The Catholic Church response to AIDS in Southern Africa[1]

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The SACBC AIDS Office

Beginnings

The Southern African Catholic Bishops' Conference (SACBC)[2] decided to coordinate the response of the Church to HIV and AIDS by setting up an AIDS Desk in the early 1990s, as part of the SACBC Department of Healthcare and Education. Subsequently it was established on its own, and staffed by a number of different people over the first eight years. Initially it faced many difficulties, in particular the lack of the necessary funding to support the AIDS response of the Church in thirty dioceses and four countries, including Namibia to 1994.

For one year Catholic Health Care (CATHCA) temporarily managed the SACBC response, convening an AIDS summit in Pretoria in 1998, and organising a study day for the bishops in early 1999. After the study day Bishops Cawcutt and Dowling re-established the Catholic Church's AIDS response at SACBC level in conjunction with three associate bodies,[3] CATHCA, the Catholic Institute of Education (CIE), and the Development and Welfare Association (DWA), and other members.

From 2000: An office of the SACBC

From the beginning the bishops of the SACBC clarified that they wanted their AIDS response in an office of the Conference itself, with accountability through the secretary general.[4] There were some discussions in the initial year at management committee level about the

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1 This paper is a short version of an article published in *Grace and Truth 2013/2 July 2013.*

2 The Southern African Catholic Bishops' Conference covers South Africa, Swaziland and Botswana.

3 Catholic Healthcare (CATHCA), Catholic Institute of Education (CIE), Development and Welfare Association (DWA, now Siyabhabha Trust) are Associate Bodies of the SACBC, each with its own board and funding sources.

4 The liaison bishop of an office is not necessarily a member of the SACBC Administrative Board.

new SACBC AIDS Office becoming an associate body,[5] but the bishops did not approve the suggestion. The naming of the office was also important. Given the pressure that there was to have it understood as an office within the conference it was decided to call it the SACBC AIDS Office.

Staff

The AIDS Office was staffed for the first six months by one person, but by the beginning of 2001 there were five staff members. Over the years new staff members were employed, making their contribution to combating the spread of HIV and gaining experience, and then sometimes moving on to similar work in other organisations where salaries were often higher than they were at the SACBC. Increases in the AIDS Office salaries could only be made in line with overall SACBC policies and salary structures. In time the SACBC itself put in place new salary scales.

Some staff members left the AIDS Office for various organisations, some of them PEPFAR- funded, often doing very similar work to what they had been doing at the SACBC. Others joined or re-joined AIDS and other community based projects within dioceses. The-on-the -job training provided by the AIDS Office, as well as the training opportunities that were provided in the field by donors and partner organisations ensured numerous opportunities to grow professionally.

AIDS Office supervision and management

The supervisory committee[6] involving Bishop Dowling initially met monthly to assist the co-ordinator with the writing of project proposals, the engaging of donor organisations and the approving of support for the projects in the dioceses requesting assistance for their AIDS work. Existing responses to AIDS within the Catholic network were

5 Associate Bodies are more autonomous than are offices.

6 CIE, DWA, CATHCA as founder members of the SACBC AIDS Office were represented on the supervisory committee.

identified, and new projects started. In time it became clearer where responses needed to be concentrated.

The original management board, involving four bishops, initially met quarterly, but the number of meetings was later reduced. When the management board structure was changed, the new board consisted of five members: two bishops, the secretary general, the associate secretary general and the director of the AIDS Office. The first two bishops on this board were Nubuasah and Potocnac, followed by Ponce de Leon and Dziuba currently serving.

Early in the new AIDS Office it became evident that the SACBC agencies which formed its supervisory committee had interest on occasion in supporting particular projects that formed part of their own existing networks. And so was born the allocations committee of the AIDS Office. Initially the AIDS Office, through the allocations committee, had almost complete discretion over which projects could be funded and at what level. Later on as donor requirements changed this became more difficult.

