



– AIDSLink #62 – Leadership & HIV

“When I am afraid, I will trust in you.”
Ps 56:2

July 2007

Welcome to a series of AIDSLinks addressing leadership and HIV. This is also the theme for World AIDS Day 2007 and 2008. AIDSLink #63 (Aug/Sept) will be a double edition continuing the theme of leadership. I will be working out of Malawi and South Africa during this period and so my apologies in advance for irregular e-mail connections. Future editions of AIDSLink are planned to cover communication, project management, and risk and harm reduction.

Diane

international.aids-consultant@sim.org

SIM AIDS related ministries and HOPE for AIDS

CONTENT

1. Speaking to God about hard issues
2. Women's leadership and HIV&AIDS
3. Doing Medicine in the HIV Epidemic - a Job or a Calling?
4. Leadership, FBOs, and stigma
5. Attitudes, churches and HIV&AIDS
6. Coordinating with communities
7. Making it known – TB textbook + effective communication
8. Tip of the Month – The trust game

1. Speaking to God about hard issues

Strong and committed leadership is key in responding effectively to HIV. Leaders are distinguished by their action, innovation, and vision; their personal example and ability to engage others; and their perseverance in the face of obstacles and challenges. However, leaders are often not those in the highest offices. Leadership must be demonstrated at every level - in families, in communities, in churches, nationally and internationally.

But leaders don't always have all the answers. The Psalmist is willing to expose his vulnerability and cry to God about the hard issues. He cries in lament when he has nowhere to turn but God. He is troubled and frustrated, complaining about his own thoughts and actions (Ps 42:5;11 43:5), the actions of others (Ps 42:3), and God himself (Ps 42:9). Most laments are very personal using "I" but there are occasions for national laments (Ps 83). They give us deep insights into honest emotional struggles at both the individual and collective level. Grieving is warmly embraced as natural and healthy. We learn about ourselves and this can be frightening.

However laments also show us that our emotions should be grounded in faith. We commonly see seven distinct elements in biblical laments: a calling out to God, a plea for help, the complaint, confession of sin or a protest of innocence, a curse on enemies (though the Psalmist is careful not to make direct references to specific people or places), an expression of confidence in God's response, and a song of praise or blessing.

For discussion:

1. What are the hard issues that you as a leader might cry out in lament to God about? Write down your lament and bring it to Him.
2. In what ways has your confidence in God been deepened through struggle?
3. Identify the emotions present in the following laments? Ps 44, Ps 56, Ps 6, Ps 5, and Ps 14. What occasions or issues have evoked these emotions in you as a leader or in your community?

2. Women's leadership and HIV&AIDS

The following ten critical areas for action were identified at the World YWCA International Women's Summit: Women's Leadership on HIV&AIDS Nairobi, July 4-7, 2007. For more details see:

www.worldywca.info/index.php/ywca/world_council_07/iws_women_s_summit/call_to_action/call_to_action

1. Developing the leadership of women and girls to respond to HIV and AIDS, overcome stigma and discrimination, and offer solidarity and support to all women and girls and particularly those infected and affected by HIV
2. Ensuring the meaningful involvement of women infected and affected by HIV in relevant decision making, respecting our right to self determination and enabling our participation in the development of AIDS strategies, programming and decision making bodies
3. Promoting gender equality and the human rights of women and girls, including laws that protect these rights, education of those who must uphold them and services that enable women to claim their rights
4. Ensuring the physical, sexual and psychological safety and security of women and girls and an end to violence in all aspects of our lives, and working with men and boys to make this a reality
5. Promoting the sexual and reproductive health and rights of all women and girls, including the right to safe motherhood for all women, healthy and safe practices that minimise the spread of HIV and other sexually transmitted infections, and expansion of female initiated HIV prevention methods
6. Ensuring education, economic security and access to resources for women and girls, including the right to own and inherit property
7. Expanding access to services for women infected and affected by HIV, including safe testing, care, treatment and support, as well as services for expanded services for wider voluntary community testing
8. Promoting the human rights of young women and children by revising AIDS strategies to respond to the reality of their lives, preventing new infections, and providing solidarity, care and support for those already infected and affected by HIV
9. Advocating for increased resources to support the capacity of women to lead change on HIV and AIDS and recognising the valuable assets that women and girls bring to the response.
10. Promoting the participation, empowerment and leadership of women at all levels of society including equitable representation of women at the highest levels of national political, executive, legislative and judicial structures around the world.

