

Not as Simple as ABC: Christian fundamentalisms and HIV and AIDS responses in Africa



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The Association for Women's Rights in Development (AWID) is an international feminist membership organization committed to achieving gender equality, sustainable development and women's human rights. AWID's mission is to strengthen the voice, impact and influence of women's rights advocates, organizations, and movements internationally to effectively advance the rights of women.

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Introduction

Context

Since its emergence in the 1980s, the HIV and AIDS epidemic has transformed the African region creating new economies, inspiring new forms of activism and forcing action to strengthen health systems. It has also spurred an explosion of debate around the taboo issues of sex, gender power relations and sexuality, and opened up space to challenge conventional sexual and gender norms. Within this complex terrain, progressive activists have raised concern about the rising influence of Christian fundamentalisms,¹ and the impact that Christian fundamentalist actors within and outside state institutions have on shaping HIV and AIDS responses.

HIV and AIDS remains a starkly gendered epidemic in the African region. Sub-Saharan Africans represent 68% of HIV+ people globally, with an average of 13 women infected for every 10 men. Young African women are up to six times more susceptible to HIV infection than men of the same age, due primarily to social factors such as lower ability to negotiate condom use, high incidence of rape and coerced sex, and transactional sex with older men.² Unprotected heterosexual sex remains the primary mode of HIV transmission in Africa. In addition, while men as a group have lower prevalence rates than women, local studies have also shown that amongst men, men who have sex with men (MSM) face greater vulnerability to HIV infection than heterosexual men, alongside greater barriers to accessing appropriate and non-discriminatory treatment, care and support (Johnson; UNAIDS). These gendered realities make it imperative to analyze and contest the influence of sexist and homophobic fundamentalist actors on policy and popular discourse across Africa.

1. This paper focuses on Christian fundamentalism in particular, however it should be noted that fundamentalist responses by Muslim actors and those following traditional African religions have also impacted the nature of HIV and AIDS responses. In addition, Christian, Muslim and other actors following traditional African religions have at times collaborated in forwarding fundamentalist agendas and approaches, including in homophobic campaigning and in the rejection of condoms. (see for example Balchin: 6)

2. Statistics from Global Report Fact Sheet: Sub-Saharan Africa (UNAIDS).

The study

This study explores the agendas, strategies and influence of Christian fundamentalist actors in HIV and AIDS responses in the African region, drawing on interviews³ with African and international HIV and AIDS and women's rights activists as well as academic and policy research. It looks in particular at how Christian fundamentalist engagement in the HIV and AIDS sector has supported and strengthened highly moralistic⁴ patriarchal discourses around sexuality, gender and sexual practices, and continues to affect practice and policy on HIV and AIDS treatment and prevention. The study also considers the resulting implications for women's rights and lesbian, gay, bisexual, transgender and intersex (LGBTI) rights.

Furthermore, the study reviews the impact of the U.S. President George W. Bush Administration (2001-2009) and the first round of its President's Emergency Plan for AIDS Relief (PEPFAR) in granting legitimacy to Christian fundamentalist involvement in HIV and AIDS intervention strategies. It identifies trends in the post-Bush era that continue to undermine evidence and rights-based efforts to tackle HIV and AIDS. In particular it points to a shift in Christian fundamentalist focus from abstinence and anti-condom campaigning to rallying homophobia. It also flags the continued practice of "miracle cures" through charismatic faith healing at a local level which undermines the health and survival of individuals living with HIV and AIDS, and compromises efforts to roll out effective HIV treatment.

The analysis here urges a need for a more rigorous understanding of the ways in which Christian fundamentalist discourses continue to affect policy and practice on HIV and AIDS and broader discourses relating to gender and sexuality. It also explores tensions from a human rights and feminist perspective in attempting to tackle a gendered issue such as HIV and AIDS alongside actors that may not share a commitment to equality and the full exercise of rights. The root argument here is not against all faith-based engagement in African HIV and AIDS responses. A call for a blanket rejection

of faith-affiliated or based interventions would be both simplistic—since not all religious actors share the same politics—and impractical, given the extent to which religious actors are already engaged, particularly in service delivery and in care and support. Such a position would also be difficult to implement given that African feminists and other progressive activists contend with the social reality that the majority of Africans are religious (Oduah) and identify with the dominant religions of Christianity or Islam, and that, consequently, interventions affiliated with religious bodies or actors are often welcome at community level.

Note on analyzing Christian fundamentalisms in the Africa region

While this study focuses on Christian fundamentalist engagement in HIV and AIDS in a number of African countries, it is important to note that there is no single unified fundamentalist strategy, but rather a constellation of actors making strategic connections and alliances with each other, within and outside of the state, and in some cases also acting alone. In addition, while there is a growing body of evidence in both systematic research and activist experiences to trace the links among these actors and their agendas, many of the more influential relationships have been intentionally hidden from public view, making documentation and analysis difficult. While some data presented here is anecdotal, it nevertheless points to trends that many working in the field of HIV and AIDS, human rights and women's rights more broadly note with concern.

In the African region, people use the terms "born again", "Pentecostal" and "evangelical" interchangeably when referring to the growing strands of evangelical Protestantism. More strictly speaking, Pentecostalism is a renewal movement within Christianity based on the direct and personal relationship with God. Pentecostals generally believe in the practice of baptism of the Holy Spirit, through which they may receive gifts of the spirit such as faith healing, working miracles, prophecy, and speaking in tongues. Charismatic belief, similar to Pentecostalism, emphasizes a direct relationship with God and manifestations of gifts of the Holy Spirit. It grew out of Pentecostalism but then spread to other denominations including mainline Catholic and Protestant churches. Many African charismatic churches are non-denominational (Horn 2010: 3). The term "mainline" is used to refer

3. The author conducted six key informant interviews in October and November 2011.

4. The terms "moralistic", "morality" and "moralism" are used here in reference to ideas and definitions of what is "right/wrong" and "good/bad" with regards to human behaviour and imply a judgemental approach.

to traditional older Protestant Christian denominations (e.g., Anglicans, Methodists and Lutherans), to differentiate these from newer Pentecostal and charismatic denominations.

The use of the term “fundamentalist” to categorize policies and approaches is fraught with difficulty, not least because the actors espousing what we might name as fundamentalist discourse or agendas often reject the term themselves. Following from AWID’s research into understandings of fundamentalisms among women’s rights activists globally, the operating definition of religious fundamentalism in this analysis is the strategic use of religious discourse and institutions to forward views and actions that are absolutist and intolerant, anti-human rights and women’s rights and at their root fundamentally patriarchal (Vaggione).

The Actors and their Strategies

“[Some] churches have definitely played a detrimental role when it comes to HIV and AIDS and human rights but that is because the way that everything else operates has sustained an environment that is conducive to enable them to do that. *Understanding the deeper context is vital.*” Paula Akugizibwe, Independent consultant on HIV and AIDS/TB

A historic connection

It is useful to contextualize religious responses to HIV and AIDS epidemic within the historic role that Christian churches and Christian moralism have played in health service provision in Africa overall, and policy and public health responses around the control of sexually transmitted infections in particular. Mainline Catholic and Protestant churches have provided health services across the African continent since the onset of missionization by European colonists in the 1700s. While improving health and controlling disease was certainly an aim of medical missionaries, religious health service provision in the colonial era also had ideological ends. For example, it commonly included what is termed *sickbed evangelization*, using the provision of palliative care close to death to encourage religious conversion and hence the promise of peace in the afterlife (Lesenkamp: 421).

As well as shaping health services, moralistic Christian perspectives on sexuality have also influenced if not entirely framed colonial and subsequent post-independence law and policy on sexual and reproductive health and sexual relations, particularly in former British colonies. This includes legislation such as the colonial Contagious Disease Acts (directed at the control of sexually transmitted infections) and colonial and contemporary legislation criminalizing sex work and same-sex acts. As feminists have pointed out, these policies all contributed to creating and maintaining a normative view of “appropriate” sexuality for African women as heterosexual, only within marriage and reproductive (Horn 2006: 7-19; McClintock).

Religious entities constitute a significant portion of formal health service provision in Africa today, with estimates of between 25-75% of health services owned or run by religious or religiously-affiliated institutions (Schmid et al.: 49-51). Christian institutions tend to dominate over other religions in particular with regards to HIV and AIDS treatment, with Catholic institutions cited by some sources as making up between 25% and 40% of all HIV and AIDS response in sub-Saharan Africa (Schmid et al.: 50). Alongside the mainline churches, Pentecostal and charismatic Christian institutions have emerged as actors in the health sector and in influencing popular and policy discourse on health and issues of sexuality, in particular in the context of HIV and AIDS.

Clearly not all Christian-backed engagement with health is framed by fundamentalist discourse. However the historic presence of Christian actors as acknowledged partners in African health systems, and the role of moralistic Christian discourse in framing state and public discussions on health and sexuality have both provided ground for Christian fundamentalist authority and influence in the HIV and AIDS field.

International actors

There are a range of complex global and inter-country links with the African HIV and AIDS sector and amongst Christian fundamentalists. Internationally, the religious “turn” to engaging HIV and AIDS response in Africa gathered force in the early 2000s with Christian churches and faith-based organizations of varying politics beginning to get involved. Mainline churches started to engage in responses to HIV and AIDS through initiatives such as the Catholic-led Jubilee 2000 movement (a campaign initially focusing on cancelling debt owed by countries in the global South) (Joyce 2010: 5). The move was also supported by entertainment figures such as Irish rock musician Bono, whose sense of a calling to engage in African development began with a World Vision-sponsored visit to Ethiopia in the 1980s (Falisani). Bono helped rally U.S. evangelicals to consider action against the spread of HIV and AIDS in Africa during a visit to the U.S. in 2002 (Henderson), and continued to do so through his public campaigning.

