

## Day 2

**JANUARY 19, 2005**

The day began with a Meditation and Invocation lead by Fr. Clyde Harvey of the Roman Catholic Church in Trinidad.

**Chairperson: Rev. Dr. Marcus Lashley, Anglican Church, Barbados**

Mr. Gerard Granado, the General Secretary of CCC, introduced the members of the Policy and Action Plan Committee to the participants. A brief synopsis of their professional background was shared in order for the participants to have an appreciation of the expertise and experience involved in the development of the Policy. The Committee members present at the Consultation were:

<i>Mr. Gerard Granado, General Secretary CCC</i>	- <i>Ex officio Member</i>
<i>Mrs. Rosalind Saint Victor, Chairperson</i>	- <i>HIV/AIDS Consultant</i>
<i>Prof. Brendan Bain</i>	- <i>Infectious Disease Specialist</i>
<i>Mrs. Pauline Bain</i> -	- <i>Counselling Psychologist, Family</i>
<i>Life Ministries</i>	
<i>Mrs. Merle Ali</i>	- <i>Registered Nurse / Rescue Mission</i>
<i>HIV/AIDS Support</i>	
<i>Ms. Catherine Williams</i>	- <i>CARe – Coordinator of HIV/AIDS</i>
<i>Support Organisation</i>	
<i>Mr. Huey Cadette</i>	- <i>President of Tobago Youth Council</i>
<i>Rev. Dr. Marcus Lashley</i> -	- <i>Clinical and Counselling</i>
<i>Psychologist</i>	
<i>Fr. Clyde Harvey</i>	- <i>Parish Priest and Ethicist</i>
<i>Bro. Noble Khan</i>	- <i>Secretary, Inter Religious</i>
<i>Organisation</i>	
<i>Rev. Dr. Knolly Clarke</i>	- <i>CCC staff</i>

Profiles were also shared on the Policy Members who were absent at the Consultation.

*Ms. Vilmala Tota Maharaj* - *Hindu Representative – Sanatan Dharma*  
*Maha Saba*

*Sr. Julie Peters*

*- Counselling Psychologist*

*Mr. John Cole*

*- Youth Director, Anglican Diocese*

*Dr. Brader Brathwaite  
Trinidad*

*- Dept. of Medicine and Science, UWI -*

Staff members who assisted in the development of the document were also introduced.

Professor Bain then shared excerpts of an HIV/AIDS Policy Document from the Jamaican Baptist Union and an HIV/AIDS Declaration from the Inter Religious Organisation in Suriname.

**THE JAMAICA BAPTIST UNION POLICY DOCUMENT** addressed the following issues:

- Confidentiality
- Education of the Congregation
- Empowerment of Faith Leaders
- Stigma and Discrimination
- Care and Support for PLWHA and their families
- The inclusion of PLWHA in Church membership and for Baptism into the Church

**THE SURINAME IRIS DECLARATION** stated:

- HIV is not just a medical problem both also a socio-economic and spiritual issue;
- It proposed that the main thrust should be on prevention and care for PLWHAs. Prevention solutions included abstinence before marriage, fidelity during marriage and the use of a contraceptive device if one partner is infected;
- It also noted that no one should feel alienated from their faith because of HIV infection.

In conducting the presentations, the following issues arose

- **The spread of HIV in closed Religious Communities -**

HIV also affects persons who only had one sex partner; therefore persons in closed religious communities also need to be concerned about the disease.

- **Condom Use -**

The religious perspective on the use of condoms particularly within a marriage where one person is HIV positive was discussed. Prof. Bain explained that doctors always advise their HIV positive clients to use condoms even in cases where both persons are infected.

He went on to explain cross-infection and the possibility of shortening the life of a PLWHA.

In respect to using the word '*contraceptive*' in the Suriname's IRIS Declaration, it suggested that the word '*condom*' be clearly used because other contraceptives do not offer HIV protection.

Fr. Clyde Harvey stated that there is a difference of opinion within the Catholic Community when it comes to condom use. In the context of condom use as birth control the law of the R.C. Church is clear, but in the context of HIV/AIDS there are a number of moral categories that can be used where a condom is not considered a contraceptive. He stated that his personal opinion is that if two people are married and at least one is HIV positive, he sees nothing spiritually or morally wrong with them using a condom. Participants were informed by Rev. Dr. Knolly Clarke that just recently Roman Catholic Bishops in Spain conceded that in times where at least one partner within a marriage is HIV positive, a condom can and should be used. (*The R.C. Church in Spain rescinded their statement some weeks later*)

A PLWHA, stated that because of his affection for his wife, at every act of sex, he ensures that he is wearing a condom. He also noted that to heighten the effectiveness of condoms he uses them as directed, stores them properly, discards them properly and ensures that the expiry date is current.