The role of the SACBC liaison bishop[7] to the AIDS Office was always valued, and between 2000 and 2012, three different bishops held the position, Dowling, Nubuasah and Ponce de Leon. Each was very supportive of and committed to the Office, willing to be engaged and to take initiative, and to ensure that other bishops were kept abreast of developments. Each of them also represented the Church at various national, international or continental events engaging Church and Church leaders on AIDS.

The role of funding partners

A grant of R 60 000 in 2000 from the ***SACBC Lenten Appeal***[8] established the SACBC AIDS Office.

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7 Liaison bishops represent the SACBC in each department, associate body or office of the Conference.

8 Money from the Lenten Appeal supports the works of the Church.

Catholic Medical Mission Board, and Bristol Myers Squibb

Catholic Medical Mission Board (CMMB) funding was the first to enable the SACBC AIDS Office to support the response to AIDS in the different dioceses. CMMB, already in a partnership with pharmaceutical company Bristol Myers Squibb (BMS) in the *Secure the Future* programme, signed an agreement with the SACBC in February 2000, committing to a grant of US $1 million a year for five years. BMS had committed US $100 million over five years to South Africa, Swaziland, Botswana, Namibia and Lesotho. According to the agreement between BMS and CMMB money had to be spent in all five countries, but not all CMMB funding could reach Church-affiliated projects because of the BMS criteria and the co-funding arrangements. The terms were re-negotiated since the American partners finally accepted that the SACBC, represented by Bishops Dowling and Cawcutt, and the two AIDS Office staff, was ready to withdraw from the agreement.

Catholic Relief Services

Catholic Relief Services (CRS), the development arm of the US Conference of Catholic Bishops headquartered in Baltimore, USA, established itself in South Africa in early 2000. Traditionally, the work of CRS has been emergency relief and disaster management. However CRS wished to commit to an AIDS response, a new emergency in Southern Africa. In September 2000 the first CRS assessment took place across South Africa engaging all the Church projects providing assistance around AIDS at local level. The assessment results provided the framework for CRS involvement around *justice and peace*, *advocacy*, and *AIDS.* A third grant supporting fewer projects because of changing economic realities is currently in its final year. It is noted that CRS has supported the AIDS Office since 2000 and its total funding commitment has exceeded that of any other donor other than PEPFAR.

PEPFAR Antiretroviral Treatment (ART) and Orphan and Vulnerable Children (OVC)

CRS was awarded a grant to provide ARV treatment in nine countries, eight of them in Africa, one of them South Africa. The AIDS Office became the major implementing partner of CRS in South Africa for this grant for five years. In the PEPFAR II period the CRS grant was transferred to the SACBC AIDS Office which has managed a combined PEPFAR ART and OVC grant since 2009.

Other Funders

Prior to 2000, the Catholic Fund for Overseas Development of England and Wales ***(CAFOD)*** had been dissatisfied with the SACBC response to AIDS and had frozen its funding, finally only allowing it to be used from mid June 2000. In time ***CAFOD, Trocaire and Cordaid***, already partners of various SACBC agencies and dioceses, committed funding to the AIDS Office and to the support of diocesan projects. ***Mensen met een Missie***, ***Missio Aachen and Misereor*** have supported workshops on Catholic Social Teaching and AIDS, on pastoral care training for clergy, care for caregivers retreats, and a theological conference *(Responsibility in a Time of AIDS).*

The Ford Foundation supported home-based care and treatment in the dioceses of Dundee and Ingwavuma; the ***Department of Health*** supported home- based care in some health districts; ***Project Support Group (PSG)*** supported home- based care in South Africa, Swaziland and Lesotho with NORAD (Norway) and Dutch government funding.

Homeplan, an **anonymous donor**, ***Sternsinger*** and ***Kindermissions-werk*** have provided low cost housing in South Africa and Swaziland for children orphaned by AIDS. ***Lotto*** is supporting building renovations and construction of children's drop-in centres in the diocese of Kroonstad.

