NATIONAL AIDS CONTROL PROGRAMME
MINISTRY OF HEALTH AND POPULATION

REPORT ON

THE GOVERNMENT AND FAITH COMMUNITIES
CONSULTATION ON HIV/ AIDS

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INTRODUCTION

During the past few years it has become clear that the HIV/AIDS epidemic in Malawi has deepened. Estimates for 1998 put the national HIV prevalence at 16% of all adults in the 15-49 age range. Prevalence for the general national population is estimated at 8.5%, which means that almost one million Malawians are infected. Cumulative AIDS cases have increased from less than 20 in 1985 to nearly 600,000 by the start of the new millennium. Meanwhile the National AIDS Control Program estimates that Malawi has 400,000 orphans directly related to AIDS and that over 60,000 will be added to the pool annually as the number of AIDS deaths increase during this decade and beyond.

Today, more than ever before, it is appreciated that HIV/AIDS is having a devastating impact on the nation through its drastic human, economic and demographic consequences. In his opening statement, the Vice President, the Rt. Hon. Justin Malewezi, noted that “AIDS has a uniquely devastating impact on development. It is both an immediate crisis and a long term development problem. AIDS kills young adults in their most productive years, leaving grandparents to bring up their children. AIDS reduces life expectancy; already it is below forty years. Child mortality is projected to increase, while the number of orphaned children grows at an appalling rate. HIV/AIDS is undermining our future and the future of our children”.

The situation may be grim but there is hope in the fact that over nine million Malawians are HIV negative. The challenge is to keep this large section of the population negative while at the same time providing care and support to those Malawians already infected or directly affected. Government response to the epidemic has recently culminated in the elaboration of a National HIV/AIDS Strategic Framework to guide programs, projects and interventions for the period 2000-2004. Again, to quote the Vice President, “As Malawians, we can be proud of the progress made by Government and the Faith Communities over the past few years. The Strategic Framework was developed following detailed consultation at the community level with all stakeholders. It is comprehensive, multi-sectoral and inclusive”.

In recent years, Government commitment and political will have increased greatly, making Malawi one of few countries in the region with a clear vision, strategy and the necessary political direction to begin to make a difference in the war against one of the most devastating
epidemics in human history. In addition to the various non-governmental and community organizations, the Faith Communities have acknowledged the enormity and impact of the HIV/AIDS epidemic within their own communities and the general population. Since the launch of the National Strategic Plan, many Faith Communities have demonstrated their readiness to scale up HIV/AIDS interventions, in addition to the contributions that many have already been making in care and support programs.

RATIONALE FOR CONSULTATION

The Consultation between Government and the Faith Communities was called against a background of a long history of Partnership. Faith Communities have been instrumental in the development of the social services sector, particularly in the related areas of education and health. The contribution of the community has also included promotion of moral values and protecting the family institution, general community development and recently, programs for HIV/AIDS prevention, care for the sick and infected, and support for orphans.

The Consultation was initiated in recognition of the vital role that the Faith Communities continue to play in the control of the epidemic, and the realization that the challenges which the epidemic poses are far too enormous for any group working alone to deal with. The epidemic has generated social, moral, ethical, economic and even political issues and problems which require a deliberate and well coordinated multi-sectoral approach which puts the Faith Communities at the epi-center. Government recognized the fact that the Faith Communities possess the essential infrastructure, the geographical penetration, the experience and reputation to support public policy on HIV/AIDS and therefore galvanize national responses to the epidemic.

The Consultation was hence intended to facilitate objective understanding and appreciation of the approaches of the Faith Communities to HIV/AIDS in order to begin to forge more suitable and effective mechanisms and modalities for collaboration and long-term partnership in the specific area of HIV/AIDS control. It was designed to clarify and underscore the centrality of leadership, both religious and political, in the fight against HIV/AIDS.
OBJECTIVES OF CONSULTATION

The overall objective of the consultation was to initiate dialogue between Government and the Faith Communities and lay a foundation for an ongoing forum which should strengthen collaborative efforts in addressing the HIV-AIDS epidemic. Specifically the Consultation intended to:

(a) Identify key issues and concerns in the national response to the epidemic, which offer common ground for collaborative work between Government and the Faith Communities.