- **Pastoral Care and Counselling**

It was suggested that since Faith Leaders perform wedding ceremonies, they should make an effort to prepare a couple for marriage. Faith Leaders need to be au currant with national and social issues so that they can properly inform their congregations and devotees.

One of the participants stated that Faith leaders need to acknowledge and affirm that PLWHA are human and have the human right to love and relationship; they also have the right to seek and express that love.

- **PLWHA and Family Life**

Ms. Catherine Williams informed the delegates that women living with HIV are now making a conscious decision to have children because of the use of Anti Retroviral Therapy (ART). Faith Leaders were urged to be aware of these trends and become knowledgeable so they can give accurate advice.

Prof. Bain discussed the issue of Testing before marriage and the marrying of individuals who are HIV positive were discussed. He stated that the ideal is that people should know their partners sexual history prior to marriage and during the course of marital counselling Faith leaders should suggest HIV and STI counselling to couples.

He related that in the early years of HIV, when he was working as a medical practitioner at a Hospital, many of the clinical staff would discourage PLWHA from marriage. In fact, many assumed that within a marriage, when one person tested positive, the other would automatically leave. Twenty years later, he noted that there are couples who stay together in the presence of HIV and there are also people who make a conscious decision to marry a person who is HIV positive.

Fr. Clyde Harvey stated that in the Roman Catholic Church there is nothing in its Canon Law which prevents discordant couples from being married. He warned participants that they must not reduce persons relating to each other intimately as just sexual intercourse. Faith leaders need to embrace a broader range of intimacy. He stated that marriage is the ultimate in human relationships in which sex is just a part. Faith leaders need to be concerned and understand the dimensions of the entire package.

After the discussion, Professor Bain continued his presentation and looked at the World Bank Report – Confronting AIDS (1999). The report listed the probability of getting HIV infection (from highest risk to lowest risk):

1. Transfusion from contaminated blood products;
2. Mother to Child Transmission;
3. Male to male unprotected anal sex (*there was not enough data on male to female unprotected anal sex, but one can assume that they would carry the same risk*);
4. Male to female unprotected vaginal sex;
5. Female to male unprotected vaginal sex;
6. Needle stick from an infected patient

He explained that the risk of piercing and tattooing may be minimal because they are done with solid needles. The risk of infection with hollow needles is greater.

#### **PRESENTATION ON ABSTINENCE PROGRAMME IN TRINIDAD- Fr. Michael Moses**

Fr. Moses informed the delegates about the Abstinence Project, adapted from the Louisiana State programme; it is a joint effort between the Ministry of Health, Ministry of Education and other key stakeholders. According to Fr. Moses the aims and objectives of the project are:

- To develop a curriculum and clubs to slow the infection rate of STIs which threaten the health and well being of our young people;
- To teach the social, psychological and health gains of using abstinence;
- To teach that abstinence from sexual activity is the standard for school age children;

- To teach that abstinence is the only certain way to avoid out-of-wedlock pregnancy, STIs and the health problems associated with it;
- To teach that mutually faithful, monogamous marriage is the expected standard of human sexuality;
- To teach that sex outside of marriage can have harmful psychological and physical effects;
- To teach that having children out of wedlock is likely to be harmful for the child, the child's parents and for society;
- To teach young people how to reject sexual advances and the importance of self sufficiency before engaging in sexual activity;

Fr. Moses stated that the Louisiana Project does not have a copy write so governments and other organisations could adapt and use it as needed. He gave the definition of *virgin* as someone who has not engaged in sexual activity or someone who has sexual integrity. *Secondary virginity* is when a person has already been initiated into sex but has made a decision to abstain until marriage. There were some discussions after the presentation and the following was noted:

- The Project is inclusive of virgins and persons who have been initiated into sexual activity;
- Abstinence clubs have been set up in 50 schools in Trinidad and Tobago;

The Chair then instructed the delegates to get into groups sorted by Faith affiliation to review and make adjustments to the Policy and Action Plan Document.