Pastor Rick Warren⁵ and his evangelical “megachurch” the Saddleback Church was a leader in the move among U.S. evangelicals to engage on HIV and AIDS in Africa, beginning with the launch of a church-based HIV and AIDS initiative in 2002. In 2003 Pastor Warren and his wife launched a mass-based initiative called the P.E.A.C.E. Plan⁶ aimed at mobilizing 1 billion Christians to address what he calls the “five global giants” of spiritual emptiness, corrupt leadership, poverty, disease, and illiteracy.⁷ HIV and AIDS services were and remain a focus of this agenda.

Consolidating fundamentalist power in the Bush era

The problematic role of Christian fundamentalists in HIV and AIDS responses became starkly visible during the administration of George W. Bush, and the launch of the United States President’s Fund for AIDS Relief (PEPFAR) in 2003. Faith-based organizations were explicitly named as a key partner for funding and delivery of PEPFAR programming. PEPFAR took up the HIV prevention strategy of “Abstain, Be faithful, use Condoms” (ABC), however with a heavy emphasis on abstinence until, and faithfulness within, marriage. Of the 15 billion USD originally pledged to support HIV and AIDS prevention efforts under PEPFAR, one third⁸ was devoted to abstinence-only prevention messages in a policy move clearly guided by the fundamentalist politics of the U.S. Christian right. Condoms, acknowledged by public health experts globally as a critical tool in preventing the sexual transmission of HIV, were de-prioritized as a prevention approach. In addition, PEPFAR recipients were required to have an institutional policy (the “anti-prostitution loyalty oath” commonly referred to by activists as the “anti-prostitution pledge”) that explicitly opposed prostitution and sex trafficking, thereby requiring recipient organizations to take an ideological

5. Rick Warren has refuted the label “fundamentalist” and also argues that he is an evangelical that is not aligned to the Christian right (see *The Future of Evangelicals: A Conversation with Pastor Rick Warren* [Pew Forum 2009]). However, Warren espouses clearly right-wing views regarding the economy (with a preference for “small government”), and has also stated public opinions against gay marriage (see “Statement from Saddleback Church on Warren’s CNN Appearance,” [Christian Broadcasting Network]). Rick Warren has also had controversial close relationships with African Christian fundamentalists such as Ugandan Pastor Martin Ssempe and Archbishop Henri Orombi [Posner].

6. The acronym stands for Plant churches that promote reconciliation, Equip servant leaders, Assist the poor, Care for the sick, Educate the next generation (The P.E.A.C.E. Plan website).

7. See The P.E.A.C.E. Plan website.

8. The original PEPFAR Law passed in 2003 required that 33% of all prevention focused funds be earmarked for programs espousing abstinence until marriage and faithfulness. See *United States Leadership against HIV/AIDS, Tuberculosis and Malaria Act of 2003, Title IV, Section 403, Title IV, Section 403*, 27 May 2003.

9. While HIV and AIDS and human rights activists would oppose violence against and trafficking of persons in all forms, some organizations, including sex worker organizations and alliances, take a stance in support of the rights of sex workers and support decriminalization of sex work.

stand against sex work.⁹ From the onset of PEPFAR treatment has however been supported however, leading to a significant increase in the numbers of Africans living with HIV and AIDS able to access anti-retroviral (ARVs).

The launch of PEPFAR represented a powerful alignment of interests between the U.S. government as the world's largest HIV and AIDS donor, an influential U.S. President, and other key U.S. officials and advisors taking explicit actions to combine personal religious convictions and official policy responses to HIV and AIDS, and local and national African actors responding to (and making opportunistic use of) new funding opportunities and unprecedented political access. Given the role of U.S. funding globally, United Nations agencies working on HIV and AIDS also increased their engagement with faith-based organizations under the Bush administration, enlarging the global space and global platforms on which faith-based actors from a range of perspectives and persuasions could engage with the epidemic (Joyce 2010).

Kathryn Joyce, a U.S.-based researcher and expert on U.S. evangelical organizing, explains that the involvement of U.S. evangelicals in areas such as HIV and AIDS represents a significant historical shift towards embracing the social gospel; the idea of expressing faith in Christ through doing good works, a position hitherto led by socially progressive U.S. churches involved in the civil rights, anti-war and anti-poverty movements. She explains: "In my larger research around evangelicals I have heard them speak about [international involvement] as a way to reclaim the social gospel; the idea that churches need to be helping people as part of the expression of the work of Jesus Christ... Many of the conservative churches want to become involved in the social side again, feeling that they had ceded this area of work to the liberal churches. And they are getting involved in ways that align with their socially conservative beliefs. For example, in getting involved in poverty work, they do not believe that governments should have a role, however charity can come through churches because this will also influence people to join the church." (Joyce 2011)

Many faith-based HIV and AIDS initiatives did and continue to follow scientific evidence in understanding patterns of HIV transmission and effective responses in prevention, treatment, care and support. However as discussed

below, the most vocal of the Pentecostal and charismatic and conservative mainline Christian actors during the George W. Bush administration called for ideologically-driven strategies based on their views of appropriate sexual and gendered behaviour. In partnership with fundamentalist African clergy, faith-based organizations and individual political actors with conservative religious beliefs, they succeeded in influencing HIV and AIDS response strategies *against* human rights and public health principles.

African actors

While international and U.S.-Africa networks and power dynamics continue to influence the course and nature of Christian fundamentalist engagement around HIV and AIDS, African Christian fundamentalists are very active in defining and making strategic use of these relationships and issues to suit their own political and economic interests. In that respect, increased political and financial authority among conservative and fundamentalist Christian actors internationally during the Bush era worked to bolster national and local actors in many African countries. From an African vantage point, the launch of PEPFAR in 2003 was catalytic in opening the doors for a surge in interest from the U.S. Christian right—predominantly Pentecostal and charismatic in their ministry—to begin engaging with HIV and AIDS in the African region. The net effect was to open significant space for fundamentalist faith-based organizations, individual churches and religious leaders to engage in, and in many cases directly shape, strategies for responding to HIV and AIDS.

The relationships between church and state regarding the provision of health services, in particular in the context of HIV and AIDS in Africa are complex and vary by country. As discussed above, the roots of the relationship go back to colonial missionization. Furthermore, while the majority of African states are formally secular, there are often close political ties with dominant religious institutions established during the colonial era and through ruling political elites (notably the Anglican Church in former British colonies, and the Catholic Church in former French and Belgian colonies). Pentecostal and charismatic churches, both homegrown and those with links to churches based in the United States, are newer actors on the scene however, growing in political influence in countries such as Nigeria,

Kenya, Uganda and South Africa (Pew Forum 2007), including through relationships with political elites and elected officials.

The growth in charismatic influence on African political and social life has led to increased acceptance of Christian symbols, rituals and prayer in ostensibly secular spaces of government and civil society work on development and human rights (Horn 2010: 17). Paula Akugizibwe, an HIV and AIDS activist working with the AIDS and Rights Alliance of Southern Africa (ARASA) at the time of interview, notes both the social and economic dynamics of this turn, reflecting that “many government figures are, in their private lives, prominent figures in various churches and vice versa. Churches all over the world are massive profit making corporations and anything that is making that much money will obviously in some way or another be related to the state” (Akugizibwe).

Uganda is by now a well researched example of financial and political connections between church and state- in particular between U.S. and Ugandan Pentecostals and charismatics. Uganda was lauded as a success story in HIV and AIDS response given early political leadership by the current President Yoweri Museveni in the 1990s. The strategy, including frank public discussion and information on HIV and AIDS, discouraging multiple sexual partners, condom promotion and active involvement of people living with HIV and AIDS succeeded in decreasing national prevalence rates from a peak of 18% in 1992 to 6.1% in 2002 (UNGASS country progress report: 15). The launch of PEPFAR in 2003 prompted an about-face in these policies. A complex constellation of Christian actors emerged within Uganda (Horn 2010: 18-20), with strong links to U.S. evangelicals as well as funding support from PEPFAR. The Office of the First Lady also became a key player in the HIV and AIDS response, following the First Lady Janet Museveni’s own charismatic Christian convictions. Individual charismatic pastors with fundamentalist beliefs also became prominent in national and community level HIV and AIDS interventions.

Looking back, Ugandan HIV and AIDS activist Beatrice Were recalls that “from 2003 you begin to see Christian fundamentalism taking a lot of space in AIDS responses and occupying that space negatively. The impact was huge and sudden- it was a radical entry in AIDS responses in Africa. We

were shocked to see these actors coming in from 2003 in Uganda with so much power and authority.” She also notes how PEPFAR funded faith-based NGOs began to dominate coordination meetings on HIV and AIDS. Pastor Martin Ssempe of the Makerere Community Church (a university-based church) was an influential actor. He would bring groups of university students to National AIDS Commission meetings wearing “Abstinence Pride” t-shirts. Were describes how “[Pastor Ssempe] would have these events by the pool, with booming music. The students saw him speaking with a pompous American accent—the things that young people love, to make them feel that they have the *swag!* He targeted young people at Makerere University with information that was not evidence-based. I remember one historical day when he went around encouraging people to collect all the condoms around the university and then proceeded to burn them, saying that he was burning them in the name of Jesus” (Were).