(b) Identify points of difference in interpretation and approaches to issues raised by the epidemic with a view to respecting such differences while capitalizing on capacity and advantage in other areas.

(c) Determine ways in which Government and the Faith Communities can collaborate in a mutually complementary rather than confrontational manner.

(d) Put in place mechanisms for on-going partnership and collaboration for increased impact in the national response to the challenges posed by the HIV/AIDS epidemic.

PARTICIPATING DELEGATES

The majority of the participants to the Consultative Meeting were members of the Clergy from the Christian and Islamic background, as well as laypersons in positions of leadership within their religious organizations. Participants also included Government ministers, heads of bilateral and multilateral agencies, members of the diplomatic Corp, Government officials, representatives of various health and HIV-AIDS programs, and representatives of the media. [A full list of delegates to the Consultation is attached to this report in Appendix 6].

DESIGN OF THE CONSULTATION

The Consultation was designed as a seminar, comprising a presentation by the Hon. Minister of Health and Population, a Keynote Address by the Right Hon. Justin. C. Malewezi, Vice President of the Republic of Malawi and one Technical Presentation, followed by a general plenary discussion and consolidation of key issues and observations. The entire consultative meeting was chaired by the Right Honorable Justin C. Malewezi, Vice President of the Republic of Malawi, and Chairman of the Cabinet Committee on HIV/AIDS Prevention and Care. The Chair was assisted by two Moderators who provided insight and summaries of the issues
and trends in the Meeting. Records of the issues and concerns raised were made by Members of the Government-Faith Community Task Force, who also had the task of preparing and formatting the Consultation.

PROGRAMME OF THE CONSULTATION

Welcome Remarks: Dr. Owen Kaluwa

Proceedings began with welcoming remarks by Dr. Owen Kaluwa, Acting Program Manager of National AIDS Control Program. In his remarks, Dr. Kaluwa noted that the Consultation was unique, in that it was the first of its kind in the country. He said the Consultation was intended to strengthen collaboration between Government and the Faith Communities in HIV/AIDS prevention and care. The Consultation process would assist in identifying common ground and issues which Government and the Faith Communities should collaborate on, as well as those areas of difference which the Parties should recognize and respect in order to avoid conflict, while ensuring complementarity in their efforts. Dr. Kaluwa called upon the delegates to participate actively and approach the issues with openness and sincerity.

Prayers and Supplications: The Clergy

The Consultation was inaugurated with special prayers offered by three members of the Clergy. In their prayers the religious leaders acknowledged the enormity of the HIV/AIDS epidemic and the destruction it is wreaking in the Malawi Nation. The leaders asked the Lord Almighty for courage among all Malawians in facing the epidemic. They prayed for spiritual strength, for moral responsibility and for faithfulness in all matters of sex and sexuality. The Clergy called on the Nation of Malawi to fear and honor the Lord in worship and in their lifestyle. The Leaders prayed for a successful and productive Consultative Meeting which would provide the much-needed resolve and guidance in the way Malawi should address the challenges posed by the epidemic.
Inaugural Speech: Hon. Aleke Banda, Minister of Health and Population

In his inaugural speech, Hon. Aleke Banda set out to portray the global trends and situation of the HIV-AIDS epidemic as well as the current status in Malawi. The Minister noted that the epidemic continued to expand at the global level, pointing out that over 30 million were infected with the virus that causes AIDS and that some 12 million people had since died of AIDS. Hon. Aleke Banda said that the sub-Saharan Africa region was the most severely affected, observing that while accounting for a mere 1% of the world’s population, the region was home to 67% of all people living with HIV/AIDS and up to 80% of AIDS deaths so far. He said the region also registers the highest infection rates among women and children.

The Minister said in this scenario Malawi was not spared. With a national prevalence of 16% of the 15-49 year age range, Malawi has one of the worst epidemics in Africa. He noted specifically the fact that infection rates were highest among young people of 15-24 and that in this age range, girls were the most affected. With regard to impact, the Minister said that an estimated 400,000 children have been orphaned almost exclusively by AIDS.