## **FAITH BASED PRESENTATIONS<sup>1</sup>**

**Chairperson: Mr. Huey Cadette**

The Chairperson invited the groups to make their presentations which were as follows:

### **ISLAMIC PRESENTATION**

*We felt that the Policy and Action Plan fell in line with the fundamentals of Islam and there is nothing in its content that is contrary to our teachings.*

Suggested Adjustments to Policy Guidelines

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### Introduction

**Line 2** “... in the Caribbean” add *to provide care and support to those infected and affected and to enunciate the respective and relevant spiritual values of our organisation.*

### Leadership

**Bullet 4** Change “sexual relations” to *human sexuality.*

### Prevention

**Bullet 1** Change “speak” to *communicate* ..... in practice to for a healthy lifestyle

2 After ... “within” – *the membership of the* .....

3. Add *after* ..... *for persons add especially*.....

4. After ..... “for sharing” add *and exchanging*

### Care and Support Counselling

**Bullet 5** After “orphans” place a comma, then *survivors* and add the *affected family members*

9 After “...to medical add *and pharmaceutical*

### Human Rights

**Bullet 3** After “mechanism at..” put *community*

4 After “safeguard” add *defend*

8 After “medical” add *psychosocial*

9 After “increased...” add *prioritising and .....to find*

11 Delete “condemn” put *denounce*

### Death and Burial

- After “...right of ...” put *all including*.....

### Education

**Bullet 1** Promote the sharing ‘*and exchanging*’ of HIV/AIDS...

**Bullet 2** After “...character and building..”” add *social responsibility*

5 After “...men” add */women*

- 6 After "...responsibility" add *accountability*
- 7 Start with *Empower religious leaders....*

### **Gender-Power**

**Bullet 2** ...men/women

### **HINDU FAITH PRESENTATION**

The Hindu Community in the Caribbean comprises different governing bodies, namely the Sanatan Dharma Maha Saba, SWAHA, Arya Samaj, Maha Kali.

On the issue of HIV/AIDS, there is the view that the Hindu Community is immune to HIV. However, this view is vastly changing and therefore the Hindu Community with its respective governing bodies are poised to put in place strategies and programmes to combat the rapidly spreading disease.

### **Leadership**

In the context of the Action Plan presented, it speaks highly of implementation steps. For Hindu FBOs, we recommend under Leadership:

- *The development of a strategic plan on the position of HIV/AIDS;*
- *The development of this plan in the context of Country's and regional HIV/AIDS plan;*
- *The need to undertake a needs assessment of the Hindu population affected by the disease which can inform the plan and programmes.*

### **Prevention**

Hindu FBOs have demonstrated feeble attempts to promote preventative messages. Within the school environment, messages are communicated; however, there is and should or will be an active responsibility of Hindu FBOs to prevent the fuelling of HIV/AIDS to the wider community. This is to recognise that we live in a global environment and long has been gone a safe community.

Our recommendations are:

- *Promote collaboration with other stakeholders within the community;*
- *Promote collaboration among leaders of all FBOs.*

On the action of prevention, we recommend:

- *The promotion of pre-marital counselling;*
- *Promotion of inter-religious marital counselling;*

- *Discourage hurried marriages e.g. (internet, visa, etc).*

### **Care, Support and Counselling**

There is no Hindu FBO policy or any established programmes for training. Hindu FBOs should -:

- Establish a support committee to provide support/care;
- Promote the Mandir as a sanctuary for care and support for PLWHA and their families; there should be counselling emphasising listening, recommendation, acceptance, and forgiveness to general population.

### **Human Rights and Advocacy**

- We are in support of the promotion of advocacy;
- We support final rites which are performed according to Hindu rites.

### **Education**

There is no Hindu FBO policy on education on HIV/AIDS; however, we recommend:

- Continuous education programmes for all Religious Leaders and members on HIV/AIDS;
- Education further, not only on HIV/AIDS, but also in poverty, sexual behaviours and broader knowledge on issues;

### **Gender**

Hindu FBOs do address issues of gender relations particularly related to women but not in the context of their vulnerability to the disease. We recommend to:

- Address and respond to the challenges of changing gender and power relations.

### **CHRISTIAN CHURCHES' PRESENTATION** - (Group 1)

Pg 6 We added that the FBOs should also seek to sensitize and engage other organisations and individuals not yet involved with the issue of HIV/AIDS.

### **Questions for consideration**

- Only the Jamaican Council of Churches among those in our group had a policy and established programs on HIV/AIDS issues and those of us who did not would be willing to establish them.

### **ACTION PLAN**

We found that some of the guidelines had more than one objective verb and should be separated; thus –:

**Leadership**

Bullet 2 Provide ongoing education for current.....

**Prevention**

Bullet 2 Encourage responsible .....