A one year ***University Research Council (URC)*** grant and later a ***British Department for International Development (DFID***) grant have

supported early detection of TB in projects in several dioceses.

The Regional Psychosocial Support Initiative (REPSSI) supported orphans and vulnerable children and psychosocial support training for childcare workers; ***Family Health International (FHI***) supported orphans and vulnerable children for five years.

Ausaid (through Siyabhabha Trust, formerly Development and Welfare Agency)[9] and ***Policy Project*** provided support for various training workshops and retreats for caregivers. The ***Belgian Embassy*** grant implemented capacity building through SACBC AIDS Office and Siyabhabha Trust in five dioceses.

The SACBC AIDS Office managed a ***Department of Health (DOH)*** grant through the National Religious Association for Social Development (NRASD) to train faith leaders around addressing AIDS. A ***Finnish Embassy*** grant awarded to the NRASD was managed by the AIDS Office. The SACBC AIDS Office is currently a sub-recipient of NRASD of the ***Global Fund*** for several home-based care and orphan projects.

Decrease in funding

South Africa is expected by the international community and foreign donors to take control of its own AIDS problem, and be less dependent on outside resources. Changes have been seen in donor funding commitments since at least 2005. Donor organisations established new priorities for themselves, geographically and thematically. Commitments were made e.g. to elsewhere in Africa or to Eastern Europe, and AIDS in South Africa was no longer seen as a priority. In the Mbeki years of AIDS denial, and when PEPFAR made its commitment to fighting AIDS, PEPFAR was spending more in South African than was the Department of Health. Over the past few years this scenario has changed and the Department of Health's budget commitment by far exceeds that of PEPFAR. After the initial period of the *AIDSRelief* treatment programme

9 An associate body of the SACBC.

there were budget cuts in the award to the SACBC, part of the winding down of the PEPFAR programme towards its end in May 2013. A no-cost extension has been approved by PEPFAR, enabling at least part of it to continue for a further year.

Programmes

Prevention

The DOH originally promoted condom use as a means of HIV prevention suggesting that there was little else one needed to do not to become infected. Its position in later years was different, with more emphasis on the *A (abstinence) and B* (be faithful) of the *ABC* message. The question of HIV prevention has been emotive, provoking endless debates which cannot be resolved. In some quarters the Church's stance on condom use was seen as fuelling the spread of HIV. People at grassroots often did not have the tools to deal with the conflicting messages. It sometimes felt as though work around prevention was an Achilles' heel of the Church's work while so much good was being done in the area of home-based care, and later in the field of treatment. In more recent years the DOH has been willing to work with SACBC-affiliated projects, even if not everywhere, despite the Church's known position on condom use.

The Ugandan programme, *Education for Life,*[10] was adapted for the Southern African situation and accepted by the SACBC as one of the programmes targeting youth. Other programmes included *Love Waits*, and *Love Matters*, initiatives of dioceses and agencies working with youth, and the *ABCD*[11] *Campaign* of the Association of Catholic Tertiary Students. The SACBC AIDS Office helped support these various initiatives, none of which can be said to have brought down infection rates. Yet, it is also to be noted that when rates of HIV infection were

10 A life skills programme.

11 Abstain, be faithful, change your life, danger if you do not change your life.

finally seen to be decreasing in South Africa, it was among youth (rather than in adults in their thirties and older) that the best results were noted concerning a more consistent condom usage, and a reduction in the numbers of concurrent partners.

The AIDS Office was approached by the Centers for Disease Control[12] in 2010 and asked to consider doing medical male circumcision in one province. It was decided not to accept the proposed funding. The amount was too much, the target number of people impossibly high and none of the projects willing.