Hon. Aleke Banda paid tribute to State President Dr. Bakili Muluzi for his high political commitment and vision in Malawi’s response to the epidemic. He said Malawi had a Cabinet Committee on HIV/AIDS under the leadership of the Vice-President, Right Honourable Justin Malewezi and that Malawi is now guided by a National HIV/AIDS Strategic Framework which the State President launched in October of 1999. The Minister also noted that Malawi organized a successful resource mobilization Round Table which raised pledges of up to $110 million for the period 2000-2004. Meanwhile, Government was finalizing organizational changes intended to upgrade the status of the National AIDS Control Program.

Hon. Aleke Banda underscored two key issues for the Consultation to examine, namely breaking the silence around the epidemic, and the global call for debt cancellation. The Minister observed that some of the Faith Communities continued to refuse to talk about HIV/AIDS, still condemned those who are infected, thereby encouraging an atmosphere of prejudice, fear and silence. On resources and debt cancellation, the Minister said Malawi was a strong advocate for cancellation of all debt,
arguing that debt levels were not only unsustainable, but that the associated obligations displaced spending on poverty reduction, including HIV/AIDS and the response to orphans. [The full text of the speech summarized here is attached to this report in Appendix 3]

Keynote Address:  Rt. Hon. Justin C. Malewezi,  
Vice President of the Republic of Malawi

This keynote address raised many of the principal issues that the Consultation needed to focus on. The Vice President, who also Chaired the Consultative Meeting, began by underlining the fact that the HIV/AIDS pandemic was the greatest development challenge the country was facing, describing AIDS as “an emergency requiring an emergency response”. He said the epidemic had become so deep that it touched all Malawians in personal ways, pointing out that by this time in the epidemic, “there is not a single family in Malawi which has not suffered the grief and trauma of death due to AIDS. We are all affected by HIV/AIDS whether or not we are personally infected. In the suffering and death of our brothers and sisters we face grief beyond words and sorrow beyond tears.”

The Vice President said that although it was true that AIDS has no known cure to-date, it was completely preventable if we only succeeded in curtailing transmission from infected to uninfected persons. In this connection, the Rt. Hon. Malewezi called for focusing energies on protecting the youth. He observed that half of the national population comprised young people and that about half of HIV infections occurred in this age category. He emphasized that programs should incorporate young people as they bring added dynamism and energy, compassion and hope, to the programs.

In addition to young people, the Vice President singled out women, in or outside marriage, as most vulnerable to HIV infection, a reality which he attributed to low employment status, security, incomes and limited access to assets and savings. He suggested that the interplay between gender, sexuality and vulnerability can be addressed by empowering girls and women through expanding access to education and employment and through respecting their right to say “No” to sex. A related and equally vital area was that of changing the sexual behavior of men, because they tend to have more sexual partners than women, a behavior which increases the likelihood of them transmitting the virus to several women, including their own wives. The Vice President called on
both Government and the Faith Communities to address these and related issues of sexual abuse of women and children. The Right Honourable Malewezi noted that the present Consultation was a major way to "break the silence" on HIV/AIDS and to begin to demystify and de-stigmatize HIV infection. Leaders in Government and the Faith Communities had the duty to lead the way in creating a national climate of openness, confidence, respect, compassion and hope. He established a link between stigmatization and the apparent reluctance of many Malawians to test for HIV, noting that knowledge of sero-status contributed to HIV prevention. The Vice President expressed the need for Government and Religious Leaders to support promotion of voluntary testing and counseling for all Malawians, including leaders.

In this vein, the Rt. Hon. Malewezi observed that participation of people living with HIV/AIDS in prevention and care activities was still limited and needed scaling up. At the same time, he noted that the ultimate means to prevention of the epidemic was to stop casual sex. "HIV transmission can be stopped if all unmarried persons abstain from sex and those who are married were faithful (without exception) to their spouses". However, realizing that not all observe the virtues of abstinence and mutual faithfulness, and that some people find themselves in situations of risk with little control, condom use still has a major role to play in the prevention of HIV transmission.

The Vice President emphasized the need to acknowledge differences in approaches, noting that while the Faith Communities pursued the moral approach, Government was obliged to also follow the ethical avenue to risk reduction in prevention. The point was stressed that Government and the Faith Communities had a joint responsibility to combine their energies to address the epidemic, indicating that "International experience has shown that programs of prevention and care are most effective when there is strong collaboration between Government and the Faith Communities."