**Care, Support and Counselling**

Bullet 8 Refer to specialized agencies

**Education**

Between Bullet 4 and 5 we added - *seek to involve Faith Based Leaders in family life as well as other programmes in public schools as part of their outreach initiative.*

**Gender/Power**

Bullet 1 Delete “and act accordingly”

Bullet 2 ....to educate persons to change ... Add Children

- Address children as a vulnerable group
- Provide initiatives to met the needs of children

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**CHRISTIAN CHURCHES’ PRESENTATION** - (Group 2)

Membership of the group was heavily Jamaican and Kittitian; great passion and enthusiasm. We thought that the Policy and Action Plan Committee did a great job.

**Leadership -** Some do and some don’t

- Churches can invite Government-based, Health Care Workers, Leaders in HIV/AIDS programmes – simply because Health Care Workers have the facts but the FBOs have the values. Encourage all in leadership positions to be involved. Also, CCC must help to provide to us information from WHO, CAREC, Local AIDS Committees, etc.

**Prevention**

- Encourage HIV/AIDS testing;
- Establish abstinence as a way of life and HIV/AIDS prevention;
- Promote safe behaviour;
- Youth forums where faith issues are discussed;
- Young people engage in Peer Counselling;

- Need to learn to cope with problems of dominance and power; (*Teenagers with older persons*)
- FBOs should be involved in national HIV/AIDS efforts such as World AIDS Day.

### **Care, Support and Counselling**

- Training programmes are very important, must stress Confidentiality.

### **Human Rights and Advocacy**

- Human Rights is not high on the agenda of the Church
- Pastors should do the work of advocacy;
- Need legal advocacy for immigration policy; should not include AIDS as a condition for entering; should not exclude anyone;
- Media should be part of Advocacy and Education. There is no direct reference to the media in this document. FBOs must go public using drama, song and dance;
- We need to bring on board political leaders and decision makers;
- Must put a face to AIDS and bring a human message to the AIDS Campaign;
- FBOs must resonate with AIDS issues in society

### **Burial rites**

- Same rites as anyone within the membership

### **Education**

- Policy on Sex Education and human sexuality
- How to be committed to sexual education
- Other voices besides FBOs exist; misleading voices must be recognised
- Be able to bring theological perspective to HIV/AIDS education is important
- FBOs must applaud, participate and support international and regional public efforts in HIV/AIDS education e.g. World AIDS Day

### **Gender/Power Relations**

- Cultural Context – For Caribbean men, it is okay to run around. Women can help by not accepting this;
- All issues in respect to Gender, seem to have a power base.

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## **CHRISTIAN CHURCHES' PRESENTATION** - (*Group 3*)

### **Introduction:**

Please add *Leadership should be open to training at all levels.*

**Leadership** Question 1 No established programmes.

**Prevention**

1. The process has begun.

- ***Changes:***

- 1) Speak messages of abstinence and chastity before marriage and fidelity in marriage;
- 2) Put line 2 first, Promote responsible sexual behaviour....

3) Line 3: Add - *Actively* promote.....

**Care, Support and Counselling**

- There are no written policies but there is an understanding on the issue of confidentiality;
- Add to No. 1 -: tolerance and non judgemental attitude towards persons infected and affected by HIV/AIDS.

**Human Rights and Advocacy**

- No advocacy or development of policies concerning Human Rights or death and final rites.
- Line 10: Add “*Develop*” and “advocate and *develop* measures....”;
- We would like to address issues relevant to displaced persons;
- Line 13: Add “*..families*”

**Education**

- Line 2: Add “*...substance abuse*” after human sexuality;
- Line 7: Add “*substance use and abuse*”
- *The vulnerability of women in context to their relationship with men should be included*

**Gender/Power**

- There should be concern about vulnerability of children.

**General Comments** - The document needs to address other vulnerable groups such as children and disabled persons.

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**CHRISTIAN CHURCHES' PRESENTATION** - (Group 4)

**Leadership** - Acceptable, but needs to be widely circulated

**Prevention** - Acceptable. The term "Responsible Behaviour" needs to be defined in glossary

**Care, Support and Counselling** - Acceptable

**Human Rights and Advocacy**

- Question 2, page 7 *Does your organisation's policy address the right of PLWHAs to marriage, baptism and communion?*
- Renumber bullet 2 to 3
- Amend bullet 4 to : *Help safeguard the secular and religious rights of persons affected by HIV/AIDS.*

