Catholic Responses to HIV/AIDS in Africa: The Long Walk to Conversion

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Introduction

In March 2009, en route for the West African country of Cameroon and in response to a journalist’s suggestion that “The position of the Catholic Church on the way to fight against it (HIV/AIDS) is often considered unrealistic and ineffective,” Pope Benedict XVI made the following remarks: “I think that the most efficient reality, the most present at the front of the struggle against AIDS, is precisely the Catholic Church, with her movements, with her various organizations.” He concluded by lauding the church for its “very great and important contribution.”

Expectedly, it was Benedict’s hint that the distribution of condoms could aggravate the problem of AIDS that set off a global media maelstrom of opposing views. The reduction of the pope’s statement to the condom debate is symptomatic of the perception of Catholic responses to HIV/AIDS in

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1 http://www.zenit.org/article-25485?l=english. Three years earlier, on 5 August 2006, queried by a journalist regarding the church’s response to the urgent matter of AIDS, Benedict articulated the church’s response in the following terms: “We offer treatment, including treatment to AIDS victims, and we offer education, helping to establish good relationships with others. So I think we should correct the image that sees the Church as simply articulating a severe ‘No.’ We work a great deal in Africa to integrate the various dimensions of formation, so that it may become possible to overcome violence and epidemics, including malaria and tuberculosis.” Quoted in Bénézet Bujo and Michael Czerny, *AIDS in Africa: Theological Reflections* (Nairobi, Kenya: St Paul Communications/Daughters of St Paul, 2007), 16.
Africa and elsewhere. In the intense heat of sensationalized controversy over the (im)morality and (in)effectiveness of condom use, narratives of the church’s “very great and important contribution” begin to wither and they evaporate. I agree with the pope’s position that the Catholic Church has played and continues to play a leading role in the prevention of HIV infection and care of people living with AIDS, albeit its responses are largely underreported or misreported. Yet, not infrequently, independent voices, such as the executive director of UNAIDS, Michel Sidibé, confirm the critical importance of the church’s responses to the AIDS pandemic:

My friends, we in the AIDS movement look to the Church for leadership. The Church’s uncompromising position on the need for social justice—to do what is right—and on the inherent dignity of individuals, inspires us to champion for universal access to comprehensive HIV prevention, treatment, care and support as a moral imperative.²

However, it would be inaccurate to portray catholic responses in Africa and elsewhere as homogenous. The responses have evolved over time and across varied contexts; and, they have not always been the most appropriate. Nor has the church always been present at the forefront of the struggle against AIDS. As a Christian community, the church’s journey along the tortuous path of the AIDS

pandemic has traversed uneven terrains and produced mixed results on several issues, such as prevention, care, education and ethics. In this essay, I have chosen to characterize my understanding of catholic responses in the African context thirty years since the discovery of HIV as “the long road to conversion” – conversion to intense *pastoral engagement, exhortation to moral rectitude* and the development of *theological resources* on the challenges of HIV/AIDS for the community called church.

**The Element of Surprise**

The advent of HIV/AIDS on the epidemiological landscape of Africa was as stealth as its outcome was devastating. If complacency, reticence and silence marked the initial reactions, panic, confusion and denial characterized the subsequent responses to the menace of this global pandemic. The case of Masaka Diocese in southwestern Uganda is illustrative of the initial catholic responses to the AIDS pandemic in Africa.

