop after two daughters and his wife has died, that he is living with HIV and he wants to disclose to the public. The advice of the Bishop was to wait ….
Later one he got to know INERELA[2] and this contact help him to go public. Now Rev. Sandewa is country representative for INERELA[3]. "INERELA+ is an international network of religious leaders – lay and ordained, women and men – living with, or personally affected, by HIV." [4] And he explained that he has taken up the challenge to transform the perception of pastors towards HIV and AIDS. Due to his openness many church people come for consultation and counselling.



There is a huge gap between the fact that than 50% of the organizations offering care and support to PLWHA5 are Faith Based Organizations (FBO)s as César Antonio Núñez , UNAIDS Representative from Latin America mentioned , and the

[2] (http://inerela.org/)
[3] (http://inerela.org/contact-us/inerela-international-contacts/)
[4] http://inerela.org/about-us/ - accessed 08.08.16
[5] People living with HIV or AIDS - PLWHA

often subtle stigmatization and discrimination in the religious sector. So open talks about sexuality, gender, LGBTI issues are rather not encouraged and that makes intervention and holistic care in the FBOs so difficult. Núñez calls all these factors the sticky floors and describes them as indicated on his presentation (cf. slide).
Heteronormativity, ethical and pastoral norms transcending the daily reality and needs of people including threats of punishment are reasons for the stigmatization of women, of MSM, of the youth, of sex workers and drug uses in the Faith Based Communities and create often a gap between programs of governments, civil rights organizations and FBOs.

Within the interreligious pre-conference in different presentation a greater openness, willingness to talk, the need of addressing for e.g. the issue of sugar dadies[6] - like in a Bible Study of Gerald West and Beverly Haddad from the University of KwaZuluNatal - was mentioned, but the call for a radical inclusiveness has to be addressed again and again, since many churches are rejecting people from the LGBTI community, women earning their means with transactional sex, drug users …

Judge Edwin Cameron from South Africa, who of the first men in South Africa who went to public talking about his own status as HIV+ man and as a gay man and as a judge of the high court gave a Johann Mann Lecture at the WAC saying: "Across this beautiful continent of Africa, men who have sex with men (MSMs) remain chronically under-served. They lack programs in awareness, education, outreach, condom provision and access to ARVs. As a recent study by Professor Chris Beyrer and others has shown, we have the means to end HIV infections and AIDS deaths amongst men having sex with men. Yet "the world is still failing". For this, there is one reason only – ignorance, prejudice, hatred and fear. The world has not yet accepted diversity in gender identity and sexual orientation as a natural and joyful fact of being human. Seventy eight countries in the world continue to criminalise same-sex sexual conduct. Thirty four of them are on this wide and wonderful continent of Africa. It is a shameful state of affairs. As a proudly gay man I have experienced the sting of ostracism, of ignorance and hatred. But I have also experienced the power of redeeming love and acceptance and inclusiveness. We do not ask for tolerance, or even acceptance. We claim what is rightfully ours. That is our right to be ourselves, in dignity and equality with other humans."[7]

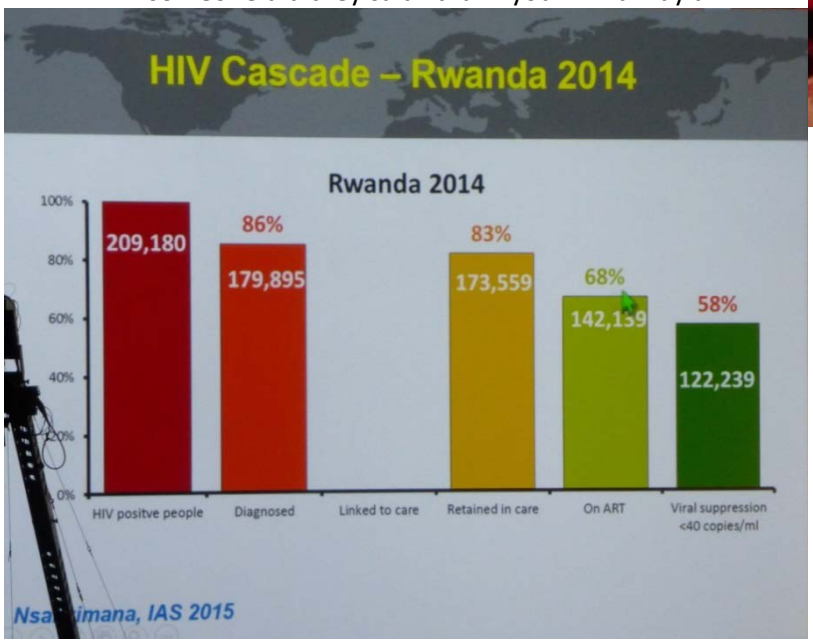
A theology of inclusiveness, sharping the understanding of human rights without any restrictions, a move beyond the point of care and just diaconical services to an unlimited acceptance of human beings despite the fact whom and how they love – this is still a challenge for many churches, for theological education, for project work within the churches and programs also of mission organizations.

