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**Ecumenical Pre-Conference 2008: Faith In Action Now! - Day 1  
HIV and Children  
Ecumenical Advocacy Alliance  
July 31, 2008**

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**FEMALE SPEAKER:** Now, we are very privileged to have a few words of greetings from Dr. Pedro Cahn, he is the Chair of the Conference and the President of the International AIDS Society and he stopped in for a few minutes to bring us some greetings. [Applause]

**PEDRO CAHN, M.D.:** Thank you very much. Good afternoon. I am here just to welcome you to the XVII International Conference on AIDS, a conference that has already started with meeting like this. This morning I was also greeting the Youth Pre-Conference, I was with the journalists, now I am with the FBOs and I am very pleased to do so.

My name is Pedro Cahn. I come from Argentina and I am ending my term as President with this conference which I chair together with Dr. Luis Soto Ramirez here from Mexico.

As you know the HIV/AIDS epidemic has many different faces and millions of people are interconnected in this fight as we all are. In the same path, millions of people are in some point connected with you, with the faith-based organizations, and that is why even in the agreement, as well as in the difference that we know we may have, we need to work together.

We recognize the outstanding role of the faith-based organizations in treatment and care of people living with HIV. Certainly in many countries, only the FBOs have been taking

care of patients with terminal situations and you need to be commended for that.

Some faith-based organizations have many different thoughts [misspelled?] and very specific ways to work, but still the main central point that touches us is that we are all human beings. We know you are involved in several issues regarding care, taking care for orphans, for people suffering, but now it is time to also discuss our common goal in regards to prevention.

I think that the most important thing here and the reason why we are here today is to examine our opinions, our thoughts, our belief, and from that base try to find how we can find a common ground to fight this epidemic, and that should be our goal, to preserve human integrity and the lives of all human beings.

For all the believers, the human creature is the master piece of God, so our goal is to preserve life and to care for each other as we care for ourselves. If we agree with this, so we also should agree in that we have the right as human beings to live our lives without prejudices or rules that may end up by putting us in risk.

A few prevention messages are welcome as they add further tools to our wide prevention portfolio. Opposite to this would be having a single message that would mean having a single, one-sided view about prevention of HIV/AIDS

transmission. Different audiences may benefit from different messages, but all messages should not miss any component of the prevention portfolio. In our point of view, this goes from one corner, from the abstinence, sexual responsibility, and also the use of condoms. Different audiences will benefit from different components of this package.

I know that we are facing a long road and we need to work all together in an atmosphere of respect and mutual understanding. If we do so, we will certainly comply with our theme AIS [misspelled?] that we are sure that we will only defeat this epidemic if we are stronger together. Thank you very much. [Applause]

**FEMALE SPEAKER:** Thank you very much Dr. Cahn. Now, I would like to give one more piece of information. During this plenary session, we do have a section where youth will be sharing her story and a video presentation that has some images from the back of children. To protect the youth and children in this plenary, no photos of the video material nor of the speaker are permitted to be taken. No recordings at all. Please, we ask that you respect this.

Now, I would like to call forward Bishop Ramashapa and the panel. Bishop Ramashapa comes to us from South Africa, currently in Botswana and is here representing Churches United Against HIV and AIDS. Thank you.

**BISHOP RAMASHAPA:** Thank you very much. We, faith-based organizations, have made a statement that HIV and AIDS have declared war on humanity. That is why those who belong to the churches have said that the church is HIV positive. It is an acceptance of the issues around HIV and AIDS. And no one will doubt that faith-based organizations have responded and taken arms against the challenges, namely HIV and AIDS.

But the tragedy of our days is that we have made our vulnerable children more vulnerable. We have exposed them to a number of [misspelled?] impacts of HIV. One touching phenomenon is that we have turned our own children into commercial and ritual commodities. Those we think that are "contaminated," it is either that we hide them or we send them to hiding. And I believe that this session, which is titled HIV and Children, will pose a number of challenges that we need to deal with, those sectors that exacerbate the impacts of HIV and even AIDS on our children. The purpose of the presentation is that we should interrogate them so that by the end of the day, we come up with an action-oriented plan. We should not just be, yes, we have been at the conference, but not knowing what we should be doing after the conference.

We will have three speakers. At the table here, we have got two speakers. And I will tell you later why we are not having the third speaker at the table here.

Our first speaker is Dr. Geoff Foster. He is a member of the Joint Learning Initiative on Children and AIDS. In 1987, Dr. Foster founded Family AIDS Care Trust, one of the first AIDS service organizations in Africa. He served as a director until 2000 and in 1993, he designed the FOCUS Program which is now considered by the UNICEF to be a model approach to community-based care for orphans. And during the past 10 years, Dr. Foster has assessed] and consulted in the area of orphans and vulnerable children resulting in numerous publications. And Dr. Foster consults with many national and international organizations and has recently analyzed issues of scaling up of community response, faith-based responses and impact. His work assessing the effectiveness of community interventions resulted in field assignments to work in Malawi and Zambia. He is an African and I am asking him to say something from Africa [inaudible]. The stage is yours.

