RELIGION & STATE DEVELOPMENT COOPERATION

*A German-South African dialogue on
historical and current challenges*

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Resilience and renewal – the role of faith in the response to HIV

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This meeting takes place in the context of the global COVID-19 pandemic – with its enormous global impact on our health, economic and social systems – and its lasting consequences for individuals, communities and countries that will be with us for at least the next 5 to 10 years. The pandemic not only has a direct impact on efforts to achieve the 2030 Sustainable Development Goals of the United Nations, but it threatens to derail the progress we have made so far in the fight against HIV/AIDS.

We have already seen the *redirection of resources* to deal with the COVID-19 emergency, and the *disruption* in prevention, testing and treatment programmes, as well as the devastating impact of job losses and food insecurity, which have mainly affected the most vulnerable in our society – namely women-headed households and children. COVID-19 has intensified existing global and national lines of inequality, not only affecting access to quality healthcare, but access to education and employment and receiving a steady income.

In the wake of COVID-19 there is one thing of which I am certain: if we simply continue to work in the same way as in past years, we will not succeed in our fight against HIV and AIDS. We have to *change our model of joint action*, and especially

¹ Archbishop Dr Thabo Makgoba, Anglican Archbishop of Cape Town, keynote address for international UNAIDS Virtual conference, 22 September 2020.

how we establish partnerships of formal collaborations in the way national programmes are planned and implemented.

We have to learn to work smarter and more efficiently with the resources we have. We have to be more accountable and transparent in faith and government systems to curb corruption and wastage of scarce resources – if we want to ensure that “no-one is left behind”.

The point has been made repeatedly that faith-based organizations play a key role in the delivery of essential services; that they are located in local communities which trust their work; that although their role is sometimes negative (for example, condemning alternative lifestyles that in turn generates stigma and alienation), they also deliver comprehensive prevention, treatment and support services.

In 2012 Ambassador Eric Goosby told a PEPFAR consultation:² “In sub-Saharan Africa, it is estimated that 40 percent of health services are provided by FBOs, many of which serve the most rural areas and the most marginalized people. FBOs have ... strong community roots, and a deep reservoir of trust on which to draw. Robust participation of FBOs is not optional – it is essential for an effective response to AIDS”.

However, there is often a lack of understanding and financial support from government and development agencies for the work of faith-based organizations. In the design of National Strategic Plans (NSPs) for Health, faith-based contributions are often disregarded by medical and financial consultants and bureaucrats, who either do not accept the overwhelming evidence that the FBOs make a substantial difference in combating AIDS, or, faced with fierce competition for resources, relegate the role of FBOs to general “advocacy” and moral support programmes that have little chance of receiving appropriate funding.

Our experience is also that the interaction between international development agencies and national health functionaries can sometimes obstruct cooperation with FBOs. For example, the argument is used that “this is what the international donor wants”. The issue should be not what development agencies want, but

² Ambassador Eric Goosby, MD, US Global AIDS Coordinator; A firm foundation: The PEPFAR Consultation on the Role of Faith-based Organizations in Sustaining Community and Country Leadership in the Response to HIV/AIDS, 2012.

what does the country need to strengthen comprehensive health systems? We need to guard against falling into the trap that the response to HIV/AIDS becomes a business, where only those who have inside information and special contacts, and can deploy the correct jargon, have a real chance of access to meaningful resources.

I want to repeat what I said in 2015 at the International Ahimsa conference on Faith and Global Health, co-hosted by the National Religious Association (NRASD) in South Africa:³

Faith-inspired communities are willing to partner with governments: not to strengthen our own hands, but for the sake of the vulnerable and the excluded. We want to build the future together. Faith-inspired communities do not see themselves as the end but instead exist for others.

We ... need to have courage to move beyond fear and [have the] stamina to work collaboratively and to end inequality of opportunities, particularly around the issue of health. Faith-inspired communities are willing to partner with governments: not to strengthen our own hands, but for the sake of the vulnerable and the excluded. We want to build the future together. Faith-inspired communities do not see themselves as the end but instead exist for others.

There are numerous models of effective partnerships between faith-based organizations, governments and international agencies across the world – many of them documented in PEPFAR and Global Fund publications.

I would like to mention a few from my own context in South Africa, as well as a new statement by international scholars published by the Berkley Center at Georgetown University.