The economics of Christian fundamentalism

The HIV and AIDS epidemic has created new local and global economies, including the growth of multi-billion dollar pharmaceutical and sexual health commodity industries, specialist health and care services, a range of private and governmental funding mechanisms, HIV and AIDS focused NGOs, and professional research, implementation and advocacy sectors. Individual churches and clergy as well as faith-based organizations (FBOs) involved in HIV and AIDS are embedded in these new economies as service providers, grant recipients, donors and experts. Indeed, while ideology has shaped Christian fundamentalist approaches to HIV and AIDS in Africa, money has also been a key driver of Christian fundamentalist engagement in HIV and AIDS responses.

Funding from community, philanthropic and governmental sources is a pivotal aspect of the HIV and AIDS economy, and the politics and focus of that funding has in turn also influenced approaches in the sector. PEPFAR is a case in point. The impact of the first round of PEPFAR funding was felt not just for the policy focus on abstinence and the explicit outreach to faith-based organizations, but because it provided financial resources to bolster and spread faith-based and ideologically-driven HIV and AIDS response. Public health advocates in the United States have pointed out how ideology trumped due diligence and donor best practice in the first round of

PEPFAR funding, with grants awarded to U.S. faith-based organizations that had neither prior experience of work on HIV and AIDS nor a track record of work in African contexts (Joyce 2010: 5-8).

In the African civil society response, the presence of funding that supported fundamentalist approaches also transformed the constituency involved in HIV and AIDS programming. Ugandan activist Beatrice Were reflects on the sudden growth of faith-based groups engaging in HIV and AIDS response: “Money is power. Unlike the initial civil society response to HIV/AIDS in Uganda which was need-driven—an example is TASO (The AIDS Service Organisation), which started out of the pain of families loving their loved ones—the religious fundamentalists were driven financially. There is nothing else that explains the fact that they suddenly sprung up in 2003 when President George Bush launched PEPFAR in Uganda. Where were they all this time when there were a lot of deaths, a lot of stigma, a lot of need and a call for everyone to get on board?” (Were).

The demand for HIV and AIDS services has also enlarged the market for fee-paying church-based health service. In the Southern African context, Paula Akugizibwe describes the complex economics of HIV and AIDS, noting that “a lot of churches make money off HIV and AIDS so the ostensibly philanthropic motivation is not necessarily true. There is an increasing awareness or even scepticism in the region about INGOs (both faith-based and not) involvement in HIV and AIDS and the fact that a lot of the donor money goes to them rather than to local organizations or efforts” (Akugizibwe).

Activists point out an element of opportunism among some individual African churches and pastors in the arena of HIV and AIDS responses, with the clearest example being the offer of faith healing. Economically marginalized women are directly affected by this opportunism, giving financial support to churches that offer the hope of health and solutions to the multiple social and economic problems created by HIV and AIDS. At community level, Beatrice Were notes: “HIV and AIDS is increasingly a burden for women and the poor, and it has increasingly become a disease of exploitation and extortion. Don’t forget that the majority of the people you see in AIDS clinics are women. And these are the same women in the churches [seeking healing]” (Were).

Alongside the “business” of fundamentalist HIV and AIDS response, there is also a strong neoliberal ideological undertone in U.S.-derived Pentecostal and charismatic belief. At a popular level, African Pentecostals and charismatics tend to subscribe to what has been termed prosperity theology, focusing on individual wealth accumulation and promoting conspicuous consumption in the form of large cars and other symbols of wealth, all deemed to be a sign of God’s blessing (Horn 2010). The prosperity gospel links individual misfortune to spiritual forces, rather than structural roots of poverty or distress, situating the blame for inequality in individuals, and giving agency to individuals to then reverse their fortunes through prayer and active participation and financial support for the church. While generally not articulated as an explicit political ideology, it nevertheless resonates with individualist views of society central to neoliberal thinking.

U.S. Christian evangelicals, to whom African Pentecostals and charismatics owe a direct ideological debt, are marked both by fundamentalist social views as well as conservative approaches to the economy, typically aligned with Republican and further right views regarding the state and support of free market capitalism. This also translates in their approaches to African development. As Kathryn Joyce describes in the context of Pastor Rick Warren and the Saddleback Church’s P.E.A.C.E. Plan: “Saddleback is explicit in saying that there are three pillars of the state: government, private industry and the church (and not civil society broadly)... [In Rwanda] they have helped set up local churches to run services and have been directly invited by President Kagame to set up and run these services which would ideally be run by government, for example social services regarding adoption. They have business plans through churches; many things are being done through religion rather than government.” Kathryn Joyce goes on to explain:

“Even if their attention [to HIV and AIDS] is largely loving, it still has some of the same proselytizing agenda, and through PEPFAR ... much of the health service provision is then delivered through churches. In Rwanda for example where Rick Warren’s [Saddleback] Church is extremely active, they have the idea that churches will become small community-based service providers with a Saddleback product called ‘Clinic in a Box’, [providing] basic clinical services that the government

does not have the capacity to provide. In doing so they are turning the local church into a hero and getting more people to join. I don't think that most evangelical organizations would deny this as their great commission as Christians is to share the gospel and convince other people that following Jesus is the one true way. They see providing these sorts of services as one way to reach out..." (Joyce 2011).

The drive to shift service delivery from the state to private religious institutions thus comes with multiple "wins" for U.S. and African Christian fundamentalists: expanding the audience for their evangelism, enforcing an ideological position regarding a smaller role for the state, and redirecting clients from public health facilities to private health services run by them.

Influencing Discourse, Policy and Practice on Prevention

Across sub-Saharan Africa unprotected sex remains the primary cause of HIV transmission (UNAIDS). Consistent and regular condom use is therefore a critical prevention measure, alongside addressing sexual violence and non-consensual sex which is rarely protected. The most significant impact of Christian fundamentalists on prevention has been to insist on abstinence until marriage in health information, programming and service provision alongside an un-nuanced discourse of fidelity in marriage that does not take into account power dynamics between women and their partners.

Problematically, the abstinence-only message was disseminated across Africa during the Bush Administration as part of what HIV and AIDS activists call the "de-campaigning of condoms". This included questioning the efficacy of condoms, linking condoms to other diseases such as cervical cancer, and messaging that reinforced stereotypical and disempowering gender roles for women, and stigmatized condom use by linking condoms to promiscuity and sex work (Were). The abstinence-only message was targeted in particular at young people in schools and universities and spread through campus-based organizations in many African countries. In a study on abstinence-only strategies targeted at university students in Uganda and Kenya, researcher Monica Twesimme-Kiryia notes "the research showed that many abstinence campaigns conclude as evangelistic ones, with a caution that 'abstinence is only possible with God's help'" (Twesimme-Kiryia). Thus, while ostensibly part of public health education, abstinence-only prevention in these contexts became part of a broader effort to evangelize and to normalize conservative Christian moral views on sex and sexuality.

Ugandan AIDS activist Beatrice Were sees the abstinence-only programming as a violation of young people's human rights: "The concern that I had from a human rights and a women's rights perspective is that they ignored the fact that information was a basic human right by denying young people access to accurate information about condoms; information is a key human right that enables people to make the informed choices about their

health in particular sexual and reproductive health. In actuality by 2003 in Uganda the rights-based efforts had actually managed in getting young people to *delay* sexual debut and supporting them to prevent HIV by giving young people access to full information! The Christian fundamentalists undermined this while also violating young people's rights to sexual and reproductive health" (Were).

The anti-condom and pro-abstinence stance, supported under the first cycle of PEPFAR, percolated into individual NGO responses as well as into government policy. In Zambia reports showed that PEPFAR recipients had reduced condom promotion activities in the general population significantly, despite HIV prevalence rates of upwards of 15%, while some had removed mention of condoms from their prevention materials for fear that a mention of condoms would lead to funding being stopped (Grahame: 10-14).

In Uganda, public health officials found themselves having to negotiate between public health logic and the political imperative to support the President and First Lady's anti-condom stance. HIV and AIDS activists note that this resulted, among other things, in a nine-month condom shortage in 2005 where condoms destined for free distribution in the government's General Medical Stores were withheld. HIV and AIDS activists pressed for a clear statement regarding the withheld stocks and campaigned for distribution to resume given concerns that the poorest and most at risk of infection—women—would not have access to a crucial means of prevention. Beatrice Were recalls: "When we started to campaign for the release of these condoms, it was religious groups who attacked us. I remember waking up to a newspaper article written about me by Pastor Martin Ssempe who labelled me as a promoter of promiscuity and claiming that I was wanting to spoil young people, wanting young people to have sex because I was already infected and wanted other young people to also be infected" (Were).

At a popular level, charismatic and Pentecostal pastors jumped onto the prevention bandwagon with new discourses to explain HIV transmission (including the presence of devils and acts of God's vengeance), in turn creating new ways of understanding HIV transmission and prevention that fell outside of scientific explanations of an infection transmitted through a virus. Academics analyzing African evangelical discourse on HIV and AIDS note that "if not

always explicitly, the evangelical notion of 'being saved' was increasingly taken to include AIDS in the list of evils from which twice-born Christians are being delivered... Acquiring membership in a Pentecostal community through conversion is conceived to save individuals from the threat of AIDS illness... the idea of 'immunity by faith'" (Hansjorg et al.: 375).

