

The Swedish Mission Council HIV and Aids Policy

Adopted by the SMC Board 11th March 2010

1. Introduction

1.1 The Overall Purpose of the Policy

SMC's HIV and AIDS policy describes the view of SMC on the work with HIV and AIDS. By describing the attitude of SMC to the work with HIV and AIDS, and by clarifying the principles for what might be included in work financed by the SMC, the SMC seeks to create workable conditions for decision-making and planning of work that can lead to decreased spreading of HIV, and to greater opportunities for those affected by HIV and AIDS to influence their future.

1.2 The Extent of the Policy

The policy applies to the SMC Desk as well as to the members and partner organisations in the development collaboration work for which the SMC receives grants, which means contributions from Sida and other grants that the SMC procure. That means to work in accordance with and to hand over the applicable aspects of the contents of the policy to the next stage. The SMC policy includes the Sida guidelines.

1.3 The Process of the Policy

The policy has been worked out in collaboration between the SMC Desk and member organisations as well as in dialogue with its partner organisations. It has been adopted by the SMC Board and applies until further notice.

1.4 The Background and the Motivation behind the Policy

The extensive spread of HIV leads to great challenges for the development of societies. The spread is global, although Africa south of the Sahara is still the worst affected area, where there are 25 million people who live with HIV. In this region, the social consequences at both the macro and the micro levels have been the worst. In many countries, the medical care available was already functioning badly, and the numerous cases of AIDS have often led to a catastrophe within the medical care provisions. Many highly educated young people are ill with AIDS or

have already died, and this has led to serious consequences with regard to the administration and the education system in these countries as well as with regard to agriculture and the economy. The numerous deaths have also resulted in a very high number of orphaned children. However, in other parts of the world people are also seriously affected by the spread of HIV. A serious tendency that characterises the spread of HIV is the feminisation of HIV, i.e. the numbers of women and girls that are affected are increasingly rising.

SMC's HIV and AIDS Policy is founded on the basic values of SMC, according to which stewardship and the equal value of all people are central values. Another starting point is the insight that the body of Christ suffers from AIDS, since AIDS is an aspect of us, who are members of the churches and to express this, we can say that the body of Christ is also affected. The SMC member organisations and partner organisations – churches and Christian organisations that are spread around the world – usually work in areas where HIV has a clear bearing on the presuppositions for the fight against poverty, and where it threatens to marginalise already vulnerable people even further. The local presence and the closeness to individuals and families mean that these churches and organisations live near to and share the problems of HIV and AIDS. The church has a vocation to be there, among the sick and the dying, the mourners, the orphaned children and other vulnerable people, and to provide love and hope. Sometimes the church has however contributed to the stigmatisation by closing its eyes to the suffering and the realities, and has thus become part of the problem of the spread of HIV. At the same time, the church and Christian organisations constitute a significant part of the solution, and they hold the key roles to successful preventative work, designed to reduce the affects of AIDS. The HIV and AIDS issues are therefore something that the SMC with its members and partner organisations need to relate to, and constantly need to seek to find methods to reduce the spread of, or at least to lessen their effects.

2. SMC's View of HIV and AIDS

2.1 Definitions

In the year 2010, 33 million people were infected by HIV and they could be found primarily in the poorest countries of the world¹. Even though the needs for preventative work and support for medical care and treatment remain urgent, a global stabilisation can nevertheless be discerned. As a result of major international efforts, the mobilisation of the civil society and of leaders from various concerns, the pace of the number of new infected patients has been slowed down in some countries. The extent and the spread of HIV are affected by various causes in different parts of the world. It is therefore very important to

¹ Report on the global AIDS epidemic 2008 (UNAIDS).

have knowledge about the driving forces behind the spread, in order to provide an effective response. The choice of preventative strategy must, among other things, be based on knowledge of whether this is a concentrated or a general epidemic.

Some concepts related to HIV and AIDS:

- a general epidemic: a prevalence of HIV of over 2 percent of the national population.
- a concentrated epidemic: refers to a particularly vulnerable group, of which the prevalence exceeds 2 percent, while the national prevalence may at the same time be less than 2 percent.
- a HIV perspective in a development project: refers to a project that in some way or other relates to and takes HIV and AIDS into consideration. May include specific measures or only relief of the effects of HIV as well as preventative work (see SMC's analysis appendix to the application form for development projects for more information).
- IGA: Income Generating Activity could, in an HIV context, include training in some activity that the target group consider as relevant and income generating, and which relieves the effects of HIV and AIDS.
- mainstreaming of HIV: is a process that enables the development agents to tackle the causes and effects of HIV and AIDS in a long-term way, both through external work and in their own workplace (external and internal mainstreaming).
- positive living: an attitude developed by HIV-positive people who make it publicly known that they have been infected by HIV. At the same time they seek to keep to a properly balanced diet, to practice safe sex and to look after their psychological and spiritual well-being.
- sexual and gender-based violence: includes physical, sexual and psychological violence, such as rape, forced marriage, abuse, circumcision and sexual harassment.
- SRHR: Sexual and Reproductive Health and Rights refers to the rights of women and men, old and young, to make their own choices about their sexuality and reproductive health (as long as these choices do not harm the integrity of other people) and to have access to information and medical care in order to maintain their health.
- stigmatisation: for example when people who live with HIV are estranged by their neighbours and family or lose their employment. This often leads to a fear of taking a test and of acknowledging one's status publicly, since doing so implies the risk of discrimination and rejection.