The Rt. Hon. Malewezi expressed thanks to the delegates "attending this historic meeting", which he said demonstrated determination to work together more closely. He gave a vote of thanks to the Government of the Kingdom of Norway and UNAIDS for providing the requisite financial support. [The full text of the speech summarized here is attached to this report in Appendix 2]
Technical Discussion Paper: Mr. Alfred Mwenifumbo,

This technical paper, titled “Towards Strengthening Government-Faith Community Collaboration in HIV/AIDS Prevention and Care”, was prepared through consultation with the various faith groups by Members of the organizing Task Force for the Consultation. It was admitted at the outset that the paper assumed an evaluative tone, focusing on the programs, strengths and weaknesses of the Faith Communities approaches to HIV/AIDS. The purpose, however, was not necessarily to make judgements, but rather to create a framework for a deeper understanding of the approaches of the Faith Communities and to engage in meaningful dialogue about mechanisms and modalities for collaboration.

The paper gave a detailed analysis of the great value of the Faith Communities taking active part in HIV/AIDS activities. It was noted that faith leaders and their organizations are well respected and therefore command a strong following. In addition, religious organizations, individually and together, have a deep geographical penetration. This presents great advantages to intensifying interventions and to increasing the reach and impact of these interventions.

The advantage and potential of the Faith Communities are greatly compromised by the way some religious organizations interpret the epidemic. AIDS is often interpreted as a sin and as a punishment. The attitude is that AIDS should not or cannot affect believers and that when it actually does, it is the “wages of sin”. A related and perhaps more pervasive problem is a general silence on issues of sex and sexuality, a situation which only breeds misinformation and misconceptions, as the youth still learn from other less reliable sources. Well meaning efforts by the Faith Communities also tend to be compromised by lack of skills and shortages of essential resources for programs.

In responding to the epidemic Faith Communities have addressed both prevention and impact mitigation. Prevention interventions have included information campaigns, but these have not been adequate in part because of judgmental approaches to interventions, and in part as a result of emphasis on moral teaching. The Faith Communities would be more effective if they, at the same time, revised their theological positions on issues of sex and sexuality.

The Faith Communities have over the years conducted behavior change communication activities, especially for the youth. Again these efforts are
affected by lack of resources. But most important, teaching responsibility tends to be limited to members of the Clergy and those in leadership positions, excluding the general membership. In addition, some Faith Communities do not have the leaders who should project the appropriate models of moral behavior. With regard to condoms and condom use the Faith Communities maintain a strong non-permissive position counterbalanced against the more ethical and rational-scientific position of the Government.

In the area of impact mitigation, the Faith Communities have made significant contributions in home- and hospital-based care and support, psycho-social support for orphans, as well as pastoral counseling. These efforts tend to be affected by the often top-down approaches which do not adequately engage communities. Some well meaning interventions are compromised by a lack of resources and inadequate skills in designing and implementing programs.

The Paper made proposals for areas in which Government and the Faith Communities can form Partnerships and collaborate for increased impact. The following areas were given prominence in the presentation:

1. Breaking the silence that now surrounds the epidemic and removing all forms of stigmatization and discrimination of people living with HIV/AIDS. This could be achieved through, among other means, promoting HIV testing, providing adequate counseling and demonstrating love and compassion for those infected and affected.
2. Developing interventions which focus on the youth, including provision of adequate and varied recreational facilities and activities, dissemination of positive messages on issues of sex, sexuality and HIV/AIDS among all youth.
3. Addressing behavior change, using different strategies, including life skills for boys and girls, and incorporating life skills training in all programs targeting young people.
4. Promoting establishment of HIV testing facilities and encouraging both youth and adults to test; in particular, encouraging young people to take the test before entering marriage.
5. Mainstreaming HIV/AIDS into all development programs while at the same time creating more effective mechanisms for mobilizing essential resources.
6. Engaging in on-going consultation and collaboration with other stakeholders such as Government, and recognizing the good efforts
that stakeholders and partners are making in the fight against the epidemic.
7. Revising some of the theological positions which seem to curtail effectiveness in interventions, for example, on matters of sex and sexuality, gender, people living with HIV/AIDS, and the understanding of the HIV/AIDS epidemic itself.
8. Development of skills in the design and implementation of programs, including means for mobilizing and accounting for resources.

