



Ecumenical Advocacy Alliance: Intervention during the Thematic Segment of the 31st UNAIDS Programme Coordinating Board

13 December 2012

The Ecumenical Advocacy Allianceⁱ is a network of some 80 Christian and faith-based organizations collaborating in advocacy. [We work alongside the World Council of Churches that has historically led a faith-based movement for health and healing for all, including a response to HIV since 1986.]

Eliminating discrimination is integral to our response to HIV[, as demonstrated by our advocacy for universal access to HIV prevention, treatment, care and support. In other words,] we uphold and advocate for the right to health for all people, without discrimination on any grounds, [and are committed to working towards this goal with intergovernmental, governmental and civil society partners, and, perhaps most strategically for us, with others from within our own faith communities.]

Faith-based groups, including many EAA members, are not only engaged in advocacy but also in the delivery of an array of health care services – from the running of large health facilities to the provision of community-based care and support. [This advocacy and service delivery is a practical expression of the Christian understanding that humankind is created in the image of God, that all are equally precious to God, and that everyone should have equal access to comprehensive, good quality and affordable health care services.]

There is no room for HIV-related discrimination in health care settings, or in society at large. The following are just three examples of how EAA members are combating discrimination in health care:

1. The Churches Health Association in Zambiaⁱⁱ, promotes a ‘Patients’ Rights Charter’ throughout its 146 member health facilities. The charter was developed to support community members, particularly people living with and affected by HIV, in claiming their right to health. Alongside the charter, a training course was rolled-out for both health practitioners and facility managers, as well as for community members. As a result, health facility staff are more aware of patients’ rights and have established managerial procedures for upholding the charter and dealing with contraventions; community members are more informed of their rights and responsibilities and how to claim them; and many government facilities have adopted the charter too.
2. Catholic Relief Services provides technical support to over 300 HIV projects, including through a site-capacity assessment tool.ⁱⁱⁱ In one CRS-supported health facility in India, for example, a training course was designed to build staff confidence, skills and understanding of HIV and to address any persistent discriminatory attitudes, and was provided for *all* staff. Following the course and combined with strong leadership from the health facility manager, all staff were better equipped to work in the health facility’s HIV Unit and the quality of care improved.^{iv}
3. Based on the experiences of faith-based health facilities, Caritas Internationalis and EAA have also jointly sponsored the “Prescription for Life” Campaign to raise awareness of *de facto* discrimination in access to early testing and treatment for children when compared with the access of adults. [Major reasons for this include the failure of pharmaceutical companies to increase research and development of “child-friendly” medications and diagnostic tests since this is not considered a high profit market and the opinion among some policy-makers that government funding in this area is not worthwhile.]

While citing these examples of good practice, we recognize with deep sadness and concern that people living with and affected by HIV continue to face situations of stigma and discrimination at the hands of some health practitioners, including at faith-based institutions.



This is unacceptable and undermines both core faith values and fundamental human rights principles.

The EAA is committed to supporting more advocacy, in-depth research and continued dialogue to share best practices for reducing discrimination among health professionals both within faith-based organizations, as well as in other private and public health care institutions.

Furthermore, we are convinced that the practical experiences of faith-based health professionals who are living out their compassionate vocation - promoting human dignity, equality and justice for all in the context of the HIV response - provides a wealth of insight and wisdom that needs to be more widely explored, including by faith communities themselves.

The EAA is committed to supporting processes whereby this experience and insight is further examined, distilled and used by religious leaders and theologians as they consider human dignity, human rights and non-discrimination, what they mean, and what is required of them in relation to other sectors in society, such as those we will be considering today: the work place, education, law and justice, and the wider community.

ⁱ www.e-alliance.ch

ⁱⁱ <http://www.chaz.org.zm>

ⁱⁱⁱ Through AIDSRelief alone (a five-member consortium, including CRS, that has been funded since 2004 through the U.S. President's Emergency Plan for AIDS Relief), rapid scale up of HIV care and treatment services for poor and underserved people has been supported in over 270 health care facilities in ten countries across Africa, the Caribbean and Latin America.

^{iv} http://www.crsprogramquality.org/storage/pubs/hivaids/reducing_stigma_hiv_fact_sheet.pdf