**Education**

- Insert the question – *Does your FBO have a policy to deliver a balanced programme of training to empower its leaders and members to deal with all of the issues associated with HIV/AIDS?*
- Insert the question – *Does your FBO network with other FBOs, NGOs, CBOs and Governmental agencies to enhance its Programme?*
- *Does your FBO utilise the print and electronic media to educate the general population?*
- Add a bullet – *Seek to establish relationships with other organisations for the expanded response.*

**Gender/Power** Acceptable

## **FURTHER QUESTIONS FOR CONSIDERATION**

Bullet 8        *How does your FBO plan to fund and sustain its programmes?*

Bullet 9        *Does your FBO have a system for monitoring and evaluating its programmes?*

## **CHRISTIAN CHURCHES' PRESENTATION (Group 5)**

*FBOs represented: St. Kitts Church of God, Trinidad & Tobago Church of God, Salvation Army in St. Kitts, Baptist Church in St. Kitts, Jamaica Baptist Union, Methodist Church in the Caribbean and Americas (MCCA), African Methodist Episcopal Church (AME) in Trinidad, Catholic Church of Jamaica and Trinidad.*

### **Leadership**

- Jamaican Baptist Union and the Catholic Church in Trinidad have programmes for educating leaders;
- No programmes in the Catholic Church in Jamaica, Methodist, AME, Church of God, Baptist in St. Kitts;

### **Prevention**

- Yes, except the Salvation Army in St. Kitts;
- Yes for the Jamaica Baptist Union, Methodist, Catholics in Jamaica and T&T, AME, Church of God. No for Salvation Army and Baptist in St. Kitts.

### **Care, Support and Counselling**

- Policy only exists in the Jamaica Baptist Union and the AME in Trinidad and Tobago. No for other FBOs in the group;
- Yes for the AME, Jamaica Baptist Union and Catholic. No for Methodist, Church of God, Baptist in St. Kitts and Salvation Army in St. Kitts.

### **Human Rights and Advocacy**

- Yes for Jamaica Baptist Union and the Baptists in St. Kitts. No for the others;
- Yes for AME and Church of God. No for the others.

### **Education**

- No for the AME and Church of God. Yes for others.

### **Gender**

- Yes for Catholics and Baptist in Jamaica and Baptist in St. Kitts. No for others.

### **FURTHER QUESTIONS**

- 1a.) Yes for the MCCA, Jamaica Baptist Union and AME. No for others.
  - b Yes.
2. Yes for the Catholics in Trinidad and the Jamaica Baptist Union; no for the others.
3. Yes for the Jamaican Baptist Union; no for the others.
5. Yes for the Jamaican Baptist Union and MCCA; no for the others. As Christians there is a general response in which we do not discriminate, but there is no special policy in relation to HIV/AIDS.
6. Yes for the Jamaica Baptist Union and MCCA. No for others.
7. Yes.

### **ACTION PLAN**

#### **Care, Support and Counselling**

- Emphasise listening, reconciliation, forgiveness and relationships

#### **Gender Power**

- Add - *Create special opportunities to educate and empower women to change their behaviour and take responsibility for containing the spread of HIV.*

### **CHRISTIAN PRESENTATION** - (Group 6)

#### **Leadership**

- Mandate that all religious leaders in our denominations be proactive in educating themselves on the pandemic and care of PLWHA;

- Mandate that religious leaders meet periodically for review of the progress being made at:
  - i) Community level;
  - ii) National level;
  - iii) Regional level.
- Mandate that religious leaders be given a further option of bringing resource persons to address them on the progress in dealing with the pandemic;
- Mandate that at, congregational level, groups be formed to begin to formulate congregational policies on addressing the pandemic.

### **Prevention**

- Organise training at National level for individual denominations for Pastors; putting mechanisms in place to create awareness;

### **Education**

- \* Involve persons in the field of health to speak to children and young people on various topics related to sexual health and propriety. Also expositions discussing practices and preventative measure and equipment.
- Organise youth camps to deal specifically with sex education. Persons from (the Youth Council) can train youths 18-25 years to be peer counsellors. Develop trust and respect among them so that relationships can be established that will help them through life.
- Be consistent in the dissemination of information and in sharing our views and ideas on dealing with the issues surrounding HIV/AIDS.

*\*Sex carousel*

### **Gender/Power**

- Use the media to reach men/women on their sexual practices;
- Elevate a new vision of sexuality, indicating there is a way to maintain sexual propriety before and during marriage;

*?? How would we deal with a Religious Leader who infected a 13 year old??*

### **Care, Support and Counselling**

- Services (Memorial) with Candle lights to commemorate PLWHAs. World AIDS Day Commemoration. The Church should make it a specific event with programmes leading up to national and international observances.