Christian fundamentalist discourses around HIV transmission are starkly gendered. Across churches in Africa it is common to hear sermons that encourage the control of women's sexuality, emphasizing the imperative for women to be faithful in marriage, to fulfil the sexual needs of their husbands, and to abstain from pre-marital sexual conduct (Hansjorg et al: 373-383). For married couples, Christian fundamentalist approaches to HIV prevention focus on the concept of being faithful. Alongside this call for monogamy in marriage, much of the faith-based messaging also associated condom use with sex outside of marriage including in the context of marital infidelity. Activists working on HIV and AIDS and women's rights point out that the call to monogamy tends to place the burden of monogamy on women, and does not reflect the realities of sexual behaviour within marriage and as such even exposes women to greater harm. Beatrice Were argues that "by encouraging women to be faithful to unfaithful husbands they were making women vulnerable to HIV infection! In fact the 2006 Ugandan national baseline survey on HIV showed that married couples were among the high risk groups for HIV infection, and that infections had increased among married women." Some African clergy, including from Catholic and Pentecostal churches, went further to argue against condom use in marriage even in the context of discordant couples (where one partner is HIV+ and the other HIV-), actively encouraging exposure to significant risk of HIV transmission (Horn 2010: 16).

Interestingly, fundamentalist approaches to prevention may not always be consistently implemented in practice within the institutions that officially support them. Indeed, activists and researchers have noted that there is sometimes a disconnect between discourses preached and services rendered. For example, while the Vatican until recently has actively denounced any condom use, at local level Catholic nuns may distribute them in the face of clients' realities (Joyce 2010). Even when the practice follows a more pragmatic approach, it is problematic that the provision of appropriate services is

left up to the willingness or conscience of individual staff of faith-based organizations in defiance of the official position of the institutions in question.

Though it is difficult to quantify or directly correlate fundamentalist views and practices of particular Christian health services and clergy with changes in HIV infections rates, it is critical to consider how Christian entities contributing to HIV and AIDS response influence or limit people's choices and options regarding prevention. Reducing access to condoms for sexually active people and discouraging safe sex within marriage inarguably undermine prevention.

Influencing Policy and Practice on Treatment, Care, and Support

In the early years of the HIV and AIDS epidemic in Africa, religious organizations began to intervene to provide respite and care for the sick and dying through pastoral care and health services offered in Church-run health centres and hospitals and through Church outreach services. Established and well-funded religious institutions such as the Catholic and Seventh Day Adventist churches were critical in providing services that weak public health systems were not able to provide in many countries (Akugizibwe; Nanfuka; Were). A Gates Foundation-funded research study (Schmid et al.,¹²) found that in countries with high HIV prevalence such as Uganda and Zambia, religious entities provide around 30% of health services nationwide, with even greater coverage in rural areas. As such, they continue to be key actors in delivery of medical care and treatment for people living with HIV.

Views on the implications of faith-based provision of services are mixed among progressive activists and analysts, and also by country context and from service to service given the varied dynamics between church, state and the general population. There are, however, two main concerns from a human rights perspective. The first lies in transferring state responsibility for upholding citizens' right to health to independent non-state bodies. Analyzing the role of ARV provision by Catholic Relief Services (CRS) in Western Uganda, for example, Lesenkamp (419-427) notes that local government in effect ceded authority to the Catholic Church, which in turn reorganized its catchment area for clients to fit within the boundaries of the diocese. This in part was enabled by under-funding of the local government response, as well as active support for the work of CRS, including by UNICEF and other donors.

Secondly, faith-based service provision poses a challenge to principles of equality and non-discrimination where religious ideology influences service provision itself. The latter is of particular concern for people who fall outside of what Christian fundamentalist discourse deems as "appropriate sexuality", including women having sex outside of marriage, LGBTI people and sex workers. Analysis (Johnson: 76, 80-81) of discrimination in HIV and AIDS health service provision for African LGBTI people points out

the problematic role that Church-supported services have played given that staff often hold homophobic attitudes and may even actively stigmatise LGBTI people coming in for services. Examples include publically humiliating clients presenting with anal sexually transmitted infections (STIs), service providers giving personal opinions regarding people's sexual choices, or actively denying services to clients whose preferences they disapprove of. This in turn discourages LGBTI people from seeking further support for their sexual health concerns.

It is harder to hold religious entities providing services to account on human rights standards where they function independent of the state, or even as businesses in their own right. Barriers to access quality services are further exacerbated in contexts where national law criminalises sex work or same-sex practices, which in turn makes it difficult for clients to contest discriminatory treatment within services.

Away from science, towards faith healing

Across African countries people seek health information and services from a range of sources. These include biomedical (Western medicine) practitioners as well as traditional healers, and spiritual healing in both Christian and Muslim faiths (Schmid et al.: 34).

Many Christian clergy and institutions, particularly mainline Catholics and Protestants, have had a supportive stance regarding ARVs and science-based treatments for HIV and AIDS related illnesses, and are key partners in rolling out biomedical HIV/TB treatment at the local level in many African countries (Haddad et al.: 51, 90) as well as advocating for treatment access. The problematic trend emerging among some Pentecostal and charismatic churches however is support for faith healing to "cure" HIV and opportunistic infections. This includes contesting the efficacy of medicines and encouraging patients to cease anti-retroviral therapy and sometimes treatment for opportunistic infections such as tuberculosis in order to receive the healing power of faith (Were; young South African feminist; Dlamini in Horn 2010: 16). Faith healing is a common practice among charismatic Christians in African contexts. For Pentecostal and charismatic Christians, faith healing is considered one of the gifts of the Holy Spirit that can be received by believers (Horn, 2010: 3, 5), and as such requires no formal training in diagnosing

HIV and related illnesses, the relationship between HIV and AIDS, or complementary non-faith based treatment for HIV and opportunistic infections.

The concern raised by African women's rights and AIDS activists regarding faith healing is substantiated by a number of public and media queries around faith healing in individual African charismatic churches. A recent example is the influential Nigerian pastor and televangelist T.B. Joshua and his church The Synagogue, Church of All Nations (SCOAN) that has branches in Nigeria, Ghana, South Africa and countries in Europe. SCOAN makes public claims to be able to heal people of HIV and other chronic illnesses. Videos and photographs showing alleged acts of healing people of HIV, including medical certificates, to show seroconversion back to being HIV- are available on the SCOAN website and Vimeo video channel¹⁰ and blogs supporting T.B. Joshua's work.¹¹ In late 2011 British media covered the story of three HIV+ African women who died in London, England after abandoning ARV treatment in favour of faith healing (Dangerfield). The women were said to have been attending a branch of SCOAN. In response, T.B. Joshua made a statement in his church against the claim that his church refutes the efficacy medicines, saying that "God is the healer. He is the god of nature, and medicine is nature. I and my household, The Synagogue family, use medicine."¹²

It is hard to assess the scale of faith healing given the sheer number of independent Pentecostal and charismatic churches operating in Africa and the fact that not all claim to heal HIV and related illnesses. Anecdotally however, reliance on faith healing is a concern expressed by Africans across the continent who are dealing with the impact of HIV and AIDS in their families. It is important to note that many find value in the spiritual solace and psychological strength that faith healing can provide, and that there are Christian faith healers who may offer spiritual healing as part of supporting people on ARV and TB treatment. What is problematic is where religious or spiritual leaders give directives to refuse or stop taking lifesaving biomedical medication and instead rely on the healing power of faith *alone*.

10. See the Healing page of the Synagogue Church of All Nations (SCOAN) website, and "Healing of HIV" clip at the Official SCOAN Video Channel on Vimeo.

11. See "HIV/AIDS Healing Testimony" entry from the T.B. Joshua Testimonies blog.

12. See recording of his live statement "SCOAN's View on Medicine, Prophet's Response to 'News Report'" at the ProphetTBJoshua YouTube channel.

Activists interviewed pointed out that while faith healing may be based in a genuine belief in the healing power of Christ, it is also lucrative for those offering it (Were; Akugizibwe; Nanfunka),¹³ and as such very much part of the new economy of religious response to HIV and AIDS. As a form of private enterprise it is also not directly impacted by changes in the donor funded faith sector.

On the demand side, the appeal of faith healing needs to be understood in the context of economically marginalised congregations who have limited healthcare options, as well as the tremendous emotional devastation that HIV and AIDS has caused across social classes. In terms of the appeal of faith healing, preachers in Pentecostal and charismatic churches also exert a tremendous amount of both class and gender-based power over their predominantly female congregations. Activists working in East and Southern Africa point to these dynamics:

“The men speak with so much authority in the ears of a woman who has grown up believing that men should not be questioned... and sometimes the pastors even speak in English and use an interpreter even though they speak “broken English” so that the poor women hears the Pastors speaking English—the intellectual power, the financial power of pastors with a suit that shines, a car... as big as the one room that you sleep in! The pastor is glittering from their hair to their nails—that in itself is intimidating—so you are not supposed to question. If Jesus has said that you are negative who are you to question? You need your miracle to happen, so you will stop taking the ARVs” (Were).

“Consider the extent of mind control that goes on in these Churches. People are emptying out their wallets with the hope of God given them a Range Rover, so there is no way that they would not be doing the same with something more abstract like good health” (Akugizibwe).