2. Including key populations in programs as active members

[6] Or "blessers" as they are called in Southern Africa by now

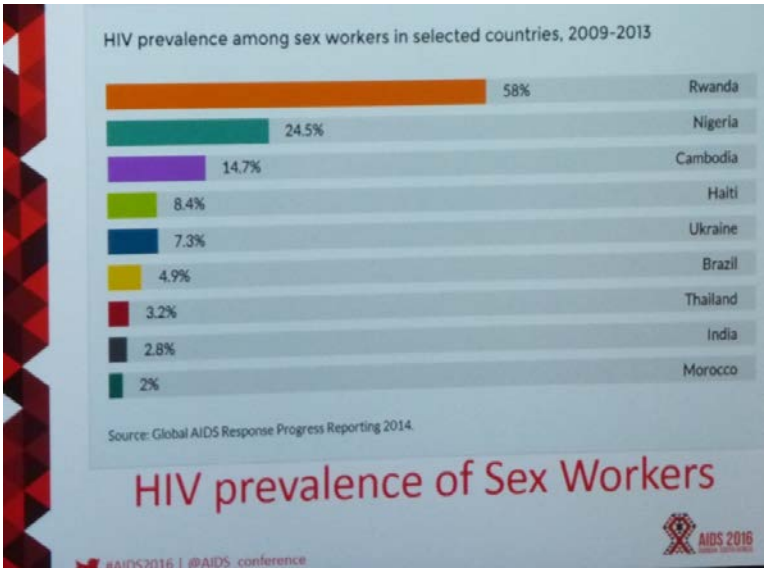
[7] http://www.aids2016.org/Portals/0/File/Durban_AIDS2016_Jonathan_Mann_Saturday16July2016_2.pdf?ver=2016-07-22-172456-873 (access 09.08.2016)

At several moments during the conference speaker were interrupted or questioned by groups that might be not immediately in the perspective. So during the main panel sessions in the morning a group of sex-workers were walking through the audiences, indicating with a clock "you have spoken for xxxx minutes without mentioning sex-workers" and if someone did they said "thank you". In a way a provocation , but also an indication that key population cannot be neglected with the aim of 90 – 90 – 90 (90% people know their status, 90% of those get treatment and 90% of the ones of getting treatment have a suppressed viral load) till 2020 cannot be reached.[8]

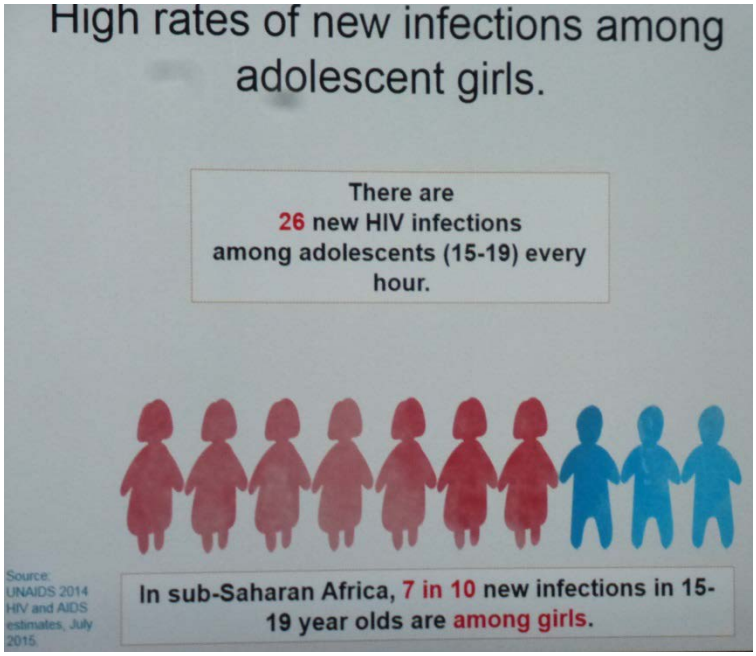


As an example for a very good HIV program and initiative specially also from the side of the government Rwanda was mentioned in different presentations. Nearly the first 90% is already reached, but the gap what in another presentation was mentioned is that the country nor the NGOS/ FBOs are putting any focus the question of sex work. So the prevalence there is high and this does not effect only the sex-workers , but also the clients and for the fight for an end of AIDS one has to address all relevant groups. This might be a similar case in other countries, coincidently I just got aware of these figures related to Rwanda.

The statement "not for us without us" was mentioned frequently by the LBTI community and other key persons – this is definitely a challenge to many programs also of the churches, where the active participation of all groups still is missing.



[8] Cf the 90-90-90 approach: http://www.unaids.org/sites/default/files/media_asset/90-90-90_en_0.pdf



Another group also counted to the key population are adolescents and specially adolescents girls. In many countries the infection rate under girls is high. Reasons are transactional sex, the above mentioned relationships to older men, who are providing school funds, assistance for a cell phone, clothes.

During one session a short speech of the South African Minister of Health, Dr Aaron Motsoaledi, was interrupted by a group of youngsters , South African youth, demanding the access of condoms in schools. Till now the Ministry does not allow the condom distribution in schools, but refers youngsters to go to the Health facilities and clinics. Here there are often to shy asking for condoms while the generation of their parents is working in the clinics and partly they are known to some people of the personnel and they are fearing pressure from home.[9]

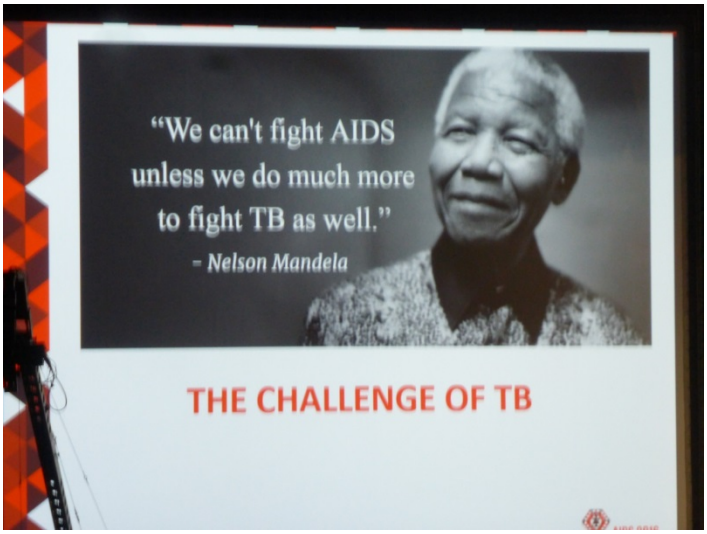
Secondly they were demanding free pads for girls, many girls miss every moth some days of school because due to menstruation and the prices for pads and tampons.
Shocking for me was that the Minister of Health didn't say one world – he stopped talking and continued only when the demonstration was over – but the requests of the youngsters seemed so much understandable and the message that was read by one young lady was very clear. – Here again I have realized that in our programs we don't see all components if we don't include those who should be the beneficiaries of the program.