PLENARY DISCUSSIONS

Issues, Concerns and Observations

Morning Session

The Delegates to the Consultation demonstrated a strong, unanimous appreciation for the courageous step made by Government in calling the Consultation and thereby initiating an on-going process of dialogue and communication between Government and the Faith Communities. From the outset, Delegates expressed readiness to engage in Partnership and collaboration with Government and to begin to clarify those issues which may stand in the way of this relationship.

Delegates noted with dissatisfaction that women were not adequately represented and that their interests, concerns and experiences would not be dealt with appropriately. In the same vein, delegates observed that the youth were not at all represented while it was true that they were the most affected social group and formed the majority in the national population. A plea was also made to include people living with the virus as they bring to such discussions the practical experience and understanding necessary to make suitable and relevant plans and strategies.

The point was underscored that consultation was an important act of partnership and pointed to the fact that both Government and the Faith Communities needed to act responsibly as partners and as equals in a mutually structured relationship. As a partnership, all parties needed to recognize the interests of the other without compromising fundamental beliefs or principles.

The Consultation was in agreement that both Government and the Faith Communities should capitalize on areas of mutual concern and work in
strong collaboration on these areas. Among others, the delegates identified the need for job creation which would keep young people out of mischief and reduce the risk of HIV infection; the importance of recreational facilities and counseling services for both the youth and adults.

Considerable stress was placed on the point that the Faith Communities had their efforts compromised or even frustrated because of lack of adequate resources to fund and sustain programs. Donors tended to be apprehensive about funding Religious Organizations, in part because of limited financial accountability, and in part because these organizations do not always possess the technical skills to implement programs effectively. An appeal was therefore made to the donors and development partners to work more wholeheartedly with the Faith Communities. The particular area of orphan care was singled out as an emergency that needed increased resources.

The issue of condoms and condom use was a recurring theme throughout the Consultation, with apprehension that the actual truth about their success may not be coming through clearly to the people. Many Delegates doubted the protective properties of the condom, suggesting that people could still be infected and that its use seemed to promote casual sex, particularly among young people. It was quite clear, that this was a vital area for specialized attention, preferably by a small working committee representative of various shades of opinions and supported by sound technical and scientific expertise.

Delegates also called for a demonstration of faith in people, a recognition that people are capable of and can respond to the moral challenges of abstinence and faithfulness, and the imperative of building more positively on the deep and rich spiritual commitment of the people of Malawi. In this regard, both Government and the Faith Communities needed to seek ways of raising people to such high moral and spiritual standards.

Hope was expressed of much closer Government-Faith Community interaction, cooperation and on-going dialogue and discussion that would build on the common strengths and eliminate common differences affecting collaborative action against the epidemic. Delegates also hoped for a better flow of resources to needy areas of action.
Concern was expressed that the Traditional Religious Community was not part of this important Consultative process and yet it was true that the common worldly view of sex and sexuality in Malawi was deeply influenced by traditional religious beliefs. There was need in this connection to consider cultural practices, supporting those that are positive and influencing change in the practices that promote risk behaviors. A theology of human sexuality needs to be developed as a basis for addressing the spirituality and dignity of human sexual relationships.

Delegates further noted that the Faith Communities tended to condemn certain cultural practices, including traditional education and youth counseling, but did not always offer alternatives. In addition, delegates saw the need to begin to open up to issues of sex and sexuality, noting that if the "church or the mosque cannot teach children, somebody will teach them". However, to do so effectively we all needed to search for the appropriate language and images for communication and instruction.

The point was re-emphasized that both Government and the Faith Communities should address questions of morality. Delegates admitted the Faith Communities cannot achieve moral change alone; success would only come from deliberate interplay of traditional and modern systems. Again, Delegates called for a demonstration of faith in the capacity of people, the need to set high moral standards and expectations and support people to live up to them, and the moral imperative of giving young people the right models and the right rationale.