- Developing support groups for PLWHAs and group work for specific age groups for the entire family/ networks of those dealing with HIV/AIDS.

### **Human Rights and Advocacy**

- Allow access to our buildings for meeting places to discuss the policies which will be forwarded;
- Liaise with established groups/organisations already dealing with these areas to get further mileage for our ideas and programmes.

After the presentations, the Chairperson suggested to the delegates to also examine the following on returning to their countries:

- *Does your country have a National Strategic Plan in response to HIV? If so, what is the role outlined for FBOs?*
- *Does your country have a National AIDS Secretariat and is there a significant Faith Based representation?*
- *Who are the key stakeholders in the fight against HIV/AIDS and how can my FBO network with them?*

### **REGIONAL ECUMENICAL INSTITUTE**

After the Faith Based Presentations, Rev. Dr. Knolly Clark did a brief presentation on the Regional Ecumenical Institute which is an initiative of the CCC. The Institute would provide the opportunity to strengthen the capacity of the National Christian Councils to enhance their response to social issues in the region. HIV/AIDS and themes related to the pandemic would be some of the issues explored.

In responding to Rev. Dr. Clark's presentation, Mr. Yacob Ali, examined the need for the Ecumenical Institute to be opened to the wider faith based community to include non-Christian religions. He stated that social problems transcend all religious faiths and all will need to be exposed on dealing with these matters. He also noted that theological focus can be on identifying our common bonds '*as we all strive to be obedient to God Almighty*'.

### **THE WIDER ECUMENISM**

In response to Mr. Ali's request, Mr. Gerard Granado, spoke about the essentialness of dialogue between communities. He stated that such interaction can bring clarity and understanding to different points of view.

He continued by noting that, "*It is the responsibility of an Ecumenical Organisation to put in place mechanisms that would facilitate and ensure that certain kinds of encounters*

*and dialogue occur...this can help to dispel myths and prejudices among people who share the same space. Under the leadership of the CCC, we can put together and convene a network of IROs... there is room and scope for that within the CCC.” Mr. Granado coined this *The Wider Ecumenism*.*

## **COUNTRY PRESENTATIONS<sup>2</sup>**

### **Chairperson: Huey Cadette**

The delegates were placed in groups represented by countries and they were asked to discuss what actions they would take within their countries on their return to share and make known the Policy and Action Plan Document. The responses were as followed:

### **ANTIGUA/BARUDA**

*Representation included: Anglican, Baptist, Church of God, Evangelical, Methodist, Moravian, Roman Catholic, Salvation Army and Wesleyan Holiness.*

***First of all, I would like to let you know that here has been a National HIV/AIDS Programme which has been very actively going over the past several years. I would like to let you know also, that this National AIDS Programme, until recently, was led by its Director, Mrs. Felicity Amyer, who is now present at this Consultation.***

1. The groups represented will come together to make up a formal report of what happened in Guyana, to be presented to our individual organisations by February 15, 2005. We will also take the opportunity, in this report, to recommend that the Policy and Action Plan document be presented to all FBOs;
2. This will be followed by a Meeting of the Barbuda Ministerial Association, The Antigua Christian Council and the United Evangelical Association. The purpose is to examine the document and to make whatever modification as deemed necessary;
3. We will also seek to liaise with Governmental departments and the non Governmental Organisations that work in the HIV/AIDS arena;
4. We will also seek to disseminate the documents to the various, appropriate churches and organisations as we move forward towards implementation;
5. It will also be necessary for us to look at ways and means to raise and generate funds to conduct the necessary work to decrease the impact of HIV/AIDS in our country.

## **ARUBA AND SURINAME**

*Representation included: Salvation Army and Inter Religious Organisation in Suriname (IRIS)*

Both countries fully endorse the Policy and Action Plan document.

- In Suriname, the document will be passed on to the Inter Religious Commission (IRIS);
- In Aruba, the Churches are not yet actively involved in the fight against HIV/AIDS. With the Policy Draft and Action Plan document, FBOs could join other national and international organisations in the discussions surrounding the pandemic.