Further it's an open question for me if we have done well regarding prevention programs for adolescents and what kind of role church programs for the youth do play and if the message is fitting to the needs and questions of the younger generation.

[9] In South Africa condoms can be also bought in shops and pharmacies, but many have no means to do so – and condoms in the public health sector are free of charge.

The talks about key populations throws us back to questions how to address and take up issues regarding gender relations, poverty, culture, education, dialogue between different generations, inequality, oppression. Much research is done how different people and groups can be addressed and be part of programs. The various abstracts as well as many of the posters that were displayed for a short while were indicating deep research. [10]

3. Widening programs – including TB

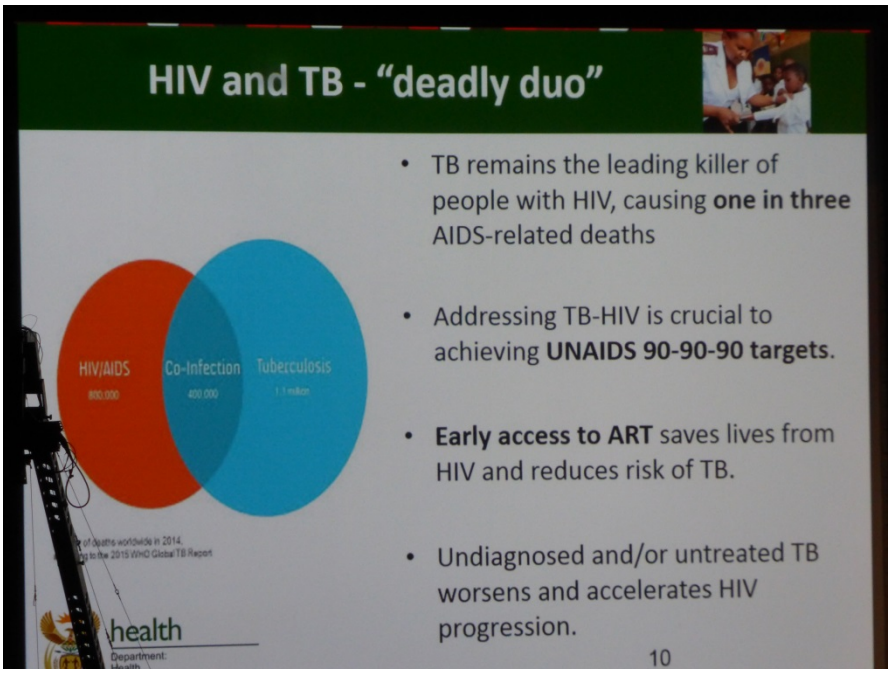


Due to the overlapping pre-conferences I could not attend the TB Pre-conference.

The challenge of TB is old, the former President N. Mandela referred already to it. But more efforts seem to be taken up now to research further on better, shorter, easier treatment of TB. (Currently it's still a half year.) Further also research starts to get new test facilities for TB – currently it takes in South Africa often 2-3 weeks to get the result. Someone mentioned: we want to have a stick to pie on and then one can see the result. In a presentation form the side of the ministry of Health in South Africa the challenge of TB is seen and addressed.

Further it was also mentioned that the immunization for preventing to be effected by TB is about 100 years old – new research was requested and might have started already.

HIV & TB needs equal attention in programs and projects.

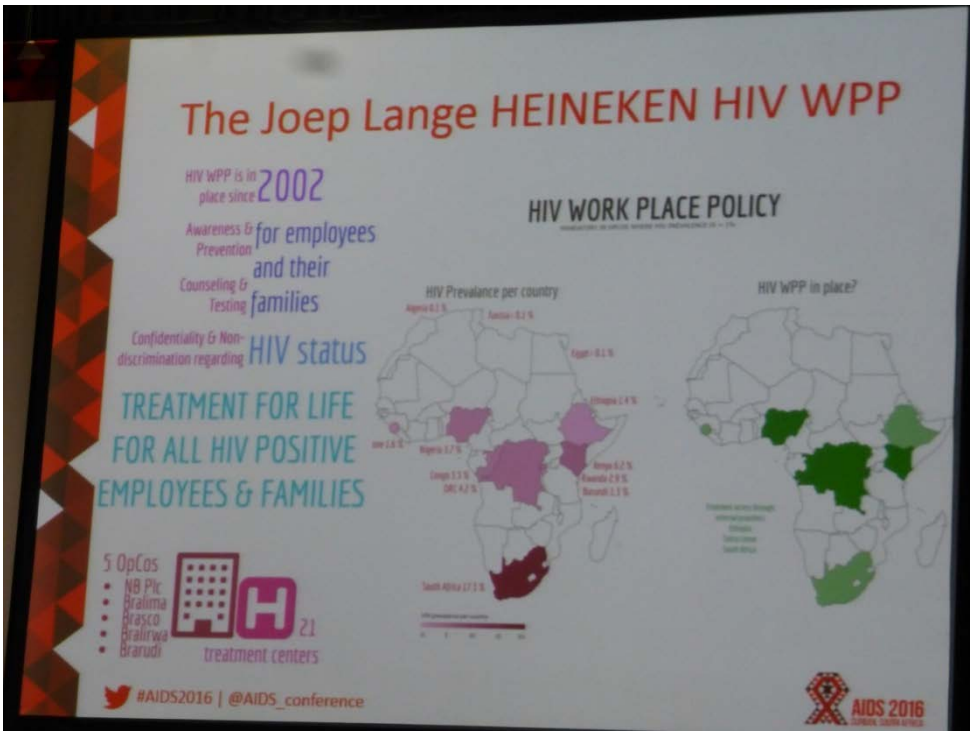


[10] CF. fort he oral abstracts the overview: http://www.jiasociety.org/index.php/jias/issue/view/1483 accessed 09.08.2016