(See the website of SMC for more information on concepts and abbreviations relating to HIV)

2.2 Challenges

Shortfalls in Human Rights. People's vulnerability to HIV increases whenever their human rights are not respected, and especially the rights that are connected to sexuality, reproduction and health (SRHR). It is therefore of the utmost importance to work with HIV and AIDS from a perspective of rights, and actively to increase the equality between women and men.

Prevention. The latest decades show that HIV and AIDS are complicated and require multiple ways of tackling. An important preventative method is to increase the use of condoms. At the same time, experience shows that the main problem concerns attitudes to sexuality, and methods to influence these are therefore urgently required.

Leadership. Leaders, who are able to turn promise into action, are needed at different levels of society as well as a mobilised and active civil society. This applies not least to the religious leadership.

To Understand Complex Issues. It is important to understand the complex causal links and the main factors behind HIV and AIDS. It is a matter of asking the right questions, "to become familiar with your own epidemic" and on that basis to construct the correct response.

The Development of Capacity. Christian organisations and churches rarely have work on HIV as their primary purpose, but through meaningful collaboration with other organisations they may take up significant roles and learn to become more HIV-directed organisations.

Sustainability. The sustainability of the work may become a challenge and it is important to gain some sense of ownership among churches and Christian organisations with regard to the work with HIV in order that this work may not cease whenever the financing of a particular project has come to an end. One way to create a long-term perspective is to include an HIV-perspective in theological education, social work and other activities.

Stigma and income. Because of stigmatising attitudes and a lack of knowledge, there is a considerable risk that people will not have the courage to acknowledge their HIV-positive status openly. It is crucially important that people do submit to testing and that they should know their own status in order for them to change their sexual behaviour and gain access to treatment. Stigmatising can lead to difficulties for the HIV-infected and for those suffering from AIDS to find an income through employment. IGAs for example are therefore an important alternative to income from employment for those who have been affected.

3. Principles and Attitudes to Work with HIV and AIDS

The following areas should receive special attention in the work with HIV and AIDS:

3.1 Influencing and Prevention

3.1.1 Greater Equality between Women and Men

- Equality should be emphasised as part of all development projects.

The effects of HIV and AIDS hit the women and the children the hardest and a lack of equality increases the vulnerability of women to HIV. The churches should make good use of their great opportunities to be a positive force by challenging destructive attitudes towards equality. It is also important to work to ensure that people's sexual and reproductive health and rights (SRHR) are being properly looked after.

3.1.2 Involving Men in the Work with HIV

- Work towards increasing the involvement of men in the work with HIV and towards greater equality between women and men.

Norms and attitudes with regard to sexuality and HIV can only be changed if both men and women become participants and are reached with information. In order to achieve thorough changes to attitudes and behaviour, it is necessary that men should also participate, and that there should be male examples. The involvement of men is just as important with regard to the care and support for vulnerable households, an activity which is currently most often undertaken by women, and which decreases equality and the opportunity for women to make a living on their own.

3.1.3 The Importance of Good Leadership

- Church leaders and other leaders in society should be involved in the work with HIV.
- Churches and organisations should be encouraged to adopt an HIV perspective for their own work.
- Churches should be encouraged to adopt an HIV perspective for their theological training.

Experiences from previous years of work with HIV and AIDS point to that fact that, in cases where leaders have involved themselves in this work, this has proved to be of great significance for the effect and sustainability of the work. However, there have often been difficulties in involving leaders of churches and denominations, individual organisations as well as politicians 4 (6)

and the commercial sector fully. This lack of involvement has obviously weakened the work of prevention and of lobbying significantly.

3.1.4 Alcohol and Gender-Based Violence and its Influence on the Spread of HIV

- The member organisations of SMC should emphasise the links between alcohol, gender-based violence and the spread of HIV².

The abuse of alcohol often leads to greater risk-taking with regard to sex. Research also points to the probable weakening of the body's immune defence system when it is under the influence of alcohol, which makes infection with HIV easier. Gender-based violence often increases when people are under the influence of alcohol, which increases the risk for the woman to become infected by HIV. In many developing countries that have a high HIV prevalence, the consumption of alcohol is also increasing. The church has traditionally had a strong voice in favour of moderation with regard to alcohol and has also traditionally condemned the violence exerted by men against women.

3.1.5 The Work of Lobbying at the Level of Individuals and towards Authorities

- Work towards lobbying at different levels should be included in all work with HIV.