Home based care, hospice work, TB screening

The care and support of the sick and dying is a gospel mandate the Church has always taken seriously. Home-based care was the major response of the Church to AIDS at diocesan and project level prior to the receipt of major donor funding from 2000. Before treatment became a reality in 2004 it was estimated by the AIDS Office that 70% of the projects in the network were providing home-based care services. In some dioceses hospices were established or expanded to accommodate people dying of AIDS-related sicknesses, giving them the chance to die with dignity. Training was initially done by the religious sisters and nurses who had spear-headed different projects, with more formal training in accredited syllabuses in HIV/AIDS/TB management coming later. Home visits are an important way of supporting patients at household level, identifying household members in need of follow up care, and identifying orphans and vulnerable children. Clearly those who serve the least of Jesus' brothers and sisters serve him. In one study conducted by the SACBC AIDS Office, caregivers asked why they were doing the work they did, often with little financial reward beyond a stipend, provided answers recognising this call: "I do it because I am part of the Church and that is our work" and "I do it because it is in my heart..." While home based care no longer has the same level of urgency

12 The Centers for Disease Control and Prevention is part of the US Department of Health and Human Services.

around AIDS it formerly had because of the wider availability of treatment, it remains a critical component of community and diocesan health care work, helping identify patients in need of various services and appropriate referrals.

Treatment

The Church's treatment programme began in five places towards the end of 2003 with Cordaid funding when treatment was available only in the private sector to those who could afford it. It is a measure of faith that it began at all, given the relatively small amount of money at hand, that most Church sites were not primary health care clinics and were without the necessary infrastructure, and that the AIDS Office itself did not have the clinical expertise needed. Scaled up from the second half of 2004 with the advent of PEPFAR funding received through the CRS *AIDSRelief* grant, the programme came to deliver services at 22 sites (and their various satellite centres), becoming the biggest programme of the SACBC and one of the biggest NGO treatment programmes in South Africa.

A major challenge was dealing with the CRS Consortium partners, some of them clinical practitioners from sophisticated research institutes in the USA, but unfamiliar with logistics of home-based care projects turned into treatment sites, and with resource-poor settings. Getting training and systems in place was demanding enough without the unrealistic expectations of "experts", who also expected to be paid exorbitant salaries, far above those paid to local South African staff, from the grant. Bishop Dowling and Fr Menatsi, secretary general of the SACBC, were part of the AIDS Office negotiations requesting CRS to withdraw the services of Consortium partners from the programme. The SACBC programme continued to draw on the South African expertise that had initially helped establish it.

Over the grant period more than 45 000 people were initiated on treatment. The current phase in PEPFAR-funded programmes is one of "transition" of patients and services to the DOH. Some Church

treatment sites have closed, or will close, while continuing to offer home-based care, TB screening and hospice services, and ensuring that patients in need of treatment are referred to appropriate DOH facilities. Some Church sites, victims of funding cuts or lacking the human capital to re-direct their AIDS effort and diversify their funding sources may not be able to continue. Some of the Church treatment sites will continue in collaboration with the DOH.

The effectiveness of the AIDS Office treatment programme over a ten year period lies in direct service delivery and in local management. Only one reason why services at Church sites are so valued by patients is that "the 'Romans' pray over the drugs before giving them to patients..."[13] Somewhat ironic is the effort related to building the treatment programme from nothing in relation to the effort needed to establish agreements with the DOH ensuring that all patients continue to receive services beyond PEPFAR funding.

For several years the SACBC AIDS Office was able to support a small non-PEPFAR treatment programme in the Vicariate of Francistown, serving foreigners unable to access Botswana government treatment.

Orphaned and Vulnerable Children

Children orphaned and made vulnerable by AIDS are often identified in home based care programmes by caregivers ministering to sick and dying patients. The SACBC AIDS Office observed in earlier years that the local Church responded to orphans initially and particularly through feeding schemes and soup kitchens. More comprehensive and holistic services, such as after-school programmes, helping children to access health, education and social services, household economic strengthening, registration for social grants and paralegal services were more challenging to implement and monitor. This approach was often difficult for local people, themselves struggling to meet their basic needs, and necessitated ongoing training of child care workers in a variety of

13 An AIDS Office staff member was told by a patient at a site that the prayer of nursing staff before they gave him his treatment had definitely contributed to his healing.

psycho-social, educational and health care skills. Thousands of children have been assisted since 2000. While some have made a great success of their lives, overcoming their disadvantaged backgrounds, others remain vulnerable in the often harsh realities of their socio-economic circumstances.