4. Workplace programs are working

During the interreligious pre-conference HIV and AIDS , the fights against stigma and better care were addressed, but not work place policies directly in the churches.

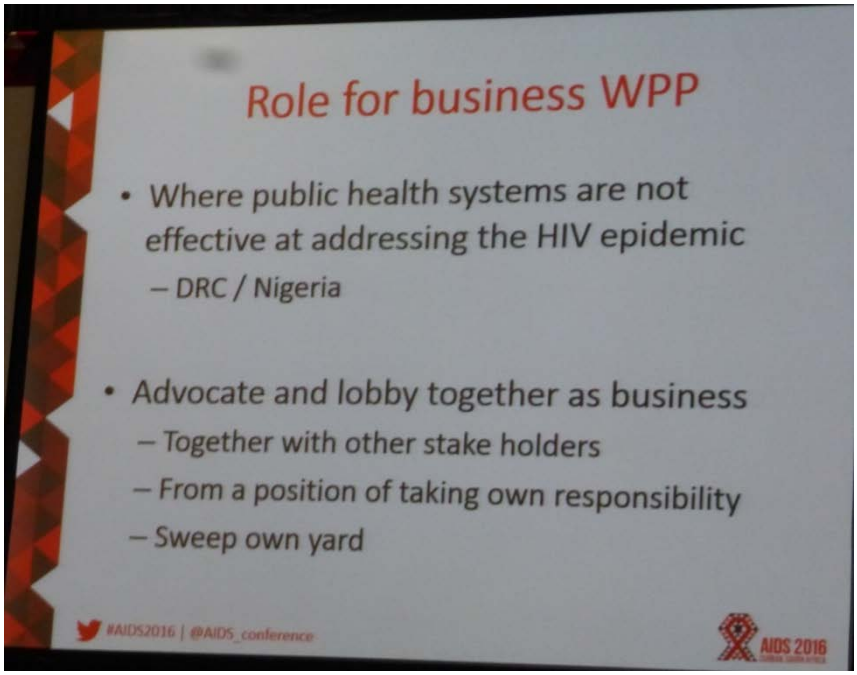
In the main conference I could attend one of the major panels on workplace programs. Representative from Debswana , from Heineken Foundation, Anglo American Platinum, a previously by Angelo employed HIV activist, a member of the labor union and a specialist in researching health issues in the working context agreed that workplace programs change working and living conditions tremendously. Success stories were shared and emphasis was put by Heinecken on the point that business has special task to care for the employees in countries were the health system is either pretty weak or hardly accessible.



All agreed on the cost efficiency of work places programs. Experiences from Debswana were shared how important peer-educators have been , for the communication within the workforce as well as for the communication to the community.

The 90-90-90 approach is a challenge also for the established workplace programs – Heineken has tested about 61% of the workforce.

From the side of the workers' union it was indicated that the supply firms and the small scale operators should be included as well – here the union sees still need of improvement. From a scientific and financial perspective South Africa would be not able alone to treat all with ARVs, the business sector in needed, too , to contribute and it would be for the benefit of all.



Different to other programs workplace programs are often targeting men, who otherwise are difficult to reach.
The panel state that every workplace needs a HIV & TB workplace policy, does not matter how big or small the company is, in order to secure human rights and equality and care for all.

At the end the call was clear: "workplaces can do more – unless workplaces are not doing more, we won't meet the 90-90-90 challenge." [11]

5. A few new findings/ programs / research

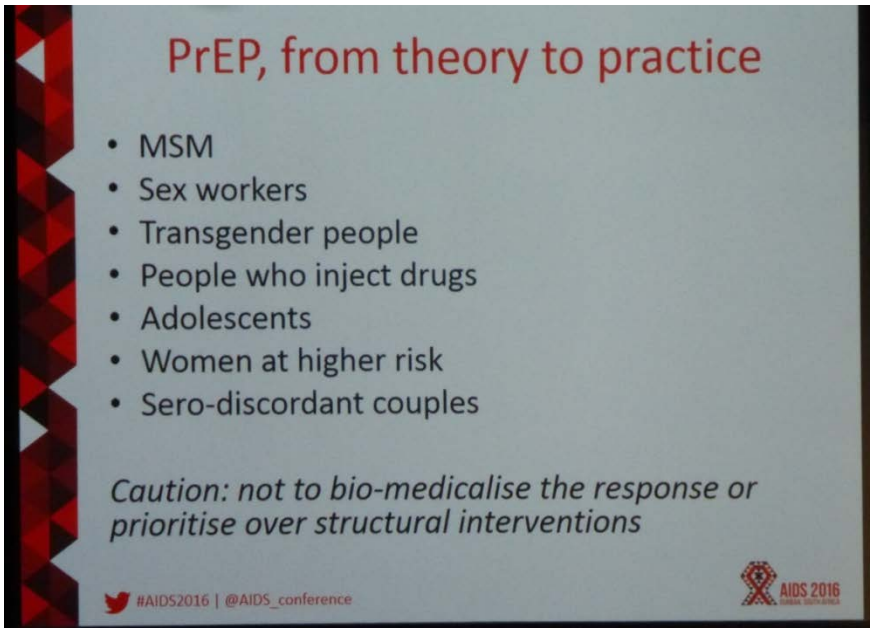
The question about an **effective vaccine** was discussed on various very scientific levels. Research was presented and despite slides and explanations for a theologian not so easy to follow. An invitation and hint was given where many researchers will meet and discuss deeper: October in Chicago.