Delegates also underlined the importance of Inter-Faith Cooperation, not only in the mobilization and utilization of resources, but also in the design and implementation of interventions. It was noted by most of the Delegates that the major issues we face together are intricately related and therefore, required cooperation by the Faith Communities in addressing them. Issues of poverty, unemployment, moral indiscipline, alcohol abuse and disease, all justify holistic approaches and partnerships, since they are all closely interconnected.

Delegates observed that there are two broad dimensions to the response, namely, prevention; and care and support, which needed equal attention. There was unanimous agreement that care in hospital as well as the home needed scaling up and improving qualitatively in order to
assure the dignity of patients and the rights of all those infected and affected. The role of pastoral counseling was highlighted as vital to people who are terminally ill. Similarly, reference was made to some herbal medicines with known therapeutic properties, noting however, that at the present time there was still no known cure and that claims made by some herbalists should only be seen within the context of therapy or treatment of opportunistic infections.

The spirit of the Consultation demonstrated readiness on the part of the Faith Communities to engage in partnership with Government and to collaborate in the national response to the HIV/AIDS epidemic. Readiness was also amply demonstrated for the Faith Communities to scale up their own interventions with added resources. Government pledged to undertake a thorough analysis of resource requirements of the Faith Communities and seek the most effective and acceptable modalities for channeling such resources to the Communities.

The Way forward

The delegates come up with a joint Action Statement that underlined important areas that need collaboration and strengthening in HIV/AIDS prevention and care.

To operationalize the way forward the delegates agreed to form a State-Faith Community Taskforce that would provide a mechanism for the collaboration. The Joint Common Action Statement is attached in Appendix 1.

Closing

In closing the function, a representative from the Faith Community, Bishop Tenga-tenga thanked the government for arranging the consultation and gave assurance of the readiness of the Faith Communities to contribute to the fight against HIV/AIDS.

In their remarks the Minister of Health and Population, Hon Aleke Banda and the Right Honourable Justin Malewezi, Vice-President thanked all delegates for their active participation and constructive dialogue which made the consultation a success. They reiterated that this was the beginning of a long-term process of collaboration between the Government and the Faith Communities.
Appendix 1

COMMON ACTION STATEMENT OF GOVERNMENT AND FAITH COMMUNITIES ON HIV/AIDS IN MALAWI

HIV/AIDS is having a devastating impact on Malawi through its drastic human, economic and demographic consequences. The HIV/AIDS epidemic in Africa is an emergency response by African leaders and people at all levels as well as by the international community.

Now is the time for action if the people of Malawi are to be saved from this devastating epidemic. Leaders at all levels will lead the fight against HIV/AIDS. The Government and Faith communities have come together in order to collaborate more closely together in the fight against HIV/AIDS through programmes of HIV Prevention and Care. The following areas of action have been identified:

i) HIV Prevention

a) There is need to reduce stigma and to establish a climate of confidence and openness in discussing issues of HIV/AIDS. In this regard, there is need for leaders in Government and Faith communities to promote voluntary counselling and testing and to show solidarity with people living with HIV/AIDS.

b) There is need to strengthen programmes to keep the youth HIV negative and to promote a culture of openness in communication on issues of sex and sexuality, HIV/AIDS and Sexually Transmitted Infections. In this regard, the Government and Faith communities will provide recreational and sporting facilities for the youth. There is also need to strengthen information, education and communication messages for the youth that address issues of sex and sexuality and HIV/AIDS in a more positive and constructive manner.

c) The Government and Faith communities will collaborate in the integration of life-skills and vocational training in community youth programmes.

d) The Government and Faith communities will collaborate in strengthening voluntary counselling and testing including pre-marital testing and counselling.

e) The Government and Faith communities will continue to emphasise abstinence and mutual faithfulness as the best means of avoidance and prevention. However, the Government will also promote condoms as a proven technical approach to HIV prevention - a view not shared by the Faith communities.
ii) Care and Support