By all accounts, Masaka was in the eye of the HIV storm in the early 80s. Although the local ecclesial leadership had a premonition that something macabre and sinister was imminent – as the tell-tale signs of “slim”³ gained visibility in the local population – it lacked a clear understanding of the unfolding saga of

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³ This was the first slang coined to describe the disease on account of the emaciated physical condition of people living with HIV/AIDS.
HIV/AIDS. Slowly and reluctantly, the hierarchy awoke to its responsibility and made an option for “exhortation to virtue and moral rectitude” as the first line of defense.\(^4\) The eyewitness account of the catholic bishop of Masaka in the early 80s aptly describes the context:

When it started in 1982, there was a war. We supposed that it was the Tanzanians who brought AIDS. We had no signs of it prior to their arrival. . . . There were very few commercial commodities during Idi Amin’s reign, so smuggling was rife between Tanzania and Uganda. When the people started dying rumours spread that it was magic, the result of cheating by Ugandan traders on goods bought in Tanzania. I did not believe these things. Once, on a pastoral visit to a parish on the border with Tanzania, I told the people it was not magic; it was a disease . . . transmitted through sex. I advised against sexual promiscuity. The reaction of the people that night was that they did not seem to agree. . . . From the pulpit again I told them to be very careful, especially since some prostitutes had moved from Tanzania to this side. People in Kampala believed that the disease was localised in this area, not knowing that distance was no longer a barrier between Masaka/Rakai and Kampala. People did not believe until they started burying people from Kampala. Later the bishops wrote a booklet which was circulated in 1982 or 1983. If the people had listened to us, there would have been very few cases. . . . They were only interested in the use of condoms.\(^5\)

Simply put, HIV/AIDS took the Christian community by surprise. Nothing prepared the church for the devastation and suffering triggered by the pandemic. Like the rest of society, poor knowledge and exaggerated fear of the yet-unknown disease hindered catholic responses and generated conflicting reactions and


\(^5\) Bishop Adrian Ddungu, interview by author, 24 October 2001, Villa Maria, Uganda.
contradictory messages. Consequently, an initial response typical of the Christian community was a skewed theological hermeneutics of the AIDS pandemic.

When the epidemic first exploded, its message was clear for many people: they believed that God had finally visited a plague of biblical proportions upon God’s wayward people. Orthodox and fundamentalist ethics lined up the usual suspects, namely commercial sex workers, sexually promiscuous people, intravenous drug users and homosexuals, in the firing line of divine retribution.6

I believe that a legacy of this prejudicial response to HIV/AIDS shows in the fact that “the debate about the transmission and prevention of HIV, and about the care of people living with AIDS, is strewn with dogmatic declarations of the righteousness of God and the moral liability of people living with AIDS.”7 One typical example of this reaction is Emeritus Archbishop of Kumasi (Ghana) Peter Sarpong’s categorical assertion that “the HIV/AIDS virus is the result of adultery or fornication.”8 Happily the response of the Catholic Church in Africa has evolved beyond such blatant prejudice, harmful stigmatization and gratuitous imputation of blame to people living with HIV/AIDS.


Pastoral Engagement

In discussing and assessing catholic responses to HIV/AIDS in Africa, we need to expand the boundaries of our theological categories. In particular, we need to adopt a wider and more inclusive definition of “church”.

Often when the word ‘Church’ is mentioned in this context (of catholic responses to HIV/AIDS) it is associated with official documents and pronouncements on morality which claim to exercise power and authority on behalf of God. But my decade of research into HIV and AIDS in East Africa has led me to discover and encounter a new kind of Church that does not embody inflexible notions of hierarchy and orthodoxy.

In East Africa, the face of the Church is not that of people who make condemnatory declamations. The face of the Church is primarily that of lay people and women religious (though also of priests), for whom people living with AIDS are more important than status, power and authority.

In the African context, the responses of the Catholic Church since the discovery of HIV cover a wide spectrum of pastoral engagements and initiatives. In a different study, I have grouped them into four “overlapping categories of ‘ecclesial activities’: 1. Individual initiatives, 2. Corporate/NGO actions, 3. Community-based programmes, and 4. Hierarchical/ecclesiastical approaches.”

In this section, I present and discuss the first three categories of response. Across the continent, examples abound of particular instances when the church adopted some or all of these approaches in response to the AIDS pandemic.