3. Doing medicine in the HIV epidemic - a job or calling?

SIMER Dr Victor Fredlund, Medical Chief of Mseleni Hospital, South Africa spoke at a Christian Medical Fellowship, (Gauteng South) event, April 2007 on *“Doing Medicine in the HIV Epidemic - a Job or a Calling?”* Mseleni Hospital serves a population of almost 100,000, of whom 15% are living with HIV/AIDS. Victor shared his revolutionary and controversial approach to antiretroviral therapy rollout and the impact it is having on the community. His talk is highly inspirational, emphasizing the importance of serving.

Download his 40min talk (5MB) directly at http://mail.cmf.org.za/CMF/Events/HIV/07_04_19_Victor.wav or visit: www.givengain.com/cgi-bin/giga.cgi?cmd=cause_dir_news_item&news_id=14322&cause_id=975

4. Leadership, FBOs and stigma

“Stigma and discrimination are widely recognized as factors that fuel the HIV&AIDS epidemic. Uganda’s success in combating HIV&AIDS has been attributed to a number of factors, including political, religious and societal engagement and openness – factors that combat stigma and assist prevention efforts.

“Examining the actions of faith-based organizations and their influence on HIV/AIDS-related stigma: A case study of Uganda” (2007) by Otolok-Tanga, E., Atuyambe, L., Murphy, C.K., Ringheim, K.E. & Woldehanna, explores perceptions of Uganda-based key decision-makers about the past, present and optimal future roles of FBOs in HIV&AIDS work, including actions to promote or dissuade stigma and discrimination.

This study found that early on in Uganda’s response, FBOs were perceived by key informants to foster HIV&AIDS-related stigma and discrimination. Respondents attributed this to inadequate knowledge, moralistic perspectives, and fear relating to the sensitive issues surrounding sexuality and death. More recent FBO efforts are perceived to dissuade HIV&AIDS-related stigma and discrimination through increased openness about HIV status among both clergy and congregation members, and the leadership of persons living with HIV&AIDS”

This article is available at *African Health Sciences*, vol. 7, no. 1, pp. 55-60 and is downloadable (216KB) at: www.atypon-link.com/MMS/doi/pdf/10.5555/afhs.2007.7.1.55

5. Attitudes, churches, and HIV&AIDS

1. Findings from the first major survey in Protestant churches in the British Isles of attitudes to HIV and AIDS 2006/2007 sponsored by the Christian HIV/AIDS Alliance www.chaa.org was released in June. A copy of the full research report and a concise summary booklet can be ordered from CHAA info@chaa.info An online summary of results is available from:

<http://www.stphilipstjames.pwp.blueyonder.co.uk/chaa/summary%20of%20results.pdf>

2. "Tackling HIV and AIDS with faith-based communities: learning from attitudes on gender relations and sexual rights within local evangelical churches in Burkina Faso, Zimbabwe, and South Africa" by Mandy Marshall and Nigel Taylor is available on the Micah website: http://en.micahnetwork.org/home/hiv_aids__1/articles or: http://en.micahnetwork.org/home/content/download/2556/32669/file/Tackling_HIV_and_AIDS_with_faith_based_communities.pdf

The institution of marriage does not appear to be protecting women in some countries, with rates of infection among married women higher than those among unmarried, sexually active women. Recognizing that unequal gender relations are a driving force behind the AIDS pandemic, this article explores the position of local evangelical churches in Africa with respect to gender relations and sex, and the implications for HIV and AIDS. Based on desk and field research carried out by the UK-based NGO Tearfund, the findings indicate that these churches were largely silent on the issue of gender and sex, or were reinforcing traditional values which contribute to HIV infection. In a number of countries, the church also seems to have failed to provide leadership to young people, especially young women, facing huge pressure to be sexually active. Strategies for responding are outlined.

6. Coordinating with communities

In many countries, communities were the first to mobilize in response to AIDS, and their initiatives often laid the foundations for the development of the national response. Building on this, experience has shown that action on AIDS requires greater coordination among partners to ensure that actions are not duplicated and resources are used effectively and efficiently. As a result, UNAIDS in collaboration with the International Council of AIDS Service Organizations (ICASO), the African Council of AIDS Service Organizations (AfriCASO) and the International HIV/AIDS Alliance have launched "*Coordinating with Communities: Guidelines on the Involvement of the Community Sector in the Coordination of National AIDS Responses*".