[Applause]

**GEOFF FOSTER, M.D.** Thanks very much for those kind words. It is my pleasure to be with you this evening and I trust that you are not too jaded by long travel and by the end of the day. I am going to be presenting some slides which might be a bit wearisome. I am a pediatrician. I am an epidemiologist as well and I will be presenting some statistics, but never mind, if you do go to sleep in my

presentation, Martha is going to liven us up afterwards with her very down-to-earth presentations on the situation.

So, I want to present to you some data. I am very interested in evidence-based responses which I will say a few words about at the end in relation to faith-based responses. And I have been involved in not only designing and developing programs on the ground, but also in analyzing them as well. So, this is data from a study for the World Conference of Religions for Peace and UNICEF we did a few years ago and these are the study highlights that faith-based organizations support very large numbers of vulnerable children, that the responses of faith-based organizations are faith-based but not faith-focused, in other words, supports provided on the basis of need and not creed. And the study was done in 2002, but most of the responses had been established recently. Most of the responses are community-based. There are not a lot [misspelled?] of institutional responses, I will say a few words about that in a moment, but I think it is very important to recognize that the great majority of responses at community level by faith-based organizations are actually supporting children living in households, living in families.

The faith-based organizations scored very highly in organizational capacity assessments. Often we think that community-based organizations do not receive funding because they do not have good financial systems and good governance.

Well, that we did not find. I will show you that later. And also, the religious organizations have existing structures that can coordinate a scalable response. When we think of an average NGO, maybe it has 10 or 15 partners at community level, but when we think of the average denomination, it has 100 or maybe even 1,000 partners at community level. So, scalable responses are certainly very compatible with faith-based responses.

So let me give some data, but firstly sorry about these slides and information overload. This is just a slide from USAID's report last year which is trying to estimate the contribution of Christian healthcare networks to total healthcare networks and what we are seeing in that slide is that most countries in Sub-Saharan Africa are between 30 and 50-percent of the total contribution to the health network comes from faith-based organizations, from Christian health networks. Now that is true of institutions, this is about mission hospitals and clinics, but it is even more true when we look at community-based responses, which I will show in a moment.

The study that we did looked at six countries in Eastern, Southern Africa. About 85 million people total population and HIV prevalences vary between 5 and 15-percent. And the aim of the study was to try and develop a detailed

understanding of the responses of faith-based organizations in caring for orphans and vulnerable children.

When we look at the orphan epidemic, these are projections from a few years ago, we not only see the rising numbers of total orphans, which are estimated over two decades, but particularly the rising numbers of double orphans. Double orphans increased significantly, very large numbers of children losing both parents and, indeed, very rapid increases in maternal orphans as well.

When we try to study faith-based organizations, we define four types of faith-based organizations. First is the congregation, churches and mosques. There were 410 of those. Secondly, religious coordinating bodies. This was a term we developed to try and describe denominations or [inaudible] or the organizations which are responsible for collaboration or coordinating support for congregations. Thirdly, NGOs, faith-based-organizations that employ staff, there were 52 of those. And finally, community-based organizations, these we defined as being faith-based groups which did not employ staff which were volunteers who are accountable to a group other than the congregation or religious coordinating body. There were 63 of those. And overall, we found that some 366 faith-based organizations supported over 150,000 orphans and vulnerable children.

When we looked at the size of the initiatives that these different types of organizations were delivering support to, we saw that amongst the congregations, that is in the red, that very many of these were quite small. They were supporting 10, 20, 50, 100. But some of them were supporting significant numbers, but when added together, they were supporting very large numbers of children. As you might expect, the larger NGOs and religious coordinating bodies had some significant support programs going on, some of them totaling 5,000 or 10,000 children.

One of the characteristics of faith-based responses to orphans and vulnerable children is their use or involvement of volunteers. Amongst 230 faith-based organizations, there were some 9,000 volunteers that they were utilizing, that is about 40 volunteers per FBO. And when we looked at the type of responses that they were delivering, I think firstly it is significant to say we can look at two types of responses. On the one hand, community-based responses and the other institutional responses, orphanages and street shelters. I think orphanages and street shelters are firstly, they are easier to find. That is why 20-percent of the responses that were studied were institutional, but most responses that are taking place are supporting children in the community and supporting children in their household and that is where I believe children were designed to grow up rather than

institutions. I believe that there is a role for institutions on a short-term last [misspelled] respite, but that children should be returned if possible to families to where they can be provided with ongoing family support. Amongst the community-based responses, we found that the most common responses that were being delivered were material support, school assistance. The medical care response also is money to provide support for families to take their children to clinics and hospitals. Now, these are not the areas that faith-based organizations naturally are best equipped to do because most of them rely upon their own contributions. Where they are best equipped is in spiritual support, home visiting, counseling and the like.

Nearly half of the initiatives were started in the preceding four years. There has been a significant and recent rapid increase in OBC [misspelled?] responses by faith-based organizations which is still taking place.

We did a capacity assessment on about 230 of these faith-based organizations. We found that in terms of governance and the financial systems, they were every bit as good as nongovernmental organizations and religious coordinating bodies. Where they lacked was in the area of technical support and financial support. They were not being supported from outside the community. Most of these relied upon their own skills and their own money which they raised.