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10 I have undertaken a comprehensive study of some of these initiatives in Eastern Africa. See From Crisis to Kairos, 90-121.
The evidence demonstrates that the responses broadly characterized as pastoral engagements were largely conceived, implemented and managed by lay Christians and religious congregations, particularly of women. Only rarely has published research appeared detailing the scale and scope of catholic responses pioneered by these categories of people within the church in Africa. Besides, true to the gospel virtue of humility and anonymity of charitable deeds, the Catholic Church in Africa would seem to have been loath to blow its own trumpet. There are exceptions.11 In a study on the commitment of religious communities to HIV/AIDS,

Some 446 respondents detailed the HIV/AIDS services being sponsored by their respective institutes:

- Information/education activities reached a total of 3,925,304 individuals, with a mean number of nearly 15,000 beneficiaries for each responding organisation.

11 A notable exception is Inventory of the Catholic Church’s Response to HIV/AIDS in Kenya, which “documents the struggle of the Church to respond to the HIV/AIDS pandemic” in response to “the need for a comprehensive picture of the efforts undertaken by the Church in Kenya to combat the HIV/AIDS pandemic since the beginning....” See Msgr Michael Charo Ruwa, “Presentation of the Kenyan Catholic Church’s Response,” in AIDS and the Church in Africa, ed. Michael Czerny (Nairobi, Kenya: St Paul Communications/Daughters of St Paul, 2005), 75-78. An updated inventory contains a country-wide directory of programmes initiated and/or coordinated by the Catholic Church in Kenya. The national and diocesan-based programmes and initiatives include 463 health facilities, 57 Prevention of Mother to Child Transmission programmes, 41 Anti-Retroviral Treatment centres, 573 prevention programmes, 15,916 community-based healthcare workers.... “The scope of the services includes the medical, the material and the psycho-spiritual needs of PLWHA (People Living with HIV or AIDS) and infected groups, together with prevention and advocacy”; Kenya Episcopal Conference, This we Teach and Do: Catholic Church and AIDS in Kenya Volume Two – Inventory (Nairobi, Kenya: Paulines Publications Africa, 2006), 22.
• Care and support services reached 348,169 individuals. These services included nutrition, palliative care, home-, hospital-, and clinic-based care, and alternative medicine–based care.

• Antiretroviral treatment services were reported to have been delivered to 90,154 individuals during the twelve months prior to the survey.¹²

Other concrete but limited samples would include the following.

In 1987, a group of lay Catholic women and men founded Kamwokya Christian Caring Community and set up one of the first HIV/AIDS treatment facilities on the edge of Uganda’s bustling capital city, Kampala. That same year, the women religious community of Medical Missionaries of Mary founded Kitovu Mobile Home-based Care programme in Masaka and Rakai, Uganda, both the epicenter of HIV/AIDS in East Africa. At the same time, the Franciscan Sisters initiated a similar programme at St. Francis Hospital Nsambya for people living with HIV/AIDS in the urban sprawl of Kampala. In 1992, a Catholic lay woman, Noelina Namukisa, founded a community-based organization called Meeting Point, with the aim of providing education, home-based care, counselling and support for HIV/AIDS orphans and single mothers. The founder of Meeting Point acted more out of her Christian conviction than as a representative of the official church.

In several places on the continent, we can identify similar responses that would qualify as “catholic”, albeit not all would seek or bear the imprimatur of the hierarchy. Yet to all intent and purposes, these constituted the first credible, constructive and effective responses of the church in Africa to the situation of HIV/AIDS. It is worth repeating that lay and religious women initiated and led these programmes. Sadly, the history of catholic responses to HIV/AIDS in Africa has not justly and adequately recognized the pioneering role of women. Although statics show that women have borne the brunt of the AIDS pandemic, “Whether in the Church or in the sphere of public morality and policy, women’s voices do not offer merely testimonies of victimhood but speak of a new ethics of compassion and solidarity in a time of crisis.”13 Oftentimes, the media focus on contentious issues regarding the ethics and techniques of HIV prevention obscures the stories and achievements these women. And where and when they are told, they are presented as heroic and exceptional efforts of individuals, which they justly are. Yet, considered from the perspective a broader definition of church as the people of God, several African women have stood as the first ecclesial witnesses to the care and love of people living with HIV/AIDS at a time when religion was used by some people in the churches to warrant marginalization, stigmatization and