The first major conference on orphan and vulnerable children organised by the SACBC AIDS Office was hosted jointly with HopeHIV in 2003 in Bronkhorstspruit, Gauteng. It brought together 185 delegates from several African countries, highlighting the response to vulnerable children by the churches. Several studies of the Church's OVC programme were conducted, some as part of research into the AIDS work of the Church, some looking specifically at the response in local contexts. They include the CAFOD-commissioned "To live a decent life", conducted in South Africa and Swaziland, but part of a wider study covering several countries; and the FHI- and CDC-commissioned studies evaluating the Church's OVC work across its PEPFAR-funded projects. Every study highlighted strengths and weaknesses, and made recommendations on future action.

In 2010 the SACBC AIDS Office was approached by the Dutch NGO Homeplan about the construction of simple two-roomed houses for orphans living in inadequate shelters. Thus was born the *Houses for Orphans* programme of the SACBC AIDS Office, supported also by Kindermissionswerk and an anonymous donor. Approximately 145 houses had been completed by the end of 2012 in eight dioceses half of them in the Vicariate of Ingwavuma. Simple criteria were used for identifying who would benefit from the scheme: personnel at local level in the dioceses and at existing projects working with orphans identified the children and grandparents caring for children most in need of a house. Permission was sought from the local chief to build on tribal land. Local people appreciate that the most needy families have been identified as beneficiaries. In one instance a two-roomed house was added to a one-roomed house in which twenty six orphaned children were living with their grandparents.

Training, technical assistance, mentoring, good governance

There has been great investment in training for project level staff, covering home-based care, TB screening, the clinical management of treatment, counselling, adherence monitoring, peer education, micro-finance, play therapy, bereavement counselling, project and financial management, and targeted at many people from the various dioceses and projects. Challenges have included the time commitments for people running programmes, the finances needed, levels of literacy and/or prior learning. Sometimes prior training and its related experience has served as a credit towards recognised accredited training. A constant challenge across all projects has been the reality of trained people moving elsewhere. The upside of this reality is that many people trained in Church projects have been able to acquire DOH and other salaried positions.

The treatment programme saw training in ART management for clinical and nursing personnel, conducted by local professionals. Some nursing staff acquired dispensing licences to meet South African pharmacy and drug dispensing regulations. Subsequently some nurses also completed the nurse-initiated management of anti retroviral therapy (NIMART) training, becoming qualified to initiate patients on treatment in the absence of a doctor. Counsellors and adherence monitors were trained to work with patients around HIV transmission, prevention and adherence issues.

Child-care workers often started off as volunteers in home-based care projects and projects serving orphaned and vulnerable children. Non professional child-care workers underwent training in psycho-social support, in helping children accept their HIV status and the need for treatment, in auxiliary social work, in bereavement counselling and play therapy. A number of child-care workers underwent professional training through the National Association of Child Care Workers. Others received training in Early Childhood Development (ECD).

The first financial management training was provided for CMMB-funded projects after the Price WaterHouseCooper audit of about 45

AIDS projects in 2002. Ongoing financial management training through the AIDS Office has utilised the services of internal auditors/compliance officers, its own and others, to assist AIDS projects with accountability in relation to donor funds. Financial training covers everything from basic bookkeeping and filing, to adherence to regulations governing US funding. The internal auditors of CRS helped greatly in this regard, providing much of the initial in-service training.