A couple of slides now, just looking at overall HIV/AIDS responses. A study in Namibia which looked at 109 FBOs in the country found that prevention and current support were equally common activities. Then about a quarter of the faith-based organizations were providing orphan support and a similar sort of figure from Zambia, just looking at 60 congregations and 36 support groups, faith-based community groups in Zambia and found that about a quarter of them are providing obviously support. The study in Namibia found some 90-percent of the faith-based organizations had gotten HIV/AIDS response. And I think that would be true across a lot of Southern and Eastern Africa that most churches have got some type of HIV/AIDS response, but they are not being networked or supported from outside.

Finally, there is need for much better documentation of faith-based HIV/AIDS responses. I am involved in an initiative at the moment to try and document and produce an evidence-based response on children and AIDS. Children and AIDS is similarly a very neglected area in the HIV/AIDS sphere and we are trying to develop an evidence base to produce actionable recommendations for policy and practice. I believe even more that we need to do the same with faith-based organizations. There is even less evidence around about faith-based HIV/AIDS responses. So, there is a meeting tomorrow evening at 6:30 to try and collect evidence or to try and develop an initiative

which will similarly produce an evidence base for increasing the scale and effectiveness of faith-based HIV/AIDS initiatives. Sorry, I seem to have lost the last. It is at 6:30 tomorrow, anyway, in this meeting room. Thank you.

[Applause]

**BISHOP RAMASHAPA:** Thank you, Geoff. Our next speaker will be Martha Newsome. Martha is currently working with World Vision International's global response in the areas of HIV and AIDS and health. She has researched primarily primary health care, child survival, nutritional, communication and HIV and AIDS knowledge, attitudes and practice. After stints as a Health Care Manager for World Vision in Mozambique, Newsome became the Health Director for World Vision Mozambique where she was responsible for overall management and implementation of health, nutrition, HIV and AIDS, water and sanitation, problems in three provinces and 17 districts. After a successful period as the National Director for WV Mozambique, she became the African Region HIV and AIDS Director. In this role, she led the planning, implementation and funds mobilization for an ambitious HIV and AIDS scale-up plan across 26 countries in the region. And at the end of 2007, World Vision's National Office in Sub-Saharan Africa, provided value-based life skills training for 895,000 girls, boys and youth aged between 5 and 24 and care for 845,000 orphans and vulnerable children and almost 70,000 people living with HIV.

In 2007, Newsome was appointed the Director of World Vision International's Global HIV and AIDS Hope Initiative, responsible for technical support and scale up of HIV and AIDS responses across all the hundred countries where World Vision works [misspelled?]. Now, I am asking her to share her experiences with us. [Applause]

**MARTHA NEWSOME:** Thanks, Bishop. And I am just so thankful to the EAA for having this Child-Focused Plenary. I am not sure if we have had one in the past, so it is very exciting to join the Bishop and Geoff Foster and the third speaker who will be joining us later. So, thank you.

And I just feel at home here with so many other faith leaders and theologians and Christians who are a global community of faith working to address HIV and AIDS. And as you know, Jesus was the one that set the example for us, His reaching out to those with leprosy, that was the chronic disease or the disease that had the most stigma and discrimination in His day and He was able to restore them to wholeness and to community. So, we have a great example in the way that He dealt with people and many of us know that passage from James 1:27 that talks about true religion being determined by how we care for orphans and widows. Perhaps some of us do not know this passage from Deuteronomy as well that talks about our God who ensures that orphans and widows receive justice advocacy. He shows love to the foreigners living among you and

give them food and clothing. These are the scriptures that give me inspiration and I hope call all of us to walk with those living with HIV, but in many ways, the faith-based community has not always taken that calling to also address the needs of children and a biblical call to care for children and Jesus Himself again provides an example as how God used His family and community to raise, protect and care for Him, enabling Him to grow in wisdom, stature and favor with God and man. There is also some interesting scriptures that come from other faith traditions. I was excited to see this Hindu quote from the book of [inaudible] that says children, the old and the poor and the sick should be regarded as lords of the atmosphere and another from an ancient Chinese text, the book of Analex that says great reverence is owed to the child.

So, I am happy to follow after Geoff Foster and he has painted the picture well and I hope that my words will also complement what he has shared with us and I hope to show some of the positive contribution that churches and faith-based organizations are doing to help children live positively in a world of HIV and AIDS.

I share some of the challenges as well as some thoughts on future directions for all of us. I definitely have the African bias as you have heard from that long introduction, apologies for that. And I hope that these experiences that I

have learned after 11 years of being in Africa, a year in West Africa, also have relevance for other parts of the world.

We know that many voices in the international community understand the relevance of faith-based organizations and the importance of faith-based organizations in the response, but one such study the African Religious Health Assets Program and the World Health Organization in their 2006 study appreciating assets presented a systematic framework for looking at the contribution of faith-based organizations. They were able to actually map the tangible and intangible ways that faith-based organizations contribute to HIV and AIDS responses and they did that with 505 sites across the Lesotho [misspelled?] and Zambia and what they found is that churches and faith-based organizations are known both for their tangible assets, their volunteers, their financial resources, their organizational skills that enable them to run effective programs, but they're also well known for their intangible assets such as spiritual encouragement, moral formation and knowledge giving and the authors wrote and I quote "Their ability to integrate these tangible and intangible factors that gives them strength. It is perceived that to make a contribution to health and well-being, spiritual encouragement needs to find expression in compassionate care, but likewise that such caring outside of a spiritual framework loses its strength."