There was indication that a vaccine will be tested soon as in clinical trials.[12]
In her final remark the new chair of the International AIDS Conference Linda-Gail Bekker said: "Traditionally this conference has not always been the place where new science is shown. But it was brought to our attention beautifully that there is hope in vaccines and there is hope in treatment remission and so the ongoing innovation is still critical. We can talk about minimising disease and reducing statistics but if we really want to talk about eradication, we are going to have to find ourselves a vaccine that works. That is the ultimate investment."[13]

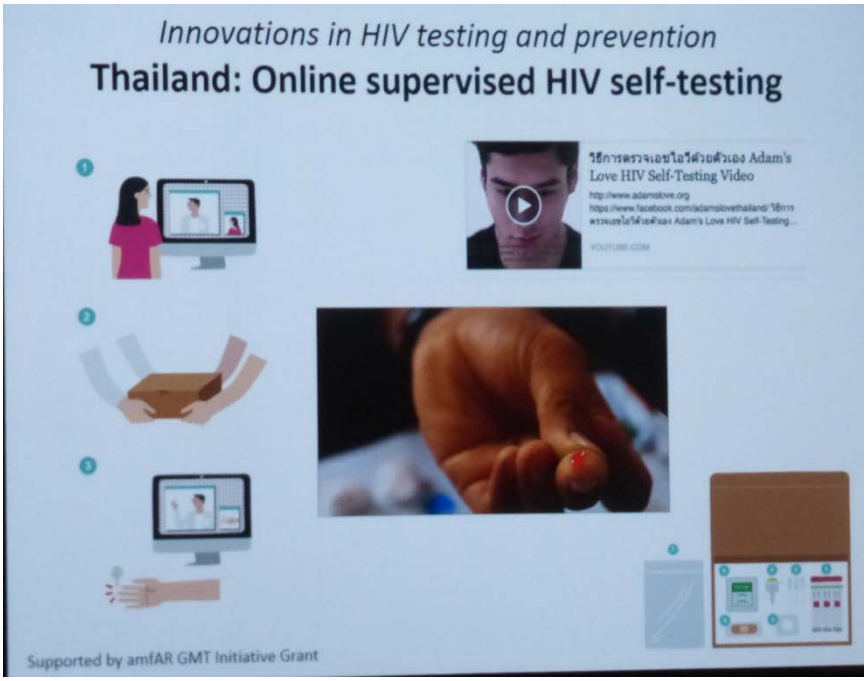
Further research has started how to prevennt the mother to child – or better: **vertical – transmission**: early application of ARVs seem to help to suppress the virus. A case was described, the so called "Mississippi Baby" that seem to be cured after a very early application of ARVs – but this is still a single case. Research continues here as well.

[11] So the result of the panel discussion was formulated.
[12] For more information abot vaccine cf. the conference papers and posters as well as https://www.nih.gov/news-events/news-releases/large-scale-hiv-vaccine-trial-launch-south-africa
[13] http://theconversation.com/aids-conference-2016-the-gains-the-gaps-the-next-global-steps-62866 accessed 11-08-16

One other new finding was for me the open discussion of **PrEP- Pre-Exposure Prophylaxis. H**ere one definition: “Pre-exposure prophylaxis (or PrEP) is when people at very high risk for HIV take HIV medicines daily to lower their chances of getting infected. A combination of two HIV medicines (tenofovir and emtricitabine), sold under the name Truvada® (pronounced tru vá duh), is approved for daily use as PrEP to help prevent an HIV-negative person from getting HIV from a sexual or injection-drug-using partner who’s positive. Studies have shown that PrEP is highly effective for preventing HIV if it is used as prescribed. PrEP is much less effective when it is not taken consistently”[14]
Further it was said, that new methods have to be found, how PrEP might be used, eg. Vaginal rings . The future question should be ‘not if but how would you like to have your PrEP’.



In different trials PrEP has shown it’s effect and there was a call to establish PrEP programs for certain groups having a much higher prevalence rate than others – like mentioned on the slide. E.g. once it was mentioned that the prevalence rate of transgender people is about 47% and so much higher than in other populations.

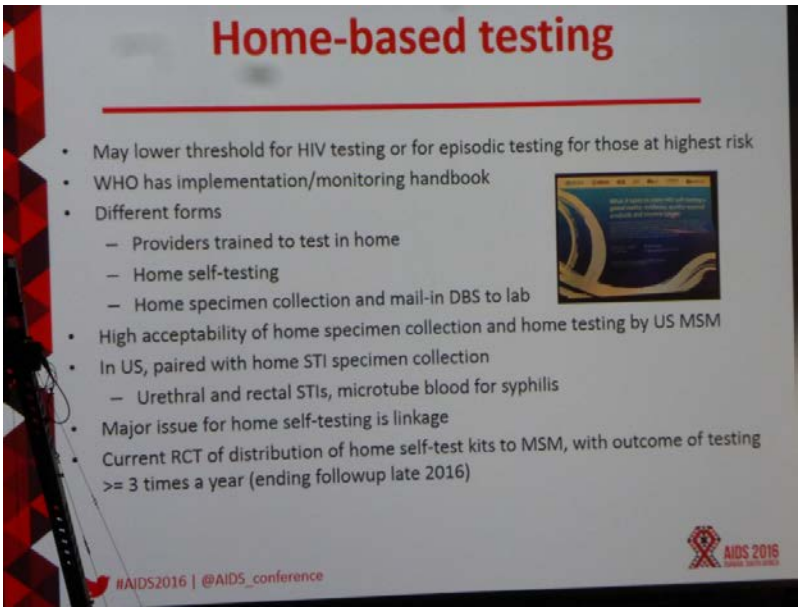


But I see the risk that with the treatment programs prevention is not more so much in the focus – even sometimes funding has been challenged only to treatment and PrEP is for me in a way a treatment program[15] .