In the AIDS Office experience the best projects have been/are overseen by dioceses and religious congregations, involving committed boards or management committees. Many boards have provided support and encouragement, ensuring an important oversight role. Other projects have suffered under weak boards that have not been able to take the decisive action sometimes needed. Some boards have been unavailable, some too interfering at project level. On several occasions the AIDS Office was called upon, sometimes to persuade individual board members to become more involved in a supportive role, and at others to allow more freedom to projects to do their work without interference.

Both Rural Development Support Programme, an associate body of the SACBC, and Donor Support Solutions, provided a number of training workshops to board members, diocesan AIDS committees, and project staff on the principles and the practice of good governance. Such workshops were conducted in individual dioceses as well as regionally, and in all three SACBC countries.

Partnerships, publications, studies

Partnerships and collaboration

The SACBC AIDS Office helped to put the Catholic Church's response to AIDS on the map. When the Office was started there was lot of antipathy, even hostility, around the Church's response to AIDS. Over time the Church has come to be recognised as a valuable partner in local communities, doing what others have not always been prepared to do. There was also a perception that Church agencies weren't able to report

accurately or run professional services. Certainly there have been weaknesses in this area, and some of these continue. Yet some of the partner projects of the SACBC AIDS Office have accomplished a great deal. Some funders asked the AIDS Office to provide ART services even where the capacity of Church projects was insufficiently developed to meet grant requirements; moreover, elsewhere the AIDS Office put supportive measures in place, and absorbed in the Pretoria office as many of the burdens around reporting requirements as possible.[14]

Some SACBC AIDS Office partnerships

The AIDS Office has provided a religious sector representative on SANAC, the South African National AIDS Council, and in collaboration with the Department of Social Development on the National Committee for Children with AIDS. Some diocesan and parish projects supporting orphaned and vulnerable children receive grants or subsidies from their provincial Department of Social Development. The AIDS Office has participated at national, provincial and district level in various regular meetings of the Departments of Health and Social Development concerning the establishment and ongoing management of treatment sites, the delivery of home based care services, the management of TB, and the care of orphaned and vulnerable children.

The University of Utrecht students from the Departments of Education and Psychology conducted research towards Bachelors, Honours or Masters degrees in SACBC AIDS Office partner projects over some years. One longitudinal study examined the effects of HIV infection in children on treatment. A Belgian Embassy grant was implemented by the SACBC AIDS Office and Siyabhabha Trust in collaboration with the Centre for the Study of AIDS at the University of Pretoria, conducting training workshops among youth and home-based carers.

The SACBC AIDS Office is represented ex officio on CATHCA's

14 This included checking their monthly financial and statistical reports and organising appropriate training.

board, with CATHCA in turn serving on the original supervisory and management committees of the AIDS Office from 1999, and later on the allocations committee. The director served on the Anglican HIV and AIDS Trust for some time at the invitation of the late Bishop David Beetge. An AIDS Office staff member is on the board of CMMB (SA).[15] Where possible, and depending on donor funding, CMMB (SA) programmes are implemented at SACBC-affiliated sites. Staff have participated in or served on various diocesan and other AIDS committees, helping to support local level ownership of projects and working with management boards and committees around effective structures and good governance, NPO registration and the writing of funding proposals. The Office has collaborated with Mariannhill Mission Press around the design of the AIDS Office website.

The Catholic Parliamentary Office (CPLO) and the AIDS Office collaborated in the preparation of the *Catholic Jewish Dialogue* hosted in Cape Town in 2006. The AIDS Office participated in an evangelical conference hosted by Franklin Graham in Washington in 2002. It was in fact a political event, not an event underpinned by Catholic Social Teaching. But what was striking was the number of Catholics from Africa involved in the response to AIDS.

The AIDS Office has hosted various delegations of bishops (German, Indian, American) on study tours related to the Church's response to AIDS; a German Exposure-Dialogue programme of parliamentarians and church agencies; numerous US government officials observing how PEPFAR money was being spent; CRS-affiliated *AIDSRelief* teams from the Zambian and Kenyan Bishops' Conferences; church project staff working on AIDS from various African countries.