So that shows us that faith-based organizations have a particular niche in providing that spiritual encouragement that other organizations cannot provide. So beyond the unique effectiveness of the church is also its massive breadth and reach.

I wanted to just quickly show a fine little example from Ethiopia. We just looked up some of the statistics. Many of you may know Ethiopia is a large country with 80 million people. The number of the Orthodox Church there, the 110,000 churches, and the Evangelical Church, there are estimates of an additional 80,000 churches. Unfortunately, I do not have the numbers of other faith communities. And so that means that there's one church for every 540 people or perhaps one to two churches for every community.

In contrast, there's 1,200 registered NGOs in Ethiopia. Of course, that doesn't count the CBOs. Unfortunately, we do not have a number for that. And so that little house and those little green dots shows that there is one NGO for every 66,000 Ethiopians in contrast to the church that has one church for every 540 people.

So, this example underscores how broad the church is and how it is empowered to reach children. It is probably the most effective engine that we have to address the needs of children living in a world of HIV and AIDS. With this breadth and all of the positive examples that we have heard from Geoff

and some of the ones that I have just shared, we have also talked this morning about some of the difficulties, some of the challenges, the stigma and discrimination that persists in some of the church responses.

There was an Oxford study in 2005 in Kenya that said where a church does not have an HIV support strategy, it will usually name it with a euphemism like the Welfare Department. The research found that across six countries, 84-percent of the respondents reported that people are unwilling to discuss AIDS openly in the community. Sometimes, churches and faith-based organizations bring solutions that seem correct, but may not be supported by best practices and one such example is to resort immediately to institutional care and Geoff touched on this. There is a great study from Malawi from the *Journal of Community Health Nursing*.

Well, actually, the study was on orphan care in Malawi in the *Journal of Community Health Nursing* and the authors concluded that institutions and Western-styled orphanages are not the best answer to the growing number of AIDS orphans. The model of care preferred by Africans is community-based because this keeps the child in a family environment in their own village and tribe. By listening to the people of Africa, the worldwide community can learn how to work with them as they care for millions of orphan children. Help begins by trying to understand the African culture and not by imposing our

Westernized culture. It starts by listening to the children and the people of Africa as they tell us what they want to do and what we can do not for them, but with them. I thought that was a very powerful quote of how we need to be listening and engaging and partnering with people to find the right solutions for their culture and context.

So, despite some of the errors that we have committed, we also have a great opportunity and I want to share a few of the approaches that World Vision has used in working with both the Church and with communities around orphans and vulnerable children.

When we started out, we looked around to see what others were doing and we found out that the Christian AIDS Bureau in Southern Africa (CABSA) had developed the Channels of Hope Program and we thought rather than inventing the wheel, we would join in with them and entered into a partnership agreement with them and they are now co-developing that and spreading that throughout Africa and all the other regions of the world. And that approach starts with the faith leaders and helps to equip them by looking at themselves first, their own attitudes and beliefs and stigma and discrimination and behaviors and then, hopefully, transforms them into catalysts that can return to their community and engage their whole congregation, their whole faith community to be that same sort of catalyst and to come back and to develop action teams and

deciding what sorts of activities that they would want to engage in in their community, whether advocacy, prevention, or care and support.

We also looked at community care models and eventually developed what we call Community Care Coalition and that really is nothing that dramatically new. Many of you are working with similar models and that starts with engaging everybody in the community that are interested in children, bringing them all together, looking at what's being done in the community and what are the gaps, who are the vulnerable children, what are the criteria that would determine a vulnerable child in that context and helping them to devise a plan to address those gaps and generally that means getting volunteers together and training them in the needs of how to provide holistic care to children and to make regular household visits, to care both for them as well as their caregivers. And meanwhile, the Community Care Coalition structure acts as an agent to monitor and support those volunteers and to engage with all of the partners throughout that community. And what we found is that those two models mutually reinforce each other.

So, on the left side there you see the local congregation with its activities and with programs related to orphans and vulnerable children, vocational training, whatever they might have, home-based care and how they can, through their HIV team, or whatever they might call their committee,

then sends volunteers to the Community Care Coalition and engage with local leadership in the community, the community caregivers, government representatives, other NGOs and CBO representatives.

So, what we have found in carrying out a number of studies is that churches and FBOs are actually enhancing and embedding the work of Community Care Coalitions and that many of the home visitors are actually church members and represent some of the most loyal and committed members of the CCC in carrying out some focus group discussions. With children in Ethiopia, I was surprised to hear them say that they actually preferred a volunteer who was coming from their local church and they felt so encouraged when the local pastor showed up to pray with them and even if they did not provide any material support, you could see that they had benefited psychologically and emotionally from that visit and they really appreciated those home visitors coming from the local church.