discrimination against them. Thus firm evidence indicates that it is to the outstanding ministries of these women that we must look when we ask to know and appreciate catholic responses to HIV/AIDS in Africa.

Call and Response: Pastoral Exhortation to Moral Rectitude

I have hinted above that the response of the catholic hierarchy in Africa was tardy and predictable. The array of responses of ecclesial leadership runs the gamut from queer to compassionate; timid to heroic. Perhaps one example that best illustrates the former was the now infamous August 1996 episode when the late archbishop of Nairobi (Kenya), Cardinal Maurice Otunga, joined cause with his Muslim counterpart, Sheikh Ali Shee, and publicly set off a huge bonfire stoked with boxes of latex condoms and safe sex education literature. It was a rare instant of inter-religious pact hitherto unseen in Kenya. More significantly, in a public, spectacular and dramatic manner, the event foregrounded an aspect of catholic response rife among many ecclesial leaders, namely the uncompromising stance against condoms and what they deem objectionable sex education curricula as means of HIV prevention, and for which the church has gained notoriety.
Oftentimes, as mentioned above, what is designated as “the church’s official response to the AIDS crisis has come in the form of pastoral letters.”

In Africa, the first pastoral letters from bishops and conferences of bishops made their appearance in the late 1980s, a few years after the outbreak of HIV/AIDS and the widespread sorrow and misery it sowed among urban and rural communities had become apparent. Understandably, it took the church time to comprehend the theological implications and ethical challenges of the pandemic. The initial responses from the hierarchy showed evidence of misconception and misunderstanding of the true nature and effects of HIV/AIDS. It was not unusual for some church leaders to associate HIV/AIDS with sexual immorality and, therefore, explain its occurrence and prevalence via a warped theology of divine retribution and punishment. In a certain sense, it could be argued that such theological reading of HIV/AIDS also constituted a kind of response, albeit not exclusive to the Catholic Church.

The body of pastoral letters, statements and communiqués authored by individual catholic bishops, conferences of bishops and regional and continental forums of ecclesial leaders contains varied and divergent responses to the AIDS pandemic in Africa. A collection published by African Jesuit AIDS Network

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14 Orobator, *From Crisis to Kairos*, 111.
AJAN) under the apt title of *Catholic Bishops of Africa and Madagascar Speak Out on HIV & AIDS* “includes eighty pastoral letters, messages, communiqués and statements that African Conferences and some individual Bishops have published about HIV/AIDS from the late 1980s until 2005.”\(^{15}\)

One statement stands out as an excellent example of the espistolary response of the Catholic Church in Africa, namely the Symposium of Episcopal Conferences of Africa and Madagascar’s “The Church in Africa in the Face of the HIV/AIDS Pandemic: Our Prayer Is Always Full of Hope” (7 October 2003). In this statement, the cardinals, archbishops and bishops of Africa and Madagascar expressed solidarity “towards all who suffer”; they committed themselves “to making available our Church’s resources be they our educational and healthcare..."
institutions or social services” in the struggle against HIV/AIDS; they declared their readiness and openness to work in close partnerships with Christian and faith-based organizations and “others who are happy to put their resources to work in the struggle, and do so knowing well that we work according to our Gospel convictions”, specifically by initiating programmes that “educate appropriately and promote those changes in attitude and behaviour which value abstinence and self-control before marriage and fidelity within marriage”; finally, the ecclesial leaders affirmed the church’s responsibility to tackle socio-economic and political factors that aggravate and escalate the impact of the pandemic.16