In South Africa we are dealing with four pandemics at the same time: HIV/AIDS; TB (and 60% of people living with HIV/AIDS have TB, the number one cause

³ See Global Health and Faith-Inspired Communities, Ahimsa Roundtable 2015, hosted by the EFSA Institute, Ahimsa Fund and the World Faiths Development Dialogue, published by the EFSA Institute.

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of death); COVID-19; and finally the pandemic of poverty, unemployment and inequality that impacts directly on the quality of health services.

But there is cause for hope, both in South Africa and internationally.

- The South African National Religious Association for Social Development (NRASD), in partnering with Global Fund and our National Health Department, has developed a Health Literacy programme that invests in the training of faith-based health care workers, based in local faith communities.
- Formal agreements between our National Department of Health and faith communities to distribute chronic medicine have made it easier for patients to access their medicine. Sharing a cup of soup and stories to encourage one another adds to the impact of this programme.
- Public-private partnerships in the current COVID-19 response have fostered cooperation to ensure that we have capacity to cope with infections.
- The integration of emergency food, social and health services in an initiative in the Northern Cape including an iron-ore mine, the NRASD, local faith leaders, the national Department of Social Development, and the national Department of Health not only serves the most vulnerable families in the community, but is cost effective and collects quality data for social and health systems.
- A recent Berkley Center publication⁴ builds on inputs from academics, faith communities and FBOs across the world to formulate specific challenges and targets for faith communities to strengthen their resilience in the fight against HIV, setting ambitious targets to help achieve the goal of eradicating HIV by 2030. If financial support can be given to this kind of global initiative, this would substantially strengthen the role of faith communities.

A recent study of the challenges facing current PEPFAR interventions has concluded that there are “significant limitations in facility-based models” and that there is a growing consensus that building “community-based alternatives is necessary”.⁵ This is in line with our National Health Department’s focus and policy on Community Oriented Primary Care.

⁴ Faith and HIV in the Next Decade: Mobilizing Religious Communities to End the HIV Epidemic, The Berkley Center for Religion, Peace, and World Affairs, Georgetown University, July 2020.

⁵ See the article by M. Kavanagh & V. Dubula-Majola, “Policy change and micro-politics in global health aid: HIV in South Africa”, in *Health Policy Planning*, 2019, 1-11, Oxford University Press.

I am encouraged by a statement this month by South Africa's Minister of Health, Dr Zwelini Mkhize, when he emphasised:

In essence, there needed to be a new way of doing things where government does not confine itself to the role of service delivery, thereby exerting control over communities but to rather shift towards the role of a facilitator and co-ordinator, supporting the numerous initiatives and proven networks of capacity within faith communities, NGOs, civil society and businesses that have the capacity to implement such programmes.⁶

He added:

I therefore commit to championing enhanced collaboration between Government and Faith Communities – ... faith communities work at local level and have a presence in every corner of the country, including rural areas ...

As government we agree that coordination between multi-lateral and bilateral agreements are needed to ensure streamlining and non-duplication of ground programmes ...

Given the alternative innovative models available and the strong commitment of leaders like Dr Mkhize, is it too much to ask: Can governments and international development agencies consider allocating at least 5% of their existing budgets to foster and strengthen partnerships with faith-based organizations, to use that as leverage to involve private and volunteer networks in a professional and coordinated way? This could mean the difference between achieving and not achieving our 2030 goal to rid the world of HIV/AIDS.

Allow me to end with another quote from my address to the conference on Faith and Global Health that I mentioned earlier:⁷

We all believe that we love because our Maker first loved us. We all serve, because we believe that our Maker came to serve first.

⁶ Dr Zwelini Mkhize, in his keynote address to the virtual General Annual Meeting of the Partnership for Religion and Sustainable Development (PaRD), 3 September 2020 – see his contribution in this publication.

⁷ See footnote 3.

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Particularly in the Christian community, we believe that He came so that we may have life and have it abundantly. He came so that our spiritual, emotional, intellectual, and physical dimensions of human living are catered for. All our faiths believe that God created us in his Image, and we are all intrinsically valuable in his eyes; we are all intrinsically worthy of dignity and respect – no matter what our circumstances.

Thank you for your attention. May God bless you.