In addition to that qualitative evidence, we have carried out some operations research in Zambia and Uganda and this had shown that through the work of Channels of Hope, through churches and faith-based organizations and CCCs that actually children are receiving over time, the orange graph there are showing the villages and communities that actually had Channels of Hope active and Community Care Coalitions working in those villages and the yellow area is where the

control village is. As you can see that over time, orphans and vulnerable children had improved access to medical care. They had more adequate food and in general they had, I think I might have missed one here? We got the wrong order. And in general, they also had more access to services.

In addition to that, our monitoring system across 487 projects found that 54,000 people including 10,000 senior faith leaders from 8,000 congregations had attended Channels of Hope and church mobilization activities in one year. And that out of those workshops and activities, 4,700 congregations had sent members to local Community Care Coalitions so that even if they did not even have their own active HIV ministry, they were able to engage and mobilize those church and faith-based members to join Community Care Coalitions. [Inaudible] also shared this morning some of the slides showing how the same research project had shown decreasing levels of stigma and discrimination and we know that it is very critical to reduce that stigma and discrimination in order to create a foundation for effective prevention with children and youth.

And so lastly, we wanted to show some of the results of the combined synergy of both faith-based organizations working together with community structures and that has shown over time the increase from our life skill training program from 2005 to 2007. When we started, it was 300,000 children that received support and went up as the Bishop shared to 900,000. The

number of Community Care Coalitions increased from 2,600 in 2005 to 3,700 in 2007 and the number of home visitors increased from 8,000 to 59,000. So, the growth overall, tremendous growth in this community care infrastructure has substantially been impacted by faith communities and it is actually assisted in providing care and support and increasing that support from 300,000 children to 842,000 children in 2007.

So, in trying to pull this all together, our children that are living in a world of HIV and AIDS, require assistance and there's just a vast number of them that are still not receiving that assistance. The recent UN Secretary General's report estimated that only 15-percent of orphans are receiving assistance and care in 11 countries that are most impacted by HIV. That is pretty startling, 15-percent, pretty dismal. Meanwhile, 34-percent of women were receiving PMTCT or prevention of mother to child transmission services. So, this low coverage is juxtaposed against this tremendous potential that churches have and the huge and sacrificial efforts that many volunteers are already making. So, how can we take this to a higher level? How can we take all of this tremendous positive energy and reach greater scale? My contention is that we need to be better networked together and that many of these churches and faith-based organizations are operating in silence, they are one by one, isolated interventions that are not well networked with each other.

Furthermore, I think the church and faith-based organizations can really step out of their congregations and start to lead within the community. I think we are often very, we stick within our safe confines of our buildings and our parishes and the community around those buildings and we are somewhat reluctant to go out and engage and actually provide leadership to broad community responses. So, we have found that that broad community response is possible and if the faith-based organizations and churches can really provide that leadership and what an incarnational witness that can be.

Just to conclude, from the Book of Zachariah, Chapter 8, God says to weary and discouraged remnant of the people of Israel, and sometimes we can get a bit weary and discouraged, that once again, old men and women will walk Jerusalem's streets with their canes and will sit together in city squares and the streets of the city will be filled with boys and girls at play. This is what the Lord of heaven's army say, all this may seem impossible to you now, a small remnant of God's people, but is it impossible for me?

I have a little friend named Gail, I have changed her name, who's living in a hospice, living with HIV. She is about 14 or 15 and lost her mother to AIDS-related illnesses. Unfortunately, every time I see her, she is getting more and more frail because she did not get onto the antiretrovirals early enough and my dream is that girls like her would never

end up in those institutions, really an adult hospice. And I dream that churches and faith-based organizations would provide greater leadership and support to community responses in order to reach children and youth with HIV prevention, care and support, referrals for testing and access to prevention of mother-to-child transmission and antiretrovirals. So, let's commit together to help churches and faith-based organizations enlarge their reach by empowering communities to help children live positively. Our mission and deep desire is that millions of girls and boys would live life in all its fullness. Our pray is that these same girls and boys would be able to go to school and play in the street with their friends. They are calling out to each other. Can you hear the sound of their giggles and the laughter ringing in our ears? [Applause]

**BISHOP RAMASHAPA:** Thank you very much, Martha. The two speakers have shared the findings of their research and now we are going to the third speaker who will either verify the results of their research, either positively or negatively, or just say no, they haven't done any research as far as I am concerned. I do not know.

We intended to have a child speaker, but the person that is going to speak is a child that because she or he belongs to this age of young people. I said earlier on that the third speaker is not at this table for a very serious reason, stigmatization and discrimination. The person said, "I

cannot come here because by coming here, I will be exposing myself to what I am experiencing, stigmatization."

And then I said earlier on that we have turned our children into commercial and ritual commodities and I think what she's going to tell us will testify to what I am saying, but before I call this speaker, I want to say to her because it is a she that my dear daughter, forgive us because we have become irresponsible parents by stigmatizing you. We hope that one day as parents we will see what you see and will hear what you hear, so that you can one day publicly share your experiences. But the main thing is that forgive us as parents.