## **BARBADOS**

*Representation included: Anglican, Christian Council, Evangelical, Inter Religious Organisation, Muslim and Roman Catholic.*

### **We agreed to do the following:**

1. Continue to meet as a body for which the sole purpose of promoting and disseminating the Policy Document;
2. Inform the Barbados Christian Council, the Barbados Evangelical Association, the Muslim Association, the Barbados Inter Religious Organisation and other people of living faiths as well as the Government and Non Governmental Organisations regarding this policy;
3. Organise a Press Conference to share information with the wider public;
4. Network with CCC, Regional and International Organisations that are working to eradicate HIV/AIDS in the Caribbean;
5. Convene a meeting with Ministry involved with the “Boys on the Block”, Youth groups e.g. Boy Scouts Assoc., Girl Guides and other uniformed and non-uniformed groups to design programmes and activities based on the policy document;
6. Look at existing Policy Documents in Barbados such as the national document to see how the Faith Based plan relates to the national policy;
7. Barbados Evangelical Association also has a Policy document, and the group will work together to see how both documents can complement each other;

8. Barbados Christian Council will be hosting a workshop on sexuality in April, this document would be either endorsed or form part of the shaping of the Christian Councils' Policy.

### **COMMONWEALTH OF DOMINICA**

*Representation included: Anglican, Christian Union, Pentecostal and Roman Catholic*

1. The Community of Seventh Day Adventist would need to be informed and given copies of the Policy and Action Plan Guidelines since they are not part of DAEC or Christian Council;
2. Acquaint Head of each Denomination about the Policy and Action Plan;
3. Approach Regional and sub-regional bodies for funding and training e.g. CCC, Regional Co-ordinating Mechanisms based at the OECS to assist in training of Heads of FBOs.
4. The Churches of Dominica do not have a history of collaboration. The HIV/AIDS problem could serve as a catalyst to working together.
5. Need to download material on Abstinence available from Louisiana. The intention being to introduce the same among the FBOs represented.
6. Encourage the development of an HIV/AIDS Policy for FBOs; this would initially be at the denominational level. We would use the copy of the Guidelines circulated at this forum.

### **GRENADA**

*Representation Included: Christian Council of Grenada (CCG)*

1. As the only delegate, I will prepare a report of the meeting for the CCG's next meeting scheduled for January 25, 2005;
2. Copies of the report will also be shared with the Ecclesiastical Committee - this committee is chaired by the Ministry of Health and has representation from several churches outside of the CCG;
3. I will suggest that the CCG request membership on the National AIDS Task Force;
4. Will use the media to inform the public of this meeting and Action Plan;

5. The CCG will be encouraged to organise a Forum to discuss the Document with all stakeholders; and to identify and utilize skills within its group to assist in the education of HIV/AIDS and other Social issues.

## **JAMAICA**

*Representation included: Baptist, Christian Brethren, Church of God, Jamaica Council of Churches (JCC), Methodist, Moravian, Roman Catholic, Salvation Army and Seventh Day Adventist.*

1. Establish a database to share information, resources, workshops (networking);
2. Make a commitment to send the document to each member church within the JCC Secretariat for development of individual programmes;
3. Distribute the document to ministries outside of the JCC membership;
4. To have media coverage in Jamaica of this meeting;
5. Seek collaboration with National AIDS Committee through the JCC Project Advisory Group;
6. Subsequent to review by the JCC, to present the document to the Ministries of Health and Education;
7. Give individual reports to the leadership of our respective FBOs to share existing plans and establish a network;
8. Pursue the Abstinence Programme which was looked at 7 years ago (*Mrs. Bain will initiate contacts*);
9. Have a vote of thanks to Prof. and Mrs. Bain for all of their work with CCC and in Jamaica, and their future availability to help develop programmes.

**Delegates from Belize and Bahamas contributed to this presentation.**

## **GUYANA**

*Representation included: Hindu, Muslim, Presbyterian, Lutheran, Pentecostal and Roman Catholic.*

**Opportunities and challenges to implementation of the HIV/AIDS Action Plan:**

1. Who to implement

**Opportunities**

s Implementers – CCC, IRO, Religious Leaders, Social groups and other stakeholders

s Formation of alliances among various stakeholders

**Challenges**

s Differences among priorities of implementers.

s Lack of funding and resource personnel.

2. How to implement

**Opportunities**

s Perform needs assessment within communities.

s Prioritize domestic violence, alcohol and drug use and obtain consensus among stakeholders on areas to focus on in the Action Plan.

s Identify funding and resource personnel.

s Train Community leaders within FBO who will, in turn, pass on training.

s Conduct a heightened Public Education Programme.

s Network with other stakeholders both nationally and regionally.