Despite the problematic presence of faith healing discourse at community level, there is still little attention paid to faith healing in international dialogues and strategizing on treatment, or indeed in national advocacy around

13. Pentecostal and charismatic churches offering healing typically require tithes and regular financial offerings from their congregations and often charge entry fees for the prayers sessions where faith healing takes place. The promise of healing also in itself draws crowds to prayer sessions.

improving responses. A young South African feminist activist working with women living with HIV points out that: “in South Africa, Zambia and Malawi the women that we mobilize with around HIV and AIDS certainly know of many cases of people who have stopped taking their ARVs after being convinced that they can be healed [by Jesus]. Faith healing is not a secret. But people never really know the scale and the consequence or damage that faith healing causes within communities. It’s almost like an accepted mishap.” (young South African activist) According to her, the low level of organized response around faith healing from HIV and AIDS and women’s activists can be linked to two factors. The first is a lack of donor interest in supporting work around challenging religious fundamentalisms and activism to question social and political dynamics around HIV and AIDS. The second is the sheer number of competing activist priorities for women living with HIV and AIDS themselves in a context of inadequate support for their work. (young South African activist) Unaddressed and unregulated however, the trend towards faith healing and away from proven treatments for AIDS related illnesses runs the risk of compromising the individual health of people living with HIV—in particular economically marginalized women—while also undermining efforts to expand access to effective treatment for the majority.

A New Era, or a Shifting Strategy?

Changing orthodoxies

From the onset of PEPFAR under the Bush administration, human rights, HIV and AIDS and feminist activists and organizations in the United States and in the African region critiqued, documented and advocated against the influence of Christian fundamentalists in the HIV and AIDS sector and on publically funded initiatives in particular.¹⁴ The subsequent administration of Democratic U.S. President Barack Obama redirected policy in favour of many of the positions progressive activists and health experts took. This change in U.S. policy was also framed by two major political shifts, with implications for work on HIV and AIDS.

The first shift under the Obama administration was rearranging internal power within the U.S. (Goldberg) as individual politicians with Christian right leanings left office and social progressives took over key policy and lawmaking positions. This in turn ushered in change for PEPFAR policies and a decreasing amount of financial and political support available for both U.S. and African Christian fundamentalists engaging in HIV and AIDS response. The second generation of PEPFAR policy and funding moves away from ideologically driven programming and presents a renewed commitment to scientific and evidence-based approaches. Notably, the new legislation removes the quota on spending for abstinence-focused prevention strategies, although there is still an obligation to track expenditures on abstinence and fidelity programming in countries with generalized¹⁵ HIV and AIDS epidemics.¹⁶ The “anti-prostitution pledge” remains in the legislation, although U.S. policy makers have clarified that PEPFAR funding does not prohibit supporting services for sex workers (PlusNews).

The second shift was the launch of an explicit U.S. government position regarding support for LGBT equality in its foreign policy agenda and funding strategies.¹⁷ This move adds weight to the call to adequately respond to non-heterosexual practices in HIV and AIDS response (in particular for MSM), while opening funding streams for human rights and social justice organizations working to challenge discriminatory legal and social norms around sexuality and gender.

With the realignment of policy power in favour of “science” it is now more possible to focus on the “facts” and pursue evidence-based discussions on how best to respond. This includes analysis to show that the abstinence approach was ineffective from a public health perspective. Susana Fried, Senior Gender Advisor at the UN Development Programme’s (UNDP) HIV/AIDS Practice, notes that: “If you look at AIDS statistics from Uganda, it is a good barometer where a broad prevention focus—including but not limited to ABC—is often seen as resulting in great success at halting the epidemic. ... Uganda’s success is partially attributed to broad-based sex education and extensive social marketing of condoms. However, there is now fear of a rise again in rates. Some argue that this is the result of a focus on ABC, as well as AIDS-fatigue, and a move away from broad-base prevention programming. So, while the jury is still out, the weight of evidence does not support religiously-inspired arguments that an ABC-focused response will control and/or reverse the epidemic” (Fried).

An indication of the “return” to evidence is the inclusion of MSM in national HIV and AIDS response strategies in countries such as Kenya.¹⁸ Susana Fried describes the dynamic behind the general shift, observing that: “You can’t always dismantle an ideology with evidence, but what you can do is bring evidence to key people. Many faith-based organizations, including those who follow more conservative religious principles, work on HIV, and, in fact, provide a great deal of HIV care and support. In the face of evidence, they can and do change their points of view. However, this tends to happen at a middle level because often the advocacy is around [access to] services and does not always attempt to change national policy. What has happened

14. Examples include PEPFAR Watch, an initiative of the Center for Health and Gender Equality (CHANGE), as well as Human Rights Watch, Catholics for Choice, and the African initiatives and activists described here.

15. This means in countries where HIV prevalence (the numbers living with HIV) is at more than 1% in the general population.

16. See the “Abstinence & Fidelity” page of the PEPFAR Watch website.

17. See speech by Secretary of State Hilary Clinton on Human Rights day, 6 December 2011, available at Huffington Post: “Hillary Clinton on Gay Rights Abroad: Secretary of State Delivers Historic LGBT Speech in Geneva (Video, Full Text).”

18. See Most at Risk Populations-MARPs page, National AIDS & STI Control Programme-NASCOP website.

[in some contexts] is that people working in the national AIDS authority take a very different position than the rest of the government takes... and can even end up as advocates for services for Most At Risk Populations (MARPS)... although this has happened more around men who have sex with men than sex workers or drug users” (Fried).

HIV and AIDS activists acknowledge that the force of ideology-driven Christian actors has been significantly diminished in the post-Bush era. At country level in Africa, activists also note a decrease in levels of funding for faith-based responses to HIV and AIDS, which in turn has meant that many smaller opportunistic initiatives are no longer active in community-based work or national AIDS coalitions (Were). This is not to say that ideologically-driven approaches around prevention cease to be used, but rather that they do not carry the same political authority as they did in the Bush era. However, the impacts of the Bush era are still felt by the activist community. As Beatrice Were, who has worked on HIV and AIDS since 1993, reflects, “Due to campaigning the [second PEPFAR strategy under the Obama Administration] is more aligned to the evidence-based principles of the World Health Organization, but the damage that was caused cannot be underestimated... Yes, things have changed, however, to recover from the impact including the passion, enthusiasm and unity... in civil society will take a while.” (Were) Were goes on to consider the implications of direct affiliations between Christian fundamentalist responses and the state: “in terms of accountability, religious fundamentalist groups did Ugandans a disservice and really violated the human rights of Ugandans who were infected and those who wanted to protect themselves from HIV and those who wanted to use condoms for family planning services. For the government to allow [religious fundamentalists] to have all of that space, it is very unfortunate” (Were).

Alongside this shift in U.S. policy, other global dynamics regarding conservative faith responses to HIV and AIDS continue to evolve. The Catholic Church, hitherto a vehement anti-condom campaigner, has shifted its stance. In November 2010 Pope Benedict XVI made a statement condoning condom use to prevent HIV transmission, noting the particular case of male sex workers (Catholics for Choice). This signalled a paradigm shift in the Catholic orthodoxy, both in accepting the efficacy of condoms as an HIV prevention method, and in acknowledging the existence of male sex workers—including men who have sex with men—and the need to support HIV

prevention efforts in this community. The impact of the Pope’s statement has yet to be tracked at implementation level however, where there has been a historically strong anti-condom stance amongst Catholic clergy.

Funding has been key to bolstering and spreading Christian fundamentalist discourse regarding HIV and AIDS, as demonstrated in the context of PEPFAR funding under the Bush Administration. Given this, it is imperative that progressive donors, both governmental and private, increase efforts to support progressive evidence—and rights-based responses to HIV and AIDS. This is urgent in the context of the current crisis around replenishment of the Global Fund to Fight AIDS, TB and Malaria, which had to cancel its 11th grant-making round due to lack of funds (Boseley).¹⁹ Should conservative donors step in to fill the funding shortfall, policy and practice could again be influenced away from evidence and away from rights.

There is growing pressure on the emerging economic powers of Brazil, Russia, India and China (BRIC countries), all home to significant HIV and AIDS epidemics themselves, to step up support and become net donors rather than net recipients of HIV and AIDS funding (Fried). Each of these countries has had varied approaches to tackling HIV and AIDS, with Brazil the most progressive and Russia²⁰ and China²¹ with problematic policies from the perspective of human rights. As part of these debates, progressive activists need to consider the potential influence of such actors on global HIV and AIDS policy through funding, and sustain the call for rights-based approaches.

From “A” and “B” to homophobia

HIV and AIDS activists note that the emphasis of key African Christian fundamentalist actors engaging in policy advocacy has now shifted from a predominant focus on abstinence and faithfulness to active homophobia and a focus on influencing public opinion and government policy and legislation to violate the rights of LGBTI people and sex workers.

19. In January 2012 the Bill and Melinda Gates Foundation pledged \$750 million towards the Global Fund’s budget (Global Fund).

20. The Russian government has been criticized for its approaches to HIV and AIDS, in particular policies around injecting drug use (Golovanevskaya).

21. The Chinese government has been criticised on a number of aspects of its approach including harassment of HIV and AIDS activists and organizations, harsh policies and policing around injecting drug use and sex work (Amon).

This is evident in the Ugandan context, where Pastor Martin Ssempe of the Makerere Community Church and Stephen Langa of the Family Life Network—previously visible figures in national strategy and coordination forms on HIV and AIDS—are now two of the most vocal religious voices rallying public homophobia, including through support for the Anti-Homosexuality Bill tabled by Member of Parliament David Bahati in 2009, and at the time of writing currently re-tabled and under discussion by the Ugandan parliament.

Some activists see the turn away from the abstinence agenda and towards a focus on further criminalization and marginalization of LGBTI people as an example of the business-logic of religious discrimination. In the words of one activist, “It is not about human rights but about the selective identification of an issue that, for whatever political reason, has been chosen. Since churches are business machines they will follow these issues. There is a lot of marketing logic involved; whatever will bring the numbers and the tithes and offerings” (Akugizibwe).