The aim of the new guidelines is to strengthen the active and meaningful involvement of the community sector in the development, implementation and monitoring of coordinated national AIDS responses. Although their use will be affected by factors such as the current capacity of the community sector's organizations and networks, and the relationship between community groups and other stakeholders, these guidelines can be used as:

- A tool to assess the current strengths and weaknesses of community sector involvement in all national AIDS coordinating bodies and processes
- A tool to develop a multi-sectoral action plan to increase and improve community sector involvement in all national AIDS coordinating bodies and processes
- A tool for advocating to improve and fund both community sector involvement in national AIDS coordinating bodies and processes and also community sector networking and coordination
- A basis for developing local or district-level guidelines on community sector involvement in AIDS coordinating bodies and processes

The guidelines contain the following elements:

1. Booklet A: Background to Involving Communities (802KB)
2. Booklet B: Taking Action to Involve Communities (578KB)
3. Action Cards (7.6MB)
4. "Coordinating with Communities": Workshop Facilitation Notes (401KB)

and are downloadable from: www.aidsalliance.org/custom_asp/publications/view.asp?publication_id=248

Hard copies of the Guidelines and Facilitators notes are available in English, French, Spanish and Russian and can be ordered through the International Council of AIDS Service Organisations: www.icaso.org

7. Making it known – TB textbook + Effective communication

1. Dr Dennis Schellhase writes via the SIM health care network, “*Tuberculosis 2007*” (687 pages, 8.3 MB) is a medical textbook that provides a comprehensive and up-to-date overview of research, diagnosis and treatment of tuberculosis. The editors and authors of *Tuberculosis 2007* agree to remove the copyright on their book for all languages (except English, Spanish and Portuguese) under certain conditions. For details and free downloading see: www.tuberculosisintextbook.com/

2. Tearfund’s “*Footsteps*”, June 2007 addressing “*Effective Communication*” is available at www.tearfund.org/tilz Footsteps are holding a competition for readers to write an article of 500-1,500 words about an aspect of their own work with the target audience being Footsteps readers around the world. The challenge is to share information about a new idea in interesting ways, which will encourage others to use and benefit from it. Make use of diagrams, photos or illustrations if appropriate. Articles must be original work. Ten prize winners will:

- have their articles published in Issue 74 of Footsteps
- receive US \$100 worth of books of their choice from Practical Action, Hesperian, TALC or Tearfund
- receive ten complimentary copies of the issue that contains their article

8. Tip of the Month – The trust game

We all think that we are trustworthy because of who we are or our position. But people are unlikely to automatically and totally trust us just because we are professionals. Whoever we are, trust has to be fostered and maintained. The “Trust Game” helps us understand issues of power in leadership and feel what it is like when important and sensitive information about us is held by others.

1. Have the group sit in a circle. Explain that this is a serious exercise about trust.
2. Ask participants to think of a secret they have which they would not want anyone else to know. Ask them to write this down on a small piece of paper, fold it up and not show it to anyone.
3. Ask participants to pass their piece of paper with the secret in it to the person to their left.
4. Ask each person how it feels to have their secret in someone else’s possession. Record responses on a flipchart. Then ask each person how in turn how it feels to have someone else’s secret in their possession.
5. Participants now give the pieces of paper with the secret to the person the secret belongs to. Once this is done, tell participants that they can all destroy their pieces of paper and relax! No one has had to share their secret.
6. Debrief participants with the following questions:
 - What does this tell us about trust and confidentiality?
 - What kind of things might people share with us which should be kept confidential?
 - What factors foster trust?

This tool has been adapted from *Tools Together Now, 2006* (250 pages) by AIDS Alliance and is available for downloading (2.9MB) at: www.aidsalliance.org/sw36326.asp



Co-worker with you,
Diane Marshall, Consultant for HIV/AIDS
Email: international.aids-consultant@sim.org
Mail: 120 Herring Rd, Eastwood NSW 2122. Australia
Tel: (61-2) 9870 8208

Championing HIV & AIDS ministries and helping SIM and its partners respond more effectively to growing epidemics in Africa, Asia, and South America

The opinions and views expressed in AIDSLink do not necessarily reflect the views of SIM. Technical information in AIDSLink is AIDSLink is a publication of SIM International. This edition is made freely available through ICMDA and "Dignity and Right to Health" The opinions expressed in this edition do not necessarily reflect the views of these organizations. Technical information is crosschecked as thoroughly as possible however we cannot accept responsibility should problems occur.