Publications[16]

15 CMMB (SA). The Catholic Medical Mission Board established a South African office in Pretoria.

The AIDS Office wrote in *Grace and Truth* in 2002 on the HIV testing of seminarians and candidates for religious life, a highly contentious issue, originally addressed by Catholics as early as the late 1980s in the USA and Britain. In 2012 the director addressed the same theme at the request of the Leadership Conference for Consecrated Life showing that the arguments for and against testing remained very similar to what they had always been. The challenge is for dioceses and congregations to have policies in place, and not be reactive to individual situations.

Numerous articles and papers by bishops and AIDS Office staff have been presented and/or published over the years locally and internationally. Some of the themes covered the

- effect of changed funding priorities in the light of the global economic crisis on the work and programmes of the SACBC AIDS Office; sustainability of programmes
- ethical challenges faced by the church in its AIDS treatment programme
- response of the Church to AIDS in Southern Africa
- challenges of meeting the demands around attaining universal access to AIDS services, including treatment
- increase of gender violence against women and girls in the context of AIDS
- work of the Church with children orphaned and made vulnerable by AIDS
- role of diocesan AIDS co-ordinators; role of priests, and the challenges
- spiritual needs of people affected by AIDS; pastoral and theological response to AIDS
- socio-economic and political realities around AIDS

16 Most of the articles are available at www.aidsoffice.sacbc.org.za

- Catholic Social Teaching and AIDS
- AIDS, the responsibility of State, Church, Society?
- Church in partnership

Studies

Many studies of the AIDS Office have been commissioned by donors or requested by the AIDS Office.[17]

The first independent evaluation of the SACBC AIDS Office programmes was conducted by Professor Stuart Bate, then at St Augustine College. It was followed by a Pretoria University study commissioned by CMMB. Research on the early stages of the Church's ARV treatment programme was conducted by the University of Pretoria in 2004 at the request of Cordaid, highlighting the home-based care settings scaled up to accommodate treatment services. Further studies of the treatment data were undertaken by Professor Robin Wood and colleagues through the University of Cape Town and Boston College, and by the University of the Witwatersrand. A UNAIDS best practice study of the SACBC AIDS Office programme, authored by Fr Bob Vitillo of Caritas Internationalis, was published in 2006. *Health Care in Rural South Africa* published by the University of Utrecht devoted a considerable section to the work of the SACBC AIDS Office in the dioceses. An evaluation of the SACBC AIDS Office was conducted by Georgetown University, at the request of Cordaid. Various studies of the orphan programme were conducted through the National Research Foundation, CAFOD and PEPFAR. A PhD thesis awarded by the University of the Free State examined models of care at four treatment sites of the SACBC.

17 Most of the studies are available at (www.aidsoffice.sacbc.org.za).

Theological reflection

Theological reflection and pastoral response

The theological conference hosted by the AIDS Office, St Augustine College and the Catholic Theological Society remains one of the major theological responses to AIDS in South Africa. Catholic tradition, prevention, care, African cultural issues, the media, and cultural healing were some of the themes addressed. Two publications on the theme *Responsibility in Time of AIDS* emanated from the conference.

Clergy workshops on a pastoral response to AIDS involved theologians and clergy active in the fight against AIDS. They aimed at updating clergy regarding AIDS information, and helping them recognise how they could become more pastorally involved with patients and their families, and in the support of caregivers providing services. Sometimes because of AIDS-related issues in their own families, some of the clergy are reluctant to become involved at parish/project level. Supported by Misereor, the SACBC AIDS Office, in collaboration with Lumko[18] and CPLO conducted a consultation and series of workshops on Catholic Social Teaching and AIDS, among clergy and others. The consultation highlighted how people engage with the principles of Catholic Social Teaching, reaching out beyond the boundaries of the Church to those in need. Retreats for caregivers and project personnel have been an ongoing feature of the AIDS Office programmes.