Interestingly, while African Christian fundamentalists, with support from the U.S. Christian right,²² expand their homophobic campaigning, the trend within the United States is moving in the opposite direction. Kathryn Joyce points out that: “opinion polls show that younger evangelicals tend to be moving away from activism against gay and lesbian rights, although they remain staunchly anti-abortion. Increasingly it looks like evangelicals are giving up the fight on gay issues but are not planning to give up the fight around reproductive options anytime soon” (Joyce 2011). This raises the question of why U.S.-based Christian fundamentalists are so active in supporting the homophobic agenda abroad. Zambian clergyman and researcher Kapya Kaoma argues that U.S. Christian right, including fundamentalist Anglicans, are using the divisive issue of homosexuality in Africa, as well as courting more extreme conservative African clergy, as part of their strategy to increase support for fundamentalist views within European and U.S. churches (2009b).

22. Notable U.S. Christian fundamentalists and fundamentalist groups engaged in homophobic campaigning include evangelicals Scott Lively and Exodus International as well as U.S. Episcopal (Anglican) churches resisting progressive policy shifts within the Anglican communion (Kaoma 2009a).

The shift in the policy concerns of both U.S.-based and African Christian fundamentalists away from HIV and AIDS and towards homophobic policy making has occurred alongside a growing willingness of hitherto hostile HIV and AIDS actors to work with men who have sex with men. On the surface, this appears contradictory. However, the move to acknowledge and respond to more diverse sexual behaviours in the realm of public health does not necessarily signal an embrace of equality and sexual diversity. As Susana Fried from UNDP reflects, “the new emphasis in the HIV context of ‘knowing your epidemic and response’ (in other words, policy follows evidence) creates a space to increase access to services [for certain sexual minorities], which is not about LGBTI people or rights. It is about services, evidence, where the epidemic is concentrated. As a result, it creates a space for better access to services, not necessarily better access to rights” (Fried).

The turn towards increasing homophobia is a concern for women’s rights activist and the women’s rights agenda in Africa for a number of reasons. To begin, lesbian, bisexual and trans African women are directly affected by homophobic stigma, violence and state policy. In addition, the homophobic discourse of Christian fundamentalists is not isolated but rather part of a broader heteronormative, marriage-normative, patriarchal discourse around gender and sexuality which fails to acknowledge the diversity of African women’s identities and realities. Also, new homophobic laws and policies proposed in countries such as Nigeria and Uganda have included provisions to limit freedom of speech, information, expression and association in general, and thus are considered by many activists as a strategic attack on progressive African activism *overall* (Uhuru-Wazobia; Nakaweesi-Kimbugwe and Mugisha).

Retaining ground in shaping HIV and AIDS response in communities

While activists point to a shift in Christian fundamentalist focus from pushing for ideologically-grounded HIV and AIDS response to pursuing greater state homophobia, fundamentalist messages around abstinence, faithfulness, gender roles and HIV treatment persist at community-level. In her

23. An example is the work of Kapya Kaoma in mapping the relationship between key U.S. fundamentalist Anglicans and African Anglican bishops and clergy using the issue of homosexuality to bolster efforts to gain more authority in debates around gender and sexuality in the Anglican Communion (2009b).

work with UNDP on HIV and AIDS, Susana Fried notes that the policy shift away from the abstinence and faithfulness mantra exists alongside the reality that “in many cases the message at community level is still AB [abstinence, be faithful] and women at community level may be faithful but the men who they are having sex with may not be, and there is a limit to the control that any one person can have except for using condoms” (Fried).

The fundamentalist focus on patriarchal gender norms, including the image of “ideal” womanhood as passive, married and obedient, spread through sermons and in church practice, persists. A young South African feminist activist notes how in Zambia, officially declared a Christian nation, the ideal of getting married is so powerful among young women that it supersedes any concern around vulnerability to HIV infection. She describes a current social context where “it doesn’t matter who you get married to... They are not so strict on who that man is, as long as you get a husband then it is as if you are validated by the community. The possibility of HIV infection in the marriage is there but you want to be married, and the community expects it of you. So it influences the choices that women make about their sexual and reproductive health.” (young South African activist) In Swaziland, which has the highest rates of HIV infection in the world, many churches also reinforce the imperative for women to consider care for their husbands above care for their own health. Nonhlanhla Dlamini, a Swazi HIV and AIDS activist explains that “...if you are sick [i.e., HIV+] the Pastor says that you must pray to God to heal you and make you feel better so that then you can satisfy your husband sexually because that its one of your main responsibilities” (Horn 2010: 17).

The difficulty in engaging this broader social embrace of Christian fundamentalist gender discourse is that its proponents are now widespread and often acting on their own impetus as clergy, outside of formal HIV and AIDS response or indeed the development sector. In many ways fundamentalist discourse has successfully permeated and become normalized in popular discourses about both gender and sexuality. This reinforces the need to support African feminist and women’s rights interventions that question such problematic normative discourses.

Resistance and Responses

Progressive activists (including feminist activists, people living with HIV and AIDS, human rights activists and progressive faith initiatives) have taken different approaches to respond to the strategies and impacts of Christian fundamentalist responses to HIV and AIDS. Progressive activism has been driven by the concern that Christian fundamentalist engagement in HIV and AIDS is causing active harm both to individuals and to the success of effective strategies for decreasing new infections and supporting the health and rights of people living with and affected by HIV and AIDS. Activist approaches to countering these impacts have varied given that activists groups themselves are not uniform in their positions, for example, regarding the role of religion in the state or public life.

Documenting, analyzing, and sharing information: A critical strategy used by progressive activists to date is to document the rhetoric, actions and networks of Christian fundamentalists involved in HIV and AIDS response. This has been important in uncovering the “back-story” behind sudden shifts in policy away from evidence-based strategies that work, in understanding the turn towards homophobic policy making,²³ as well as the underlying factors behind public health crises such as the national condom shortage in Uganda in 2005. Research on Christian fundamentalist actors is however particularly difficult given that much of their relationships, strategies and financial flows are intentionally obscured.

Using legal and policy mechanisms to sanction fundamentalist activities: Some activists have used formal accountability mechanisms, including the law, to challenge false claims around HIV and AIDS treatment that violate patient rights. In Uganda, HIV and AIDS activists made repeated calls for the government to issue statements regarding the efficacy of condoms and to question faith healing responses that government agencies working on health and HIV and AIDS have yet to heed.

In South Africa, the Treatment Action Campaign (TAC) pursued litigation against charismatic church Christ Embassy to remove television advertisements claiming to heal people with TB and living with HIV through prayer

(Treatment Action Campaign). The litigation, begun in 2009, was initiated after TAC encountered the case of a woman with extremely-drug resistant tuberculosis who stopped taking her medicines in order to be healed at Christ Embassy, passed on TB to her children, and eventually died. The case was brought under regulations concerning advertising standards, with a ruling in favour of banning the advertisements in November 2011. Litigation has also been used in the U.S. context. For example, in 2010 the American Civil Liberties Union took up a case that questioned the allocation of public funds for HIV and AIDS initiatives in Africa that include proselytizing (Joyce 2010: 7).

While litigation can set important precedents in regulating unsubstantiated faith healing claims, the precedents do not necessarily correspond with a change in attitudes of believers regarding morals or ideas such as the power of faith to “cure” HIV or TB. Indeed, the legal victory can also be used opportunistically by the churches involved as a demonstration that “sinners”, in the form of activists, organizations or actors in the state, are attempting to undermine God’s work.

A further difficulty with using formal accountability mechanisms to sanction the actions of Christian fundamentalists is the sheer diversity of churches involved in fundamentalist response. Unlike mainline Catholic and Protestant churches, Pentecostal and charismatic churches are not governed by a central mechanism or orthodoxy, which makes regulating messages around HIV and AIDS delivered in the context of religious services or pastoral care difficult (Horn 2010). Action can only be taken on a church-by-church basis unless broader precedents are set in terms of religious engagement in public life.

Supporting informed dialogue: Although a hallmark of fundamentalism is absolutism, activists in the HIV and AIDS sector and those working on related concerns around LGBTI rights have had a degree of success in engaging staunch moralists through dialogue and training. Some argue that in the context of popular conservatism, actively engaging with fundamentalists is a necessity. Paula Akugizibwe, whose work involves strengthening capacity for rights-based responses to HIV and AIDS in Southern Africa reflects: “when faced with violations, activists often respond with angry reactions and calls for regulation, but without deeper engagement beyond such reactions, we can actually end up alienating people and undermining the longer term

agenda. We need to proactively keep the debate in a conversational space... We often seem to struggle to find a common ground on which we can have discussions about these issues, [however] when a conversation happens, that is when things actually change. You can fight a lot of isolated wars and win them because you have fought hard, but it does not mean that there is progress. But it is a lot messier to have conversations with people, and it does not fit nicely into a log-frame” (Akugizibwe).

This call to dialogue has been used in the context of progressive campaigning against the Anti-Homosexuality Bill in Uganda. In November 2009, the Uganda Human Rights and Peace Centre (HURIPAC) organised a public debate between feminist human rights activist Sylvia Tamale and AIDS activist Major Rubaramira Ruranga on the one hand, and MP David Bahati who tabled the bill and Christian fundamentalist Stephen Langa of the Family Life Network who had supported public mobilization against LGBTI people in Uganda. The debate was historic in providing a public platform at the country’s leading Makerere University to engage in public dialogue on a deeply contested issue while providing a chance for pro-equality and human rights advocates to voice concerns in-depth.