[14] Cf. center for disease control ….http://www.cdc.gov/hiv/basics/prep.html access, 09.08.16
[15] That might be too simple and a perspective of a non-medical person: but the success is depending on persistent medication.

In projects as well as in counselling one recognizes that people are too afraid or too shy to go for testing. In **Thailand a self –testing – kit** has been developed and shows positive acceptance specially also under men. It works with an online based supervision and aid- setting.

A similar program is also run in the US – home testing for MSM. Results seem to be good.



A topic more for the northern hemisphere currently is the **question about HIV and aging**. Programs mainly from Canada and the USA were introduced and personal statements given.
In Canada the difference statistically in age of death between people living with HIV and living without HIV is 5 years. This has changed in the last years a lot.

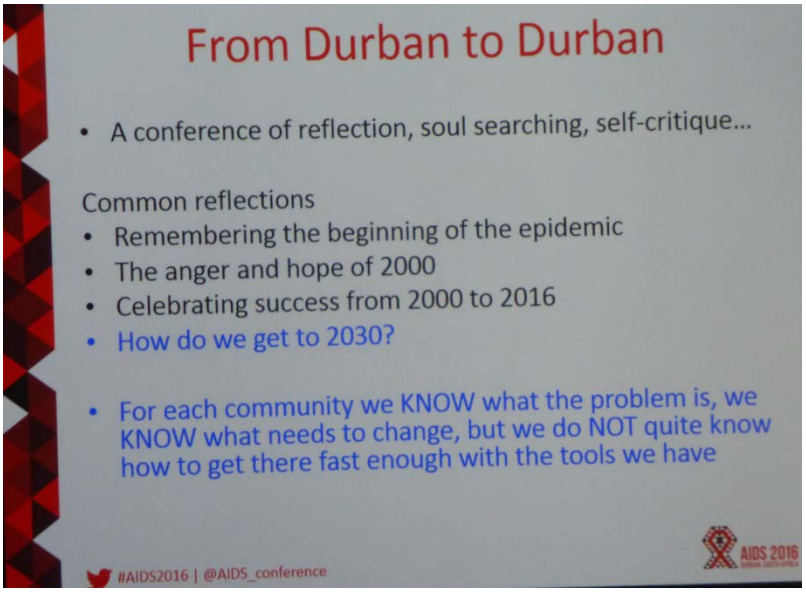
"Age is not a condom" – someone said and prevention matters and talks are needed also for those getting older. Again in Canada 15% of the new HIV infections 10 years ago was in the group of 50+ , now it's 21% of the new infections.

One of the biggest problems also for this age group is the question about stigma,

discrimination and more severe it is for indigenous people, specially then when they are belonging to LGBTI community.

In the interview someone said (the people did not want to be quoted with their real names nor photos taken) : “I was diagnosed in 1983 as HIV + ; since then I am the best dying guy in the world – but still I am surving , but never thought about care for the time getting older or putting money aside.” A woman said: ”I am not scared about dying, I am scared about going to a nursing home!” or another one: “Above 50 it’s extremely difficult in the LGBTI community to date – I have learned living alone”.
The Canadian government has reacted on the challenge due to HIV and aging and has established a working group on HIV and rehabilitation and the above mentioned National coordinating committee on HIV and aging.

6. The success Story of South Africa and the open gaps and new initatives even from German government



Nearly not any main presentation didn’t start with reference to the World AIDS Conference of 2000. The photo and the speech of Nkosi Johnson’s speech[16] was quoted and his call “Care for us and accept us- we are all human beings. We are normal. We have hands. We have feet. We can walk, we can talk, we have needs just like everyone else- don't be afraid of us- we are all the same!”[17] was mentioned frequently. Nkosi Johnson died one year later. The changes in the South African Health policies started soon after , now about 48% of the 7 Mill people living with HIV in South Africa get treatment – not enough yet, but the way has been pathed.

In sessions a better systems for health were requested – no gaps in the access to treatment, closer to the people, quicker and better testing devices, also for viral load and fitting treatment for children. Viral suppression is still far in South Africa and peer educators, new inventive methods to get access to people, a focus also on the so called key-populations as mentioned in the national strategic plan bears the risk to overlook other challenges regarding prevention. For example the number of

[16] It can be found: http://web.sabc.co.za/digital/stage/trufm/Nkosi_speech.pdf - access 12.08.2016
[17] Ibid.

condom use has fallen in the last years in South Africa.[18] The question about the approach towards the youth has been mentioned above. Further social issues need attention like violence and the dependency of young women and girls, poverty – etc. .

Therefore programs cannot stick only alone on the question of access to test and treatment and treatment as prevention but should be more holistic – addressing issues like gender, stigma, theological, religious and cultural gaps and stumbling points.

In this sense it was interesting that Ulrich Nitzsche[19] from the German Development Service came and addressed the religious pre-conference on the new program of "Values, Religion and Development" – this program could be a partner for FBO next programs addressing the HIV & AIDS & TB challenge in a much broader sense and specially also within a network of government – FBOs – business sector - and not only in Southern Africa.