Work aimed at lobbying is an important and broad method which can here be divided into two levels. There is influence of people's attitudes at the level of the individual and of society related for example to sexuality and equality, and there is also influence and the call for responsibility directed towards authorities and companies, carried out in the form of lobbying for example for access to medical care and treatment, and for the change of discriminatory legislation.

3.1.6 Children and Young People Within and Outside School

- Young people should be seen as agents and not only as target groups for HIV-related projects.

Young people, and girls in particular who because of social inequality are often forced to have sexual relations with older men, are often an especially vulnerable group for HIV. Work with young people should focus both on those who attend school and those who are excluded from formal education.

² See the Report by IOGT-NTO entitled Hiv och alkohol (2008), http://www.bistand.iogt.se/upload/HIV_skrift.pdf

3.2 Reducing the Stigma

HIV-positive people should be involved at all stages of HIV-related projects, from planning to evaluation.

The member organisations of SMC and their partners in collaboration should work out their own HIV policies and should have an internal preventative work and awareness increasing programme on HIV and AIDS.

People who live with HIV and AIDS are often subjected to discriminatory activity and social isolation. Here the church has an important role in actively working to strengthen the acceptance 5 (6)

and the involvement of people who live with HIV. The aim should always be to include HIV-positive people at every stage of the project, from planning to evaluation. In this way the opportunities for HIV-positive people to participate in decision-making processes that affect themselves will increase.

To reduce the stigma that is linked to HIV is also central to motivating people to take the HIV test. By working among members of staff on the question of how the church of one's own organisation should relate to HIV and AIDS, a significant step towards internal mainstreaming is being taken. To have an internal preventative work and to make people aware of HIV and AIDS and to have a policy that lays down what support should be available for any member of staff who might become infected is an example of important internal work, which may significantly reduce the stigmatisation of HIV-positive people.

3.3 Alleviating the Effects

AIDS often leads to the marginalisation of households where it is frequently the case that one or both of the parents are ill or dead. To alleviate such effects may be a matter of contributing to organising support for child-headed households, to provide training in new agricultural methods, to introduce micro finances and IGAs, and to introduce positive living. All these activities can be carried out as part of an ordinary project that has a special HIV perspective. The SMC does not give priority to specific work on medical care and treatment, such as the provision of antiretroviral medication and testing (see point 3 in Guidelines below for more information). This type of work is rather financed through Sida by its bilateral and multilateral grants (see www.sida.se for more information on this).

4. Guidelines for Work on HIV and AIDS within the SMC

Guidelines for Work on HIV and AIDS-Related Projects

Strategy and activities as part of work with HIV should be adapted to the local and current context. This includes the investigation of

- what the national and the local prevalence of HIV looks like,
- how stigmatising affects the people who live with HIV,
- what kind of support with regard to HIV is provided by the authorities and by other givers,
- on what target groups the project should focus and what target groups the organisation has the best opportunity to influence and to reach,
- how, and by whom, an effective message to the target group should be formulated,
- also any further questions found in the HIV analysis appendix to the SMC application form for development projects.

HIV work is grouped into five categories:

1. Preventative work: such as peer-educators, information material, condoms etc.
2. Care and support: including support for the organisation of Home Based Care (HBC), support groups for People Living with HIV and AIDS (PLHA), IGAs, the organisation of support for orphaned children etc.
3. Access to treatment: such as support for the target group to gain access to voluntary testing or antiretroviral medication (for example by providing transport or accompaniment, contact with providers), or in exceptional cases the organisation itself may provide this.
4. Lobbying: may for example include lobbying directed to companies, the government or the local authorities for improved access to medical care and treatment.
5. Ideological work: Work on theological reflection on HIV and AIDS, and on the role of the church in relation to HIV and AIDS.

The choice of the type of HIV work should be based on careful analysis of the context, of what other agents work in the area and of what they provide as well as of what your own organisation can carry out most effectively. In many contexts, the most relevant way ahead may be to combine and to include many different types, all depending on the characteristics of the local HIV epidemic.

The SMC should provide access on its website to important sources of information about work with HIV and AIDS.

5. Communication and Follow-Up

5.1 Application

Internal: The SMC Management Group will appoint the person responsible for the theme of work with HIV and AIDS within the SMC. Each member of staff is

responsible for applying the policy to the work. That means to clarify the implications of this policy for member organisations and other relevant agents.

External: The member organisations of the SMC should apply the policy to development collaboration work financed by the SMC. That means to work in accordance with, and to hand on to the next stage, applicable aspects of the content of the policy. This may also lead to the member organisations working out their own policies for work with HIV and AIDS.

5.2 Communication Plans

The policy is published on the SMC website. Seminars will be held in order to enable the integration of the policy in the work of the SMC and its member organisations. Members of staff at the SMC Desk, of the member organisations and their partners in collaboration should be fully informed about the policy and its content.

5.3 Follow-Up and Evaluation

A revision of the policy will take place on a three year-basis. Essential changes will be adopted by the SMC Board. The policy will be followed-up and evaluated by the SMC Management Group. The work should lead to continual learning in connection with the application of the policy