More importantly, SECAM appended a Plan of Action to its statement addressed “to the members of the clergy, brothers and sisters in religious life, to the faithful and all people of good will....”17 The Plan includes a whole slew of policies and initiatives, such as providing resources to address the situation of

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HIV/AIDS, advocating the protection and rights of women and girls; working with a cross section of partners, including practitioners of traditional medicine; advocating for increased access to care and treatment, as well sacraments and sacramentals of the church for people living with HIV/AIDS; combating stigma; integrating HIV/AIDS into theological education and programmes of religious formation; developing theological resources to respond to the challenges of HIV/AIDS; etc. Perhaps more fundamentally, the catholic leadership of Africa adopted as an action plan the duty to “Welcome people living with HIV and AIDS in a warm, non-judgemental and compassionate manner in our churches and ensure them a ‘place at the table of the Lord’.”18

To sum up the discussion of catholic responses to HIV/AIDS in the form of pastoral letters and statements, it is essential to reiterate the salient point that “The Church’s response to HIV goes far beyond the written and spoken word of hierarchical leaders; it is rooted in the daily ministry and services provided by countless members of the clergy, religious orders, professional staff, and faithful lay volunteers. This wide array of services includes education, health care, social

care, emergency response, income-generating activities, and integral human development.”

**AIDS in the Body of Christ: Theological Resources and Responses**

The assortment of documentation generated by the Catholic Church in Africa deals with several aspects of the challenges and reality of HIV/AIDS, particularly the neuralgic issue of methods of prevention that advocate the use of condoms. Of the “eighty pastoral letters, messages, communiqués and statements” referred to above that have emanated from African bishops and conferences of bishops, there is hardly one that skirts this issue. Yet, while is legitimate to discern in these responses “evidence of a solid and developing doctrine rooted in the Gospel of Jesus Christ and in Church tradition,” it would be far-fetched to speak of a clearly elaborated and formally proclaimed doctrine. Catholic responses on matters of the ethics of prevention and care have typically refrained from such proclamation, drawing instead on a body of catholic social teaching and principles to argue and establish the priority and pre-eminence of the human person in designing and implementing prevention programmes. Notwithstanding rare but striking instances of dissension and disagreement, even at the highest levels of ecclesial leadership,

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the Catholic Church in Africa has been consistent in its opposition to the use of condoms. For many, this opposition sums up the entire anthology, even theological ethics, of catholic responses to the situation of HIV/AIDS. I would argue that such sweeping generalization amounts to a regrettable trivialization of an otherwise robust inventory of pioneering, innovative and effective catholic responses to HIV/AIDS in the context of the church in Africa.

Besides the categories of pastoral engagements and exhortatory responses, one area that has been explored and appreciated to a rather less extent as a significant response of the Catholic Church in Africa is what I call “theological responses” that are not classified under the contentious category of the ethics of prevention and sexual morality. Beninois theologian Wilfrid Okambawa has made the claim that “If Africa has the highest HIV prevalence, it also has the greatest number of publications on what could be called the subject of HIV/AIDS theology.” He argues that “In the past twenty years a tremendous response to the issue of HIV/AIDS emerged in African theology to the extent that today we may speak of the establishment of an HIV/AIDS theology. More than any other theological trend, this trend has had ramifications in most theological disciplines such as moral theology, pastoral theology, ecclesiology, biblical theology, and
Ample evidence exists to validate this claim. We have multiple examples of literature that constitutes what Okambawa calls “HIV/AIDS theology”.