In Swaziland, the country with the highest HIV prevalence in the world, activists from the AIDS and Rights Alliance of South Africa (ARASA) used dialogue as a means to successfully engage traditional healers around HIV and AIDS, a constituency historically hostile to discussions around biomedical treatment. They insisted on working to engage the head of the Traditional Healers Association who was actively campaigning against the use of ARVs both within Swaziland and in support of the then-South African Minister of Health Manto Tshabalala Msimang’s AIDS denialist position. ARASA staff chose a strategy of engagement. In their words “We could have gone ahead without them, or even rallied people against traditional healers—or just included them and manage to have a dialogue. He came to the training and listened to what we had to say. He remains sceptical about many things, however he also acknowledged that this was something that the traditional healers need to learn and understand. The anti-ARV stance of the traditional healer’s association melted away—and it was precisely because of this conversation” (Akugizibwe; Nanfuka).

The willingness of many progressive activists to dialogue with faith-based organizations working on HIV and AIDS extends to a willingness to work together toward effective solutions to HIV and AIDS. While a staunch critic of the role Christian fundamentalists have played with regards to women's rights and the fight against AIDS, Beatrice Were nevertheless acknowledges the important role that faith-based organizations and actors can play as part of serious coordinated responses. In her words, "In a multi-sectoral response you need to be tolerant of other organizations and approaches. No one organization provides everything but you acknowledge that everyone contributes. So if World Vision is able to take care of an AIDS orphan, the [Catholic-run] Nsambya Home Care can provide counselling and home visits and AIDS Information Centre can provide a woman with family planning services including condoms. I don't see a problem with that. We complement each other and that is how we address all the needs and rights of an individual" (Were).

The strategy of dialogue is not always possible. In the case of violent discriminatory rhetoric as has been employed in the context of fundamentalist homophobia, there is unlikely to be any constructive ground for conversation. Indeed some fundamentalist actors, such as Pastor Martin Ssempe in Uganda (Were; Nakaweesi-Kimbugwe), have used spaces such as talk shows devoted to dialogue to actively attack feminist and human rights activists. Overall, however, continuing to initiate and inform public dialogue across Africa on issues of gender, sexuality, equality, science and medicine, as well as debating and discussing Christian fundamentalist beliefs and approaches is critical to opening up the social space that fundamentalism closes down, the space for critical thinking.

Progressive faith-based responses: While fundamentalist actors have mobilized under the banner of religion to support moralistic, ineffective, actively discriminatory, and sometimes harmful approaches to HIV and AIDS and issues of sexuality more broadly, progressive religious leaders and faith-based organizations have also spoken up to defend an equality-based vision of Christianity. The African Network of Religious Leaders Living with and Affected by HIV/AIDS (ANARELA) and its newer international arm, the International Network of Religious leaders Living with HIV/AIDS (INERELA), is one example of an initiative supporting greater dialogue within the faith community around the realities of HIV, promoting evidence-based

responses including condom use, anti-retrovirals, outreach to injecting drug users, frank discussions about sexual diversity and non-discrimination, and active campaigning around AIDS related stigma (INERELA). Its constituency, drawn largely from the African Anglican community, includes clergy themselves living with HIV. Progressive faith leaders have also created new scripts regarding HIV, for example drawing on Christian teachings of tolerance to support non-discrimination and declaring HIV-stigma as a kind of sin (Joyce 2010).

Both African networks and organizations of women living with HIV and AIDS and LGBTI organizations and activists are taking steps to engage with religious leaders and clergy both to educate and to raise awareness about issues such as equality, health, discrimination and exploring the positive role Churches can play in advancing rights, health and equality. Significantly, African clergy including South African Most Reverend Desmond Tutu (Smith) and Ugandan Canon Gideon Byamugisha (Ford & Pomfret) spoke against the tabling of the Anti-Homosexuality Bill in the Ugandan parliament in 2009, with arguments that noted concern around the impact on HIV and AIDS response efforts.

Ways Forward in Complex Terrain

Women's rights and other progressive African activists involved in HIV and AIDS responses recognize that some faith-based initiatives are already and can continue to play a constructive role in the multi-sectoral response to HIV. It is nevertheless vital that progressive activists engage with and better understand the faith sector in terms of fully analyzing discourses and challenging approaches that impact negatively on health outcomes and on human rights, particularly on women's rights and those of LGBTI people. Further research, most usefully done by or in collaboration with activists in the field, would also help in documenting trends and informing activist responses.

Since the end of the Bush administration, the Christian fundamentalist turn in HIV and AIDS response has given way globally to a greater emphasis on science- and evidence-based approaches and stronger support for interventions addressing the prevention and treatment needs of constituencies whose lived realities do not fit within fundamentalist norms of married, monogamous, heterosexual practices. This is important from a public health perspective in terms of supporting measures that focus on the epidemic where infections are concentrated, and with pragmatic measures that meet and respond to the diverse realities and preferences of African people.

The examples included here concerning discriminatory and potentially harmful fundamentalist discourses and actions suggest a case for better regulation of faith-based approaches and religious rhetoric that undermine HIV and AIDS response, notably where government funds and official space are given to support interventions. There needs to be a set of agreed standards regarding non-discrimination in policy and services and using evidence-based approaches to ensure that people's rights are not violated, that they live as healthy lives as possible, and are not exposed to unnecessary infections and early death as a result of responses ostensibly designed to help them. It is critical, in turn, that public funds dedicated to HIV and AIDS responses are awarded to institutions and initiatives that meet these agreed standards.

While the focus on evidence-based responses provides a more neutral ground to engage HIV and AIDS (including addressing the needs of sex workers, men who

have sex with men, and sexually active young people), activists, policy-makers and donors need to keep naming and confronting issues of human rights. This includes the gendered and economic drivers of HIV and AIDS, in particular violence against women and gendered sexual norms that undermine women's bodily integrity and autonomy. African feminist researchers have also argued for a need to go beyond approaches that see women as victims in the context of HIV and AIDS, to approaches acknowledging women's positive choices to engage in and enjoy sex, and the need for programming that responds to these realities (Masvawure).

In bigger frame, activists should interrogate the shifting strategies and targets of Christian fundamentalist attention in the African region, including the turn towards active homophobia. In reality, Christian fundamentalist discourses and actors in African contexts continue to re-entrench highly moralistic, sexist and homophobic understandings of gender and sexuality. These fundamentalist discourses not only continue to affect policy and practice on HIV and AIDS, they limit fulfillment of women's rights and LGBTI rights, and go against the grain of the more progressive, inclusive social discourses that African feminists and women's rights activists are working to shape. It is complex yet unavoidable terrain to navigate in tackling HIV and AIDS, and in holding the line on equality, diversity and the exercise of human rights for all.

Works Cited

Akugizibwe, Paula, personal interview, 18 Oct. 2011.

Amon, Joe, "The truth of China's response to HIV/AIDS," *Los Angeles Times*, 11 July 2010. <http://articles.latimes.com/2010/jul/11/opinion/la-oc-amon-china-hiv-20100710>

Balchin, Cassandra, Religious Fundamentalisms on the rise: A case for action, Toronto: AWID, 2008. <http://awid.org/Library/Religious-Fundamentalisms-on-the-Rise-A-case-for-action>

Boseley, Sarah, "Crisis looms as Global Fund forced to cut back on Aids, malaria and TB grants," *The Guardian*, 23 Nov. 2011.

Catholic for Choice Press Release "Pope's clarification reveals significance of condom statement," Catholics for Choice, 23 Nov. 2010. <http://catholicsforchoice.org/popesclarification.asp>

Dangerfield, Andy, "Church HIV prayer cure causes 'three deaths'," BBC News, 18 Oct. 2011. <http://www.bbc.co.uk/news/uk-england-london-14406818>

Dlamini, Nonhlanhla, personal interview, 20 Apr. 2008.

Falsani, Cathleen, "Bono's American prayer" Christianity Today, 1 Mar. 2003. <http://www.christianitytoday.com/ct/2003/march/2.38.html>

Ford, Liz and Emma Pomfret, "Ugandan church leader brands anti-gay bill 'genocide'," *The Guardian*, 4 Dec. 2009. <http://www.guardian.co.uk/katine/2009/dec/04/gideon-byamugisha-homosexuality-bill>

Fried, Susana, personal interview, 23 Nov. 2011.

Global Fund press release, "The Global Fund Welcomes US\$750 Million Promissory Note from The Bill & Melinda Gates Foundation," Global Fund website, 26 Jan. 2012. http://www.theglobalfund.org/en/mediacenter/pressreleases/2012-01-26_The_Global_Fund_Welcomes_USD750_Million_Promissory_Note_from_the_Bill_Melinda_Gates_Foundation/

Goldberg, Michelle, "Marginalised but angry," *The Guardian*, 20 Jan. 2009. <http://www.guardian.co.uk/commentisfree/2009/jan/20/religious-right-obama-warren>

Golovanevskaya, Maria, "Russia's HIV care must center on drug users," Blog Open Society, 26 Jan. 2011. <http://blog.soros.org/2011/01/russias-hiv-care-must-center-on-drug-users/>

Grahame, Ariana Childs, Making prevention work: Lessons from Zambia on reshaping U.S. response to the global HIV/AIDS epidemic, Washington, D.C.: Sexuality Information and Education Council of the United States (SIECUS), 2009. http://siecus.org/_data/global/images/Zambia%20Final%20PDF%206%2018%202009.pdf

Haddad, B., J. Olivier and S. De Gruchy, The potential and perils of partnership: Christian religious entities and collaborative stakeholders responding to HIV and AIDS in Kenya, Malawi and the DRC, Study commissioned by Tearfund and UNAIDS, Cape Town: African Religious Health Assets Programme, 2009. <http://tilz.tearfund.org/webdocs/Tilz/HIV/The%20Potentials%20and%20Perils%20of%20Partnership.pdf>

Hansjorg, Dilger, Marian Burchardt and Rijk van Dijk, "The redemptive moment: HIV treatments and the production of new religious spaces," *African Journal of AIDS Research*, 2010, 9(4).