The child that is going to speak to us as I said is not a very young child. Her name is Laura. She is 20 years old, a student of Psychology, and a volunteer at the Meson de la Misericordia Divina, a civil organization that supports people living with HIV, and this organization also supports the families of the affected people in Guadalajara here in Mexico. I hope I have pronounced it perfectly. [Laughter] I am just saying it as it is written. And then I am now calling my dear child, Laura, to address us. She is in this hall, somewhere in this hall, we'll just hear her voice and she will share her story with us through a video. Thank you, Laura. The stage is yours.

**LAURA:** Thank you very much for your words towards me. I am really thankful. So, I am going to begin.

The fact that you do not see me sitting in front of you and next to the two people who have just spoken is part of the answer of what us, children and young people live through, us who have HIV, what I mean is that we are afraid of being known, that someone can discriminate us, but I did not want to leave my chair empty.

So there you can see a painting that really speaks to me about the subject of HIV in children which is what I am here to talk about. The painting is called Three Loves and it was painted three years ago by two girls and a boy who are very special in my life because I lived with them in the Meson de la Misericordia, which is a civil organization that exists since 12 years ago and to which I arrived when I was only 8. In this place they lived a good part of their life. As you can see, the painting is divided into three sections. I would like you to please look at the painting.

The children that painted it have in common the fact that the three of them lost their mother to AIDS. The three of them were born with HIV and they take antiretroviral treatment since a very young age. The three of them were abandoned by their families at least for a few years and also the three of them found their home at the Meson.

I want to tell you that I could just as easily paint the fourth section of this painting because I lived the same thing as Mari [misspelled?] when the first image to the left

painted her mother doing house work and then placed two hearts, that of her father and that of her mother just as she imagined them in heaven. The same as Carlitos who in the middle of the painting painted a television and put a heart in the screen and he said that that was her mom's house, her mom, Genata [misspelled?] who lived in heaven and the same as Rosie [misspelled?] who painted her mother eating soup and on top, if you use your imagination, you can see the image of the Virgin of Guadalupe who she met and began to love in the chapel of the Meson where she lived since she was 9 months old and the prognosis according to the doctors of only a month left of life.

With the exception of being abandoned, I live the same thing that they live for since my mother died, for she had to leave me and leave all of us when I had only turned 5 and nowadays, my family and the Meson have always been with me, loving me and supporting me throughout my life.

I remember that after my mother died, my father also left. I asked where they were, but nobody could answer. I want to tell you that this is something that is very common and very painful that us, children with HIV, have to live through. We ask about our parents and no one can give us an answer because the fact that they died of AIDS made it a taboo subject. Because we cannot talk about these losses, we just grow up and we have feelings that each day grow and leads us to

explode from inside. I am the first girl that arrived to the organization. I grew the Meson and they grew with me. From there, they took me to the hospital and my doctors gave me a lot of treatment and support so that I wouldn't miss school as much as I used to. On the other hand, I asked myself at home, why is it that I have to take a higher dosage of medicine and why do they have to take blood out so many times a year? They told me that I had anemia, but I had my doubts. So, a year later after a lot of research and looking through the trash to find the instructions of the medicines that my family threw away so that I would not see, and so that I would not see the truth, I found them. I read them. I drew conclusions and it led me to realize that in fact it was not anemia that I had, it was HIV.

I decided to be quiet and keep it a secret just like my family had done. I also decided to say goodbye in silence because I thought I was going to die. It really hurt me to find out that my family could not tell me the truth, but afterwards I understood that it was because they did not want me to live through and suffer and know what they had already gone through with my mother, but now with my pain, because then they did not think that the best way to protect me was telling me the truth.

The children that come to the workshops of the Meson work about their feelings, their pain because of their losses.

They know what HIV is and the importance of sticking to the treatment of their cares [misspelled?]. They support, they give spiritual support to each other because they are living through the same situation.

Now, let us listen to some friends of mine who gave us their testimonies for you and him and those girls talked about their feelings, about the Meson, about their desires, their wishes, about what they talk to God about everyday, about their life. So, please, could I ask you to put the video on and please, respect. Do not take pictures. Thank you.

**FEMALE SPEAKER 2:** [Inaudible] I give them a kiss because they thought that they would contract my disease. I am an HIV carrier.

My father left to United States and I live with my grandmother. She has always supported me in everything and when I knew that I had HIV, I realized when I was taking my medicines, and I asked my mom if she could tell me why I took the medicines and she told me that she would and that is when she told me.

Here, I found people that love me and that have taught me how to live with HIV. They have taught me to take my medicines and to live with other children because before I did not like to talk to other people and now that I have come here, now I really like to play with other children and sometimes they give me a lot of hugs, love, kisses. I started going to

some workshops that taught me to learn about my disease, about how to take care of myself. I once said that I hated my mother, that I did not love her, but later on I started to realize and I saw that my mom was not to blame for what I had. Now, I love my mom even more and I wish I had her with me to hold her, to hug her and kiss her and tell her how much I love her.

Here at the Meson they told me that the virus was very small and that it was in my body and if I took my medicines, I could make it even smaller and smaller in order to be well and not be sick. Do not give up. And keep looking for a treatment for HIV and I will be waiting for that.