Here, as I have argued above, the matter under discussion, namely catholic responses to HIV/AIDS, would need to be nuanced. Besides the official statements produced by ecclesial leaders, Catholic theologians in Africa have been active in elaborating systematic, innovative and research-based theological responses to the crisis of HIV/AIDS. While, typically, the body of theological materials have come from workshops, seminars, conferences and colloquiums, several individual theologians have undertaken critical studies of the challenge of HIV/AIDS for the community called church in Africa. Some of these studies have adopted the methodologies of the social sciences to observe, document and analyze the impact


22 Donald E. Messer argues the case of “a new AIDS theology”: “In response to this global emergency, Christians should instead move toward a new AIDS theology that emphasizes inclusion, not exclusion—compassion, not condemnation. More Christians leaders must make the effort to link biblical teachings with the imperative of caring for people with HIV/AIDS and to embrace a theological perspective that harmonizes with the radical love and action epitomized in Jesus, the Christ.” Breaking the Conspiracy of Silence: Christian Churches and the Global AIDS Crisis (Minneapolis, MN: Fortress Press, 2004), 19.
and implications of HIV/AIDS for the church in Africa. The issues covered on the theological spectrum in response to HIV/AIDS include education, human rights, women’s rights, theological anthropology, inculturation, scripture, etc. However, notwithstanding the prolific theological engagement of African theologians in HIV/AIDS, it should be said that the Catholic Church does not hold a monopoly over theological responses to HIV/AIDS.


25 Several other Christian organizations and church bodies have produced excellent statements on the responses of the churches based on in-depth study of the situation of HIV/AIDS. Examples include: World Council of Churches, *Facing AIDS: The Challenge, the Churches’ Response: A WCC Study Document* (Geneva, Switzerland: WCC, 1997); *Facing AIDS: Education in the*
Conclusion

In this essay, I have argued that thirty years after the discovery of HIV, catholic responses to AIDS in the African context have followed a well-documented historical trajectory. Typically, they have evolved from silence, denial and resistance to pastoral and theological engagement and care of people living with AIDS. This historical pattern is akin to the process of conversion in the Christian sense of *metanoia*. Thus an appraisal of responses in the context of the Roman Catholic Church in Africa uncovers an uneven landscape of pastoral accompaniment, theological resources and ethical discourse, some part of which is unflattering. Retired Primate and Archbishop of the Anglican Church of Kenya Benjamin Nzimbi’s candid confession regarding the church’s responses to HIV/AIDS would seem apt in the context of the Catholic Church in Africa: “We want to apologize for not doing what we should have done and doing what we should not have done.”

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At the onset of the AIDS pandemic, the church in Africa could not plead indifference to the unfolding drama of HIV/AIDS. The statistics painted a picture of imminent doom that rendered all but a few vulnerable. Nor could it circumvent the inconvenient truth that – as some courageous voices proclaimed – “the Body of Christ has AIDS”. Thirty years after the discovery of HIV, AIDS has become a permanent mark of the church in Africa and elsewhere, calling for attentive listening to the plight of people living with HIV/AIDS, solidarity and justice.27

In Africa, the narrative of catholic responses in the last thirty years would be incomplete without just acknowledgement of the pioneering initiatives, constructive engagement and pastoral creativity of religious communities and individuals, especially women, who positioned themselves courageously at the forefront of the fight against HIV/AIDS. As icons of ecclesial ministry in the time of AIDS, they embody and reflect the most credible, compassionate and redemptive face of the community called church in Africa and beyond.

In the words of Donald Messer, “the global AIDS emergency compels us to reclaim the essence of the church.”28 Thirty years after the discovery of HIV, the Roman Catholic Church in Africa has gradually rediscovered and embraced its essence and mission as a community of solidarity, compassion and care for the


28 Messer, Breaking the Conspiracy of Silence, 21
“least of these” members of the Body of Christ living with HIV/AIDS. Presently, catholic responses in the context of the African church rest on a triptych composed of, first, a *constructive pastoral engagement* in the context of HIV/AIDS; second, *pastoral exhortation* and *contentious ethical education* regarding neuralgic issues spawned by HIV/AIDS; and, third a systematically developed body of *theological resources* on HIV/AIDS.