The AIDS Office was represented at a conference of women theologians including members of the *Circle of Concerned African Women* theologians at Yale University, on the AIDS questions of Africa. Subsequently the Office helped establish the *All Africa Conference Sister to Sister* in Southern Africa, bringing together Sisters of different congregations affected by AIDS and providing a forum in which they could share their stories. Some congregations readily embraced their members who were HIV positive and dying (before the availability of

18 An agency of the SACBC, providing pastoral and catechetical training in the dioceses.

treatment), while in others there was the same kind of denial, stigma and discrimination that was prevalent in the wider society, with members being sent home to their families to die, or being shunned by community members. The Conference no longer formally operates in Southern Africa, but sisters continue their AIDS ministry in local settings.

Pastoral Statements

The original SACBC pastoral statement on AIDS was made in January 1990. The SACBC pastoral statement, *A Message of Hope*, in mid 2001, made provision for the use of condoms by discordant couples. The media and almost everyone else wanted the Church to say that the use of condoms was permitted. Individual bishops issued pastoral statements and approved diocesan AIDS policies in their own dioceses from 2000. The SECAM[19] pastoral statement on AIDS issued at the SECAM plenary session held in Senegal, 2003, *Our Prayer is always full of Hope,* did however not make reference to condom use, one of the few bishops' statements of the time not to do so**.** A proposed new pastoral statement in 2007 was not written.[20]

Some ethical and pastoral questions

Stigma and denial are painful, that of the individual patient who till his/her death denies HIV, that of family members who refuse to consider that HIV might be the underlying cause of sickness, that of the medical practitioners who call for all sorts of tests, not naming what they know to be the problem. The SACBC AIDS Office was not immune to the ambivalence and denial South Africa experienced in the Mbeki years with the government's refusal to put integrated AIDS programmes and infrastructure into place. People in Church projects said: "We don't know what to think. Mbeki says one thing, the Church says something else, and the media says a third. Who is to be believed?

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19 The Symposium of Episcopal Conferences of Africa and Madagascar, of which the SACBC is a member.

20 The expectations were not clearly defined, and the idea was dropped.

What should we do?"

The use of condoms became something of a non –issue in the AIDS Office, with a policy of informing people of the Church's teaching on sexual practices outside marriage and on the efficacy of condom use, leaving them to make their own decisions. The Department of Health, despite wanting family planning services and condom distribution as part of comprehensive services offered at Church ARV sites it support, has accepted this position. The questions raised by medical male circumcision are similar to those raised by condom use when it comes to behaviour-related issues with some people believing that once circumcised they need no longer take precautions around their sexual behaviour.

The AIDS Office faced ethical questions in the ARV treatment programme, among them knowing there would be long term funding issues given that treatment is for life; recognising the realities of patients defaulting on treatment sometimes for cultural reasons, and potentially introducing drug resistance; dealing with pregnancy issues in HIV+ women; people continuing to engage in risky sexual behaviours despite their HIV status.

The future

"Inspired by the Mission of Jesus Christ, the SACBC AIDS Office exists to respond to the HIV and AIDS pandemic by serving marginalized and vulnerable people."[21]

Thirty years ago when HIV was discovered no one could have envisaged the devastating effects it would have on sub-Saharan Africa in particular. South Africa lost time in addressing the pandemic because of other agendas, the ending of the apartheid regime and the birth of the new South Africa, and then the lack of political will to recognise the reality unfolding. The Church was not unaffected, and was slow off the mark. Today the urgency around home-based care and

21 Vision statement of the SACBC AIDS Office, 2007.

of getting people on to treatment has changed. The DOH has more programmes in place than was the case ten years ago. HIV and AIDS is still an issue, but with different issues of urgency. Too many people still do not have access to health services and too many children are falling through the cracks. The call to the Church moving forward is to intensify its care for those on the margins of society. Our mission is not yet accomplished.