**MALE SPEAKER 1:** What do you talk to God about? Could you tell us?

**FEMALE SPEAKER 2:** Yes, I ask God to help me overcome this that I am going through, the disease, and every time that I have tests taken, I ask Him to take care of me and help me take my medicines. Every night, I pray and I talk to God and I ask him that the following day is a day that they tell us that there's cure because we are waiting for that cure and we are fighting everyday. I talk to God and I ask him to help the people who are making the medicines so that they find a new one that can cure the disease and take care of all the sickly.

Okay, and I would like to give thanks to God, our Lord, because I wake up every morning, because I can see, because I

can talk, and I am in one piece, because I do not lack anything and even though I live with HIV, I want to move on. I want to go on in the path that I am living and with hopes of meeting my dreams in the future. Finally, I would like to tell you of the situations that I have already mentioned, the most important thing is to have and to feel support and love, to know that we are not alone in this struggle, to not feel less. On the contrary, to be proud of ourselves and that even though our prognosis is difficult, that we are sure that we can turn it into something positive and not give up. We need to find strength and to have hope again, hope to live, and to keep meeting our dreams and our goals throughout our path because HIV is not an obstacle to live if we think positively, if we make an effort and if we continue without giving up in this process, in this struggle, fighting shoulder to shoulder and heart to heart towards the end.

I want to invite you in the name of all the children of the Meson and the children of Mexico to come together with us with love, with information, with your faith in action so that the experience that we are living today can help other people because I know that not every children in the world have treatment for HIV nor do they have doctors like we do nor do they have a home like we have in Meson who loves us so much.

For those of you who left ahead of us, for those of us who are living with HIV, I want to say again my faith in God

and myself and in you because I know that you put your faith in action now. Thank you for listening. Thank you very much.

[Applause]

**BISHOP RAMASHAPA:** One regret that I have been missing that I had this speech because my earphones was sometimes cutting, but I think I have got the summary of the story from the children. We have had it [misspelled?].

We are running a bit behind time, but we'll try, because we started late, we will try what we are supposed to do.

Let me start with the story from the children. What I found is that as there's a big challenge to faith-based organizations, the challenge around ignorance and fear. One little story, recently in the country where I come from South Africa, there was a young woman with four children, not that very young, and then she was told that she is HIV positive. And then she preferred to torch herself and the children to death because what she had was that HIV is incurable. So she said the best way that I should die simultaneously with my children and then they all five died in fire. Now, it is a question of fear and ignorance. Now, how do we face that as faith-based organizations?

From the speakers at the table here, we got good statistics on positive things, but there were very little issues around negativities. In most cases were positive things

and I ask but one question that I would like to pose to you. In your research, both of you, any one of you, have you tried to research on those children that are hidden? Like Laura? Or have been sent to hiding because of stigmatization? Well the point of the question be simple that yes, we have not done that because we do not know anything, but they are there. And then, what would be the challenges [inaudible] about those children who are hiding? And then, how do we reach those hidden children like Laura as faith-based organizations? Maybe you can just respond to this one.

**GEOFF FOSTER, M.D.** I work in a government hospital as a pediatrician and one of the things that I have noticed in the last three years is we have had an antiretroviral treatment program and all of a sudden children with AIDS are appearing at the hospital. There is no doubt that actually having treatment has made an enormous difference and the children who were dying at home are now being brought to the hospital. What's been interesting is to see the way that they've come in. The diagnosis has already been made before they come to the hospital, it is what we call a community diagnosis, and people in the community are diagnosing AIDS in children based on the fact that the parents are sick or who've died and the children have clinical illnesses and are missing skill [misspelled?]. And it is very often churches that are doing this and I think that

children who are hidden away, especially older children, are increasingly coming for treatment.

**MARTHA NEWSOME:** Maybe just to add on to what Geoff has said, we haven't done research on the hidden children, but certainly the communities and the churches are the best place to find those children and so we have had examples of home visitors actually finding those children. Certainly in Africa, I think we still have that very low PMTCT that prevention of mother to child treatment rate of 35-percent, so really we should be investing huge amounts of efforts also to be out there educating the community about PMTCT, about antiretrovirals, making sure that that woman that killed herself knew that there was treatment available to make this a chronic disease and also to redouble efforts to make sure that pregnant women are getting the services that they need so we have less and less children that are infected with HIV because we know that most of those children, if they do not get on antiretrovirals, 50-percent of them die before the age of 2. So certainly, we need a broad-based, multi-pronged approach to find those children.

**BISHOP RAMASHAPA:** Thank you very much. Now, we are going to turn into, I will give you 5 minutes of discussions and questions of some issues at your tables. I just want to add on what they have said. For example, I would like us to look at the [inaudible] service who are giving support to our

children, as faith-based organizations, how far do we advocate for their rights as faith-based organizations? And again, looking at the vulnerable children that we are having in our organizations in churches, in our mosques and even in our temples, these children are vulnerable and they are exposed to early pregnancies. Now the question is that how do we help them out of this situation?

I have just been given what you call a request that the questions I would like to ask that we take even if we do not answer them now, we take them home. We interrogate what they have been saying here and the question that I have put to you because we do not want to be late with another session that is the worship session. And therefore, I am just going to ask the speakers, instead of you putting questions, just to summarize on what they would like us to do, shortly, not more than a minute. Or put more challenges to us as faith-based organizations.

