

RELIGIONS AGAINST HIV/AIDS

3rd Interfaith Forum on HIV & Aids: 28-29 August 2007

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1. Distinguished participants at this forum, I thank God that we are able to gather here for this occasion, to reflect together as religious communities, and to plan relevant action against the pandemic of HIV & AIDS in our country. This is a problem that concerns all of us without any distinction of tribe, creed or even social status. While we can do, and are perhaps doing a lot in our different individual groups, we can do much more and better if we work together, networking and supporting each other's efforts. We shall be even more effective if we can find ways of joining hands with government and other non-governmental groups in tackling this epidemic which requires the collaboration of all. To achieve this will be a major purpose of this gathering. May God grant success to our efforts.
2. Most of you here have been working hard in this area of service, and are quite acquainted with the various dimensions of this phenomenon. I therefore need not say more than a few words at this point. Experts will do the talking later. For the moment, I only wish to remind us of a few important points. The first is that HIV & AIDS is a complex reality. Therefore it requires different approaches: medical, spiritual, emotional, political, economic, to mention only a few. As religious communities, we need to identify where we are most competent. That way, we can deploy our energies to do those things which we can do best, and which often others tend to neglect. Here, the spiritual and emotional dimensions come readily to mind.
3. Another aspect of this problem is that it is relatively new. This new human problem challenges us as religious communities to balance our hard and fast religious principles with the need for creative application of those eternal truths to the practical needs of our people. This is a delicate enterprise, which not all can successfully carry out. It calls for an open mind, a broad spirit and above all a caring heart, especially whenever we have to lay down injunctions and moral laws for people to observe.

4. In the light of the above, we can point at two important areas of intervention in which religious communities can claim to enjoy special competence: in prevention measures and in care for the infected. Prevention measures include behaviour change; an area where religious motivation can achieve literally more than is humanly possible. If stigmatization and discrimination drive infected people underground and thus increase the danger of infections, religious messages can do a lot to eliminate such attitudes. This is all the more so especially as there have unfortunately been occasions in the past when ignorant religious preachers have tended to promote rather than discourage stigmatization. We should all preach it loud and clear that HIV & AIDS are not punishment from God on sinners, and that care for the infected is a holy act pleasing to God. Such sermons should be seen in practice within our own systems. We should in no way be seen to be practicing the stigmatization and discrimination, which we condemn on our pulpits. Proper and accurate information is an important aspect of prevention. The religious communities have tremendous possibilities to be educated and informed in their many weekly and daily religious gatherings.
5. The care of people living with HIV & AIDS, especially those in the advanced stages of infections, demands the kind of deep sense of compassion, and concern which religious communities take in their stride. In this regard, not all kinds of service can be purchased with money. In many cases, the sick person is left to either the family or to the religious communities, both of which act out of "love" and not for money. The value of such "labour of love" should never be underestimated.
6. We should remember that Churches and Mosques give more than love and compassion. They also run many health institutions and facilities whose contribution in the fight against HIV & AIDS is often under recorded and underrated. In recent times, even the United Nations agencies, e.g. WHO and UNAIDS, have begun to acknowledge and appreciate the tremendous role being played by religious institutions and organizations, especially in the poorer countries of the world. They are however yet to draw the practical conclusion of this fact on the policy of disbursement of available financial resources. Put

bluntly, the money is not going to those who are doing most of the work. It is hoped that this anomaly will be redressed in good time.

7. In conclusion, let me stress again the special force of inter-religious cooperation. Our messages will be stronger when given together. Our advocacy on behalf of the needy will be more effective if we walk hand in hand to the powers that be. We have already started. The leaderships of Christians and Moslems in Nigeria have formed an "Interfaith HIV/AIDS Coalition of Nigeria" We should strengthen this body, as an operational arm of the Nigerian Inter-religious Council, (NIREC). There will be need to clarify its mandate *vis-à-vis* the role of the "National Faith Based Advisory Committee on AIDS, (NFACA)" set up by the National Agency for the Control of AIDS (NACA) during the second of this series of forums. This session will do well to take a good look at this matter, and streamline things in the presence of all concerned.

8. I wish all of you a successful meeting, a meeting that will make a difference in the lives of our people living with HIV & AIDS. We congratulate NACA and especially its leadership under Prof. Babatunde Osotimehin, for this and similar initiatives. This is a step in the right direction. The religious communities in Nigeria are committed to an ever greater and more effective collaboration with government through its special agency, NACA. The doors of our mosques and churches are open. Our hands are outstretched to work together on this common concern. May God protect and take care of our people. Amen.