Henderson, Cheryl, "Bono tells Christians: Don't neglect Africa," Christianity Today, 22 Apr. 2002. <http://www.ctlibrary.com/ct/2002/april22/14.18.html>

"Hillary Clinton on Gay Rights Abroad: Secretary of State Delivers Historic LGBT Speech in Geneva (Video, Full Text)," 6 Dec. 2011, posted on Huffington Post. http://www.huffingtonpost.com/2011/12/06/hillary-clinton-gay-rights-speech-geneva_n_1132392.html?view=screen

Horn, Jessica, "Christian fundamentalism and women's rights in Africa: Mapping the Terrain," *Feminists on the Frontline: Case Studies of Resisting and Challenging Fundamentalisms*, Toronto: AWID, 2010. <http://www.awid.org/Library/Feminists-on-the-Frontline-Case-Studies-of-Resisting-and-Challenging-Fundamentalisms>

Horn, Jessica, "Re-righting the Sexual Body," *Feminist Africa*, 2006 (6). http://www.feministafrica.org/uploads/File/Issue_6/04_issue6_feature_article1.pdf

INERELA, What's faith got to do with it?: A global multi-faith discussion on HIV responses, Norwegian Church Aid Act Alliance & Cuaha: 2010. <http://www.inerela.org/english/Whats-faith-got-to-do-with-it.pdf>

Johnson, Cary Alan, *Off the Map: How HIV/AIDS programming is failing same-sex practice people in Africa*, New York: International Gay and Lesbian Human Rights Commission (IGLHRC), 2007. <http://www.iglhrc.org/binary-data/ATTACHMENT/file/000/000/6-1.pdf>

Joyce, Kathryn, personal interview, 21 Oct. 2011.

Joyce, Kathryn, Seeing is believing: Questions about faith-based organizations that are involved in HIV/AIDS prevention and treatment, Washington D.C.: Catholics for Choice, 2010. <http://www.catholicsforchoice.org/documents/SeeingIsBelieving-WebVersion.pdf>

Kaoma, Kapy, *Globalizing the Culture Wars: U.S. conservatives, African churches and homophobia*, Somerville: Political Research Associates, 2009b. <http://www.publiceye.org/publications/globalizing-the-culture-wars/>

Kaoma, Kapy, "The U.S. Christian Right and the attack of gays in Africa," *Huffington Post*, 10 Dec. 2009a. http://www.huffingtonpost.com/rev-kapya-kaoma/the-us-christian-right-an_b_387642.html

Lesenkamp, Alexander, "Religion, authority and their interplay in the shaping of antiretroviral treatment in western Uganda," *African Journal of AIDS Research*, 2010, 9(4). <http://www.tandfonline.com/doi/abs/10.2989/16085906.2010.545655>

Masvawure, Tsitsi, "Let's get real: female sexual pleasure and HIV prevention," *OpenDemocracy*, 1 Dec. 2011. <http://www.opendemocracy.net/5050/tsitsi-b-masvawure/let%E2%80%99s-get-real-female-sexual-pleasure-and-hiv-prevention>

McClintock, Anne, "The scandal of the whorearchy: Prostitution in colonial Nairobi," *Transition*, 1991 (52). http://www.english.wisc.edu/amclintock/writing/Scandal_article.pdf

Nakaweesi-Kimbugwe, Solome, personal interview, 29 Apr. 2008.

Nakaweesi-Kimbugwe, Solome and Frank Mugisha, "Bahati's bill: A convenient distraction for Uganda's government," *Pambazuka News*, 16 Oct. 2009. <http://www.pambazuka.org/en/category/features/59556>

Nanfuka, Juliet, personal interview, 18 Oct. 2011.

Oduah, Chika, "Survey finds Africa is most religious part of the world," *Religion News Service*, 15 Apr. 2010. <http://www.pewforum.org/Press-Room/Pew-Forum-in-the-News/Survey-finds-Africa-is-most-religious-part-of-world.aspx>

Pew Forum, "The Future of Evangelicals: A Conversation with Pastor Rick Warren," *Pew Research Center*, 12 Nov. 2009. <http://pewforum.org/Christian/Evangelical-Protestant-Churches/The-Future-of-Evangelicals-A-Conversation-with-Pastor-Rick-Warren.aspx>

Pew Forum, Spirit and Power: A 10-Country Study of Pentecostals, Washington, D.C.: Pew Research Center, 2007. <http://www.pewforum.org/Christian/Evangelical-Protestant-Churches/Spirit-and-Power.aspx>

PlusNews, "Straight talk with Eric Goosby, head of PEPFAR," *PlusNews* website of IRIN, 26 July 2010. <http://www.plusnews.org/report.aspx?ReportID=89965>

Posner, Sarah, "Rick Warren won't denounce proposed Ugandan anti-gay law," *Religion Dispatches*, 3 Nov. 2009. http://www.religiondispatches.org/blog/1987/rick_warren_wont_denounce_proposed_ugandan_anti-gay_law/

B. Schmid, E. Thomas, J. Olivier, and J.R. Cochrane, *The contribution of religious entities to health in sub-Saharan Africa*, unpublished report commissioned by Bill & Melinda Gates Foundation, Cape Town: African Religious Health Assets Programme, 2008

Smith, David, "Desmond Tutu leads fight to halt anti-gay terror sweeping Africa," *The Observer*, 4 Apr. 2010. <http://www.guardian.co.uk/world/2010/apr/04/homosexual-africa-arrest-desmond-tutu>

"Statement from Saddleback Church on Warren's CNN Appearance," *Christian Broadcasting Network*, 9 Apr. 2009. <http://www.cbn.com/CBNNews/577459.aspx>

Treatment Action Campaign (TAC) Media Statement "Media Embassy: e.tv must stop running Christ Embassy's faith-healing adverts," TAC website, 3 Feb. 2011. <http://www.tac.org.za/community/node/3010>

Twesimwe-Kiryia, Monica, "'Until marriage' or 'until graduation': Abstinence-only strategies and their impact on university students in Uganda and Kenya," *Law, Gender and Sexuality Working Paper No. 1*, Kampala: Faculty of Law, Makerere University, 2008.

Uhuru-Wazobia, "Criminalizing homosexuality the Nigerian way," 5 June 2006, via IGLHRC website. <http://www.iglhrc.org/cgi-bin/iowa/article/takeaction/partners/267.html>

UNAIDS, Global Report Fact Sheet: Sub-Saharan Africa, UNAIDS, Geneva: 2010. http://www.unaids.org/documents/20101123_FS_SSA_em_en.pdf

UNGASS, UNGASS Country Progress Report Uganda (Jan. 2008-Dec.2009), Government of Uganda, Mar. 2010. http://www.unaids.org/en/dataanalysis/monitoringcountryprogress/2010progressreportsubmittedbycountries/uganda_2010_country_progress_report_en.pdf

United States Leadership against HIV/AIDS, Tuberculosis and Malaria Act of 2003, Title IV, Section 403, 27 May 2003. <http://www.gpo.gov/fdsys/pkg/PLAW-108publ25/pdf/PLAW-108publ25.pdf>

Vaggione, Juan Marco, Shared insights: Women's rights activists define religious fundamentalisms, AWID: Toronto, 2008. <http://www.awid.org/Library/Shared-Insights-Women-s-rights-activists-define-religious-fundamentalisms>

Were, Beatrice, personal interview, 20 Oct. 2011.

young South African activist (name withheld on request), personal interview, 22 Nov. 2011.

Websites Cited

Healing page, Synagogue Church of All Nations website. <http://www.scoan.org/media/healing/>

"Healing of HIV," video clip, Official SCOAN Video Channel. <http://vimeo.com/33051142>

"HIV/AIDS Healing Testimony," TB Joshua Testimonies blog, 21 Mar. 2011. <http://tbjoshuatestimonies.wordpress.com/2011/03/21/hiv-aids-healing/>

"SCOAN's View on Medicine, Prophet's Response to 'News Report'," ProphetTB-Joshua YouTube channel, 27 Nov. 2011. http://www.youtube.com/watch?v=E8AFutgTnL4&feature=channel_video_title

Abstinence & Fidelity page, PEPFAR Watch website. http://www.pepfarwatch.org/the_issues/abstinence_and_fidelity/

Most at Risk Populations-MARPs page, National AIDS & STI Control Programme-NASCOP website. <http://nascop.or.ke/marps/>

Fundamentalisms are found in all religions and in all parts of the world. *Not as Simple as ABC* explores the agendas, strategies and influence of Christian fundamentalist actors in HIV and AIDS responses in the African region, drawing on interviews with African and international HIV and AIDS and women's rights activists as well as academic and policy research. It looks in particular at how Christian fundamentalist engagement in the HIV and AIDS sector has supported and strengthened highly moralistic patriarchal discourses around sexuality, gender and sexual practices, and continues to affect practice and policy on HIV and AIDS treatment and prevention. The study also considers the resulting implications for women's rights and lesbian, gay, bisexual, transgender and intersex (LGBTI) rights.

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