**GEOFF FOSTER, M.D.** I think that is a very tough question to just throw out to us and especially the advocacy question is something that I have just come away from a meeting of a board of a foundation that is involved in supporting children. And this is the question we have been discussing, what should we be doing as an organization to increase advocacy for children who are being affected by AIDS? And it is a very difficult question to answer because we know that we let

children down consistently, that children are, because they are not able to represent themselves very often, or very easily, they get forgotten about and this is what is likely to happen I think at this AIDS Conference. It happens every two years, that children are mentioned, but then people will get on with the business with dealing with adult problems and I think that churches are very well situated to take on children's role [misspelled?] because they take the example of the Lord Jesus Christ who rebuked the disciples for sending the children away and I would like to see greater involvement of our church leaders in issues around children being affected by AIDS. I would like them to better understand what is going on in our churches of the thousands and thousands of church-based responses that our volunteers are doing basically by themselves because they're seeing what is happening to children. They're seeing children going hungry. They're seeing children out of school. They're seeing children being sexually abused and they are responding. This is the reason why we see so many responses to children throughout Africa. It is the biggest issue for people in Africa concerning the impact of HIV/AIDS in the community, when they're asked what is the most important aspect of the epidemic, they frequently say what is happening to our children?

So I hope that we can as Christians, as religious people take on the issue of children and bring to the attention

of those who are making policies and devising services and allocation resources.

**MARTHA NEWSOME:** It is hard to think of a few challenges because I know you are eager to close the session and get on to the worship, but perhaps a couple of questions to throw back to all of us. I would be interested to know how many of you are actually already working with children in this room, if you could raise your hand? Oh, less than I had hoped.

So I think that would be the first challenge is if you're not engaged with children, are you supporting other organizations that are, or other churches, other faith-based organizations? And the second challenge is if we are engaged, how are we connecting with each other? How are we networking and leveraging the different skills that we bring, where I might bring something of value and another group that might bring something of value? I have had the unfortunate experience in South Africa of often seeing churches and somebody comes to me and says, "I have got this great idea. I am going to open a home for orphans." And I start to ask them, well have you talked to this group? Do you know about this group? Have you looked at this curricula? Have you done an assessment of who is doing what? And they just sort of look at me with this puzzled response. And so sometimes I think I am getting through to them, that they're going to turn around and they're going to take all the numbers and the organizations and

the people that I have suggested they contact and follow up with them and then I find out that they've actually sent me an email saying well, actually could you provide 10 mattresses or could you find those clothes to send to my particular institution. So, we seem to have liked to stay in our little [inaudible], so how can we connect?

And as Christians, as faith-based leaders, could we be held up having the most excellent responses to HIV and AIDS? We should actually be setting the standard and public health institutions should be coming to us saying you have got the best programs, can we learn from what you're doing? So let's go out and create those high quality upscale [misspelled?] programs by connecting with one another and lastly, in the IAC itself, how many child-focused sessions are there? We can certainly take as a group the role of challenging the International Aids Society about the emphasis of children, an entire HIV response because I find that I find that it is minimal. There are hardly any tracks that you can find where you can even submit abstracts related to children that are infected or affected or prevention sessions or community care sessions or faith-based sessions around children affected by HIV. So those are a few challenges.

**BISHOP RAMASHAPA:** I think here, let me use my power of authority. A little story to say, the theme of this conference is Faith in Action Now. A little story that I wanted to say is

that I come from South Africa. When we are struggling against apartheid, most of the time we were not saying things, we were doing things.

I was a pastor at a university set up and then one day a student was killed by the system. And that student belonged to my church. We were two pastors in that parish. And the pastor who was in charge of the parish was not interested in burying this young person. He had his own reasons and again there was an order from the police that we will only allow the family members to attend this funeral, and nobody; the pastor, members of the family, only. This pastor asked me to bury this young person. What I did, my house was about two kilometers from the church. I put on my clerical attire and I started walking from my house towards the church. By the time I reached the church, there were thousands and thousands of students going to the church because they saw me in my attire going to the church. I did not say anything, but by action I was able to mobilize them. So what I am trying to say is that for us, for the rights of the children, we may say less, but we can go into action especially as church leaders. We have to do something. Thank you. [Applause]

**FEMALE SPEAKER:** Thank you to the panel for sharing with us on HIV in children and for the powerful words that you have said for us. Thank you very much.

**MALE SPEAKER:** [Inaudible] What is our challenge from our third speaker? The third person on the panel?

**BISHOP RAMASHAPA:** [Inaudible].

**FEMALE SPEAKER:** What is the challenge from the third speaker?

**BISHOP RAMASHAPA:** Yes, but [inaudible] allow us to go into that. Those are the questions that we have to take home.

**FEMALE SPEAKER:** Laura, if there something you want to say as a final challenge to the group, they would like to hear any words that you have to close off.

I am not sure that she is still here. Okay?

**MALE SPEAKER:** It is fine.

**FEMALE SPEAKER:** Okay. So, once again we are closing off the plenary session. We hope that you will continue to talk about the issues that you have heard both from the Laura and the two plenary speakers. [Applause]

[END RECORDING]