7. Faith based encounters during the World ADS Conference

This presentation of Nitzsche is bridging the gap that might have been visible again and again between the AIDS Conference with the various activists especially of the LGBTI community and the best researchers and medical staff worldwide and the approach of FBOs. Development has to take the culture and the values of different groups, various peoples and convictions into account – this the new program not only of German government but in connection with others will do.

The linkages between scientific research and community involvement and social realities are taken by many others are taking into concern, every panel also had a component on social research . But in the religious pre-conference only[20] about 180 people (on the whole AIDS Conference about 18,000 people were present) were sharing from the religious background interventions, research, challenges … clearly the issue of stigma was mentioned and the tasks of the FBOs – as indicated in ch. 1[21] - and the huge tasks of the FBOS towards ending stigma

[18] All the data and the overview about South Africa can be here accessed: https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/south-africa - seen 11-08-2016
[19] Cf. https://www.giz.de/expertise/html/19043.html - seen 11.08.2016
[20] May be it's wrong to say 'only'!

was brought up.

But neither in sessions like the one on workplace programs any reference or indication about churches or religious communities were mentioned or in the session about aging. Actually the contribution of the FBOs activities to the whole AIDS network was tabled in one session: The challenges of Faith: Responses to the AIDS Epidemic: Data, Diversity and Dilemmas. Due to my time as a chaplain in the prayer room – another task of the faith community – I only have partly been present in this forum . Very outspoken and clear was Archbishop Thabo C. Makgoba from the Anglican Church of South Africa. "We as faith community will speak loud as long as not all have access of treatment, if human rights are defeated …". His aim is to uphold the dignity of every human being.

Luiz Loures one of the heads of UNAIDS stressed the point that new partnerships specially also with the faith communities are needed, and that a conference in such a religious country like South Africa can path the way for these new partnerships.

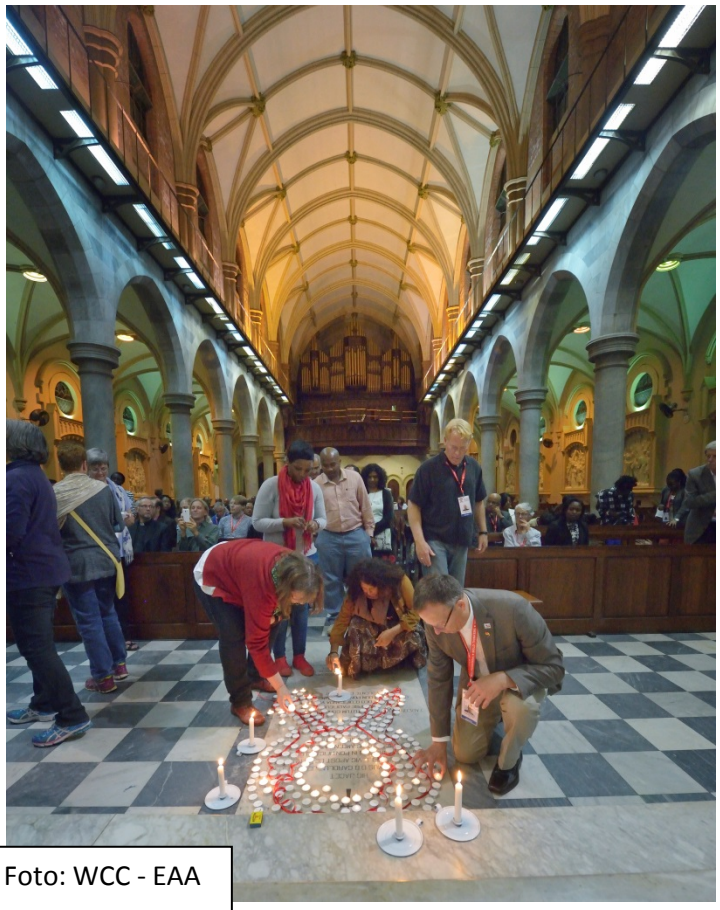


Foto: WCC - EAA

Tuesday evening the Ecumenical Advocasy Alliance together with an interfaith network in and around Durban invited the conference to the interfaith worship service in the Catholic Emanuel Cathedral in Durban City Center. It was an impressed worship service with many different religions . Archbishop Magkoba was present and preaching, calling all people on faith to follow the fast track, to challenge everyone to test, to approach business to join and be part of the campaign as well as politicians and to ensure with the help of the FBO structures that treatments get everywhere.
The Catholic Bishop's Conference was represented by Sr. Allison Moonre, an AIDS Activist nearly from the beginning in South Africa, other mainline churches were present, but not with representatives of the hierarchy.

Msgr. Bob Vitillio from Rome, Caritas International and special Advisor on HIV & AIDS, was only present in the Catholic Pre-Conference who joined for two hours the interreligious one and

21 Cf. above ch. 1: Stigma kills – a huge call to reflect, challenge and change the perception and theological and practical reflection on HIV & AIDS towards inclusivity

introduced a new initiative from the Vatican with UNAIDS and PEPFAR regarding the treatment of children.[22]

For me as a new comer to the Conferences it was not so much understandable why the spilt between the two pre conferences was there, neither can I fully understand why so little church leaders , specially from the countries with high prevalence rate and huge – also FBO Programs, don't come – may be because the participation fees for the conference are high and needs budgeting for it or …?

Regarding the chaplain service we had another split: the Moslem community insisted on two own prayer rooms – so that there was hardly any interaction between our Christian chaplain team and those attending the Moslem prayers.