**Challenges**

s How to sell the plan to persons outside of the religious community

3. When and Where

**Opportunities**

s Time to implement is now – throughout the country

**Challenges**

s Other national priorities may downplay implementation of HIV/AIDS Action Plan e.g. floods

**ST. KITTS/NEVIS & ANGUILLA**

*Represented included: Anglican, Baptist, Church of God, Evangelical, Moravian, Pentecostal, Roman Catholic and Salvation Army.*

**The document as presented provides an excellent guide and we will use that to guide our actions.**

1. A Press Release has been prepared to be given to the media upon return to St. Kitts.
  2. A follow-up meeting has been planned for January 27, 2005 at 10:00am to make further plans for action.
  3. Efforts will be made to work along with the national agencies and bring the Church into the forefront of HIV/AIDS intervention.
  4. We have named ourselves the St. Kitts/Nevis Faith Based Organisations.
- *The representative from Anguilla worked along with us*

### **TRINIDAD & TOBAGO**

*Representation included: African Methodist Episcopal, Anglican, Church of God, Evangelical Churches, Hindu, Inter Religious Organisation, Muslim, Pentecostal Assembly, Presbyterian, Roman Catholic and Salvation Army.*

#### ***How can this document (Policy and Action Plan) live in our community?***

1. Collaborate with other stakeholders, leaders and key persons within our country;
2. Train and equip leadership and members;
3. Target our schools and institutions;
4. Circulate information on this conference;
5. Plan a press conference which should be channelled through CCC; (*Do as soon as possible*)
6. Maximize the media on an ongoing basis to create public awareness and support;
7. Observe proper protocol for our individual FBOs re:
  - *Report to the immediate supervisor*
  - *Obtain their support*
  - *Plan and strategize*
8. See the need to act expeditiously while the momentum exists;
9. Organise a seminar to include the leaders of our FBOs to equip them with the required knowledge and skills;
10. Each religious body is responsible for doing its own work;
11. Establish a national (FBO) Coordinating body;

12. Rev. Cyril Paul, President of the IRO, will take the document to the IRO;
13. Plan strategy by leadership to filter plan to its membership;
14. Recruit able voluntary assistance to work along with CCC Office staff to deal with work load;
15. Tap into sources of funding for programmes - such as CIDA;
16. Seek ways to get to the grassroots of our population;
17. Mr Gerard Granado, General Secretary of the CCC, offered the services of the CCC to facilitate this process.

### **BARCAM – Dramatic Presentation**

The BARCAM did a Theatre in Education exercise to demonstrate to participants the use of theatre in problem solving, identification of issues, and exploration of self. The BARCAM did a dramatic piece for participants to use as a teaching and learning tool. Participants were given the opportunity to interact with the characters during the presentation. Mr. Selvyn Lewis, Director of BARCAM, explained to the delegates the usefulness of Theatre to assist in educational programmes when working with both youth and adults.

### **REVIEW OF THE CONSULTATION** - Mrs. Rosalind Saint Victor.

In reviewing the proceedings during the course of the three days, Mrs. Saint Victor stated that she could sum the day up with the statement, “*much more unites us than divides us*”. She felt that the participants did not only have a new understanding of HIV/AIDS they also gained a new understanding of each other.

Mrs. Saint Victor stated that there were some consistent trends throughout the workshop:

- *The feeling that the Policy and Action Plan was a ‘good road map to follow’; enabling greater understanding and enriching our activities surrounding HIV/AIDS;*
- *The need for education and ongoing development for Faith leaders to deal with HIV/AIDS and other social issues;*
- *The issue of gender and power relations. The commitment to focus on the empowerment of women;*
- *The openness to collaboration with other faiths, NGOs and with governments in order to move the Policy and Action Plan Document forward.*

## **CLOSING REMARKS**

A Vote of Thanks was done by CCC staff members, Elizabeth Nicholas – Regional Programme Coordinator, HIV/AIDS and Tricia Syms – Administrative Programme Assistant.

Mr. Gerard Granado offered some closing remarks acknowledging the hard work of the staff and Presidents of the CCC. He noted the commitment of President Jagdeo in the fight against HIV and thanked the Guyanese people for their hospitality. He described the Consultation as historical because, “...*never in the past have leaders of major faiths/traditions come together on a regional level to discuss the challenge of HIV/AIDS.*”

Invocations representing ‘the wider ecumenism’ were facilitated by Bro. Noble Khan of the Islamic Faith, Pundit Chrisna Persaud of the Hindu Faith and Rev. Cyril Paul of the Presbyterian Faith.