Nearly at the end of the conference another FBO highlight was the presentation of a movie about Rev. Phumziele Mabizela, the CEO of INERELA [23] on an event, where Astrid Berner-Rodereda, HIV consult of Bread for the World, Berlin, and initiator of the movie as well as the producer from Steps[24] interviewed and introduced the movie NGIYAPHILA. Spirituality &Sexuality[25]. It is Phumzile Mabizela's her story, a story of a woman living with HIV, a pastor , being confronted by other who are believing in healers, by churches and church leaders condemning people instead of helping to live also with the virus and with all the difficulties and prejudices – it's a story told as it is – and that makes it that one is emotionally touched. The discussion later on indicated that not all people present are happy with such an open, affirming and inclusive approach … [26]

But the fast majority said: we will use the video in our groups, churches and sessions. Till now it's only in English and some isiZulu. Wishes were raised to get a translation to French, Portuguese, Kiswahili and other languages – this all will be indicated on the website of Steps, where one also can download the movie.[27]

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[22] More information on this program in an interview with Msgr. Vitilo in Rome: http://cctn.org/caritas-reaching-out-to-children-living-with-hivaids/

[23] Cf. http://inerela.org/

[24] http://ww.steps.co.za

[25] Also on you tube: https://www.youtube.com/watch?v=m6w0WctPX3Q – accessed 11-08-16

[26] Also in the media the movie was recognized – here the like to SABC: http://www.sabc.co.za/news/a/2f860f804d96b1468be9cf4bb456f37b/Churches-challenged-to-confront-issues-of-sexuality-20162207

[27] http://ww.steps.co.za or direct: http://stepsforthefuture.co.za/video/ngiyaphila-spirituality-sexuality/ - accessed 11-08-16

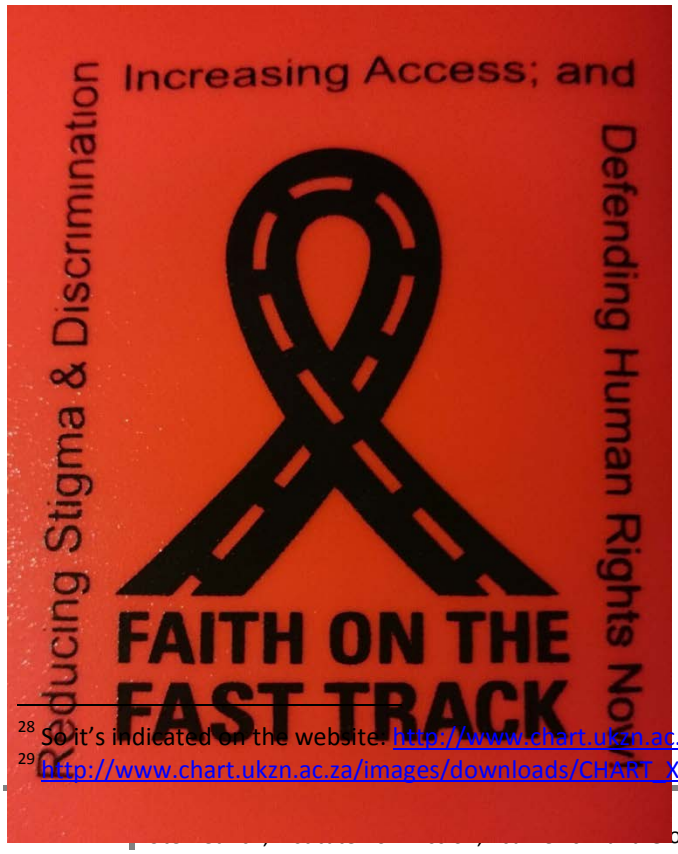
Another very important tool for all those you are searching for material, research, essays etc. is the CHART Bibliography. "The CHART partially annotated bibliographic database was initiated as part of the cartography of HIV and AIDS, Religion and Theology project in 2008. It formed the basis of the book project Religion and HIV and AIDS: Charting the Terrain. This resource is invaluable to researchers and practitioners throughout the world. The database contains almost 3000 references on the interface of Religion and HIV and is updated biannually."[28] Beverley Haddad and Bongi Zengele introduced the project and the data base which was modified and is up to date for the AIDS Conference – it can be downloaded from their website.[29]

No conclusion – walk the fast track ….

There might be many commentaries and feedbacks to Durban AIDS 2016m and many more much profound reports about the whole scientific and social research – from my side just some impressions without any indication of capturing the whole…

In the final remarks one of the heads of the International AIDS Society said: "when you were coming and feeling your batteries were flat, now they filled up. It was right to have the conference here in Africa … " And again it was mentioned funding is needed and funding will make this possible – there the call to fund the Global Fund was reiterated also at the end of conference. Overall the call was clear to use the uploaded batteries …

So as someone said now after Durban2016 it's time "to advocate and act …" . Linda–Gail Bekker, the new chair of the International AIDS Conference and Professor in Cape Town said in her final remarks: "The job is not done. We have tools that can be deployed; we have a lot of work to do. We have the energy but this is not the time to not have the resources. It's a collective global effort. And we're excited.



[28] So it's indicated on the website: http://www.chart.ukzn.ac.za/
[29] http://www.chart.ukzn.ac.za/images/downloads/CHART_XII_bibliography.pdf as pdf file

Durban has re-energised the whole sense of community and engagement. Now we need the rest of the world to get on board. And I think we can do it. The optimism that I have felt here is real. But the reality is that if we don't move forward from today that trajectory will flatten out. …. " [30]

It's the time to move also in the churches on the fast track and to join hands … - for me Durban has widened the approach and perspective and the networks …

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[30] Linda-Gail Bekker'S full interview: http://theconversation.com/aids-conference-2016-the-gains-the-gaps-the-next-global-steps-62866