In order to increase both the coverage of care and support and to improve the quality of services, the following recommendations are proposed for strengthened Government Faith communities collaboration:

a) A theological approach that emphasises love, compassion and hope will be adopted to instil a spirit of acceptance and care of the infected and affected in all communities and families. Religious and political leaders will show compassion, respect for women and other vulnerable groups and give support for orphans. There is no justification for any form of discrimination against people living with HIV/AIDS. People living with HIV/AIDS have a valuable and unique contribution to Malawi and also in programmes for HIV Prevention and Care. All leaders will uphold human dignity and human rights.

b) The Government and Faith community will set up a mechanism that will mobilize and monitor the distribution of resources to ensure that these are properly channelled to the community level for the care and support of the infected and affected.

c) The Government and Faith communities will ensure the provision of appropriate training for care, support and counselling of the infected and affected.

d) The Government and the Faith communities will ensure the provision of appropriate training for care, support and counselling of the infected and affected.

iii) Future collaboration

The Conference is the first step in the on-going collaboration between the Government and Faith communities. This collaboration intends to

a) Establish common ground and share experience.

b) Identify those areas where closer collaboration will improve effectiveness and establish mechanisms to ensure on-going collaboration and coordination.

c) Provide a forum for the identification of differences in a spirit of mutual respect and explore ways in which efforts will be complementary rather than confrontational.

In order to promote further collaboration, the Government and Faith communities hereby agree to establish a Task Force that will meet on a regular basis. The purpose of the Task Force is to improve the effectiveness of coordination and collaboration between the Government and the Faith communities in HIV avoidance, prevention and care.
Appendix 2

KEYNOTE ADDRESS BY THE RT. HON JUSTIN MALEWEZI, VICE PRESIDENT OF THE REPUBLIC OF MALAWI

Introduction

1. We have just entered the new millennium, so has the HIV/AIDS pandemic. The HIV/AIDS pandemic is the greatest development challenge facing Malawi. It has been described as a "catastrophe in slow motion" and "a development and security challenge". While these descriptions capture the devastating impact of the epidemic, they do not bring out the urgency and immediacy of the danger facing our continent. AIDS is an emergency requiring an emergency response.

2. Our beloved country, Malawi has not been spared the global pandemic. Sixteen percent of the population aged between 16 and 49 are HIV positive. AIDS has a uniquely devastating impact on development. It is both an immediate crisis and a long term development problem. AIDS kills young adults in their most productive years, leaving grandparents to bring up their children. AIDS reduces life expectancy; already it is below forty years old. Child mortality is projected to increase while the number of orphaned children grows at an appalling rate. HIV/AIDS is undermining our future and the future of our children. The statistics outlined by the Honourable Minister of Health are as devastating as they are tragic.

3. The HIV/AIDS epidemic touches us all in a very personal way. There is not a single family in Malawi, which has not suffered the grief and trauma of death due to HIV/AIDS. Our people are suffering pain, grief and human loss on an unimaginable scale. Recall the suffering caused by a single death and the grief of a child at her mother’s graveside. Our extended family system is struggling to cope with bereft orphans and vulnerable children. We are all affected by HIV/AIDS whether or not we are personally infected. In the suffering and death of our brothers and sisters we face grief beyond words and sorrow beyond tears.

4. What do we know about HIV? HIV stands for "Human Immuno-deficiency Virus". This very, very small microorganism attacks and destroys the immune or defence system of the body. This destruction prevents the body’s defence mechanism from producing antibodies, which counteract all infections. When the virus has destroyed the body’s defence system beyond a certain level, the body of an infected person starts to show deteriorating health symptoms. This is the condition or disease called AIDS (Acquired Immune Deficiency Syndrome). The body of a person with full-blown AIDS cannot fight off common diseases and certain cancers, even with the aid of medications.

5. HIV is transmitted from an infected person to an uninfected person mostly through sexual contact. Therefore, the more sexual partners a person has, the higher the risk of contracting or transmitting the virus.
The importance of preventing transmission of HIV

6. AIDS has no cure, either by modern medicine or by traditional medicine. But AIDS is completely preventable. What we must do is prevent transmission of this virus from infected persons to uninfected persons. The problem is that many infected persons do not know that they have the virus and so will transmit the virus to other people. The hope for Malawi lies in the uninfected youth. Young people account for 50 percent of our population. Young people also account for 50 percent of new infections. Preventing transmission of HIV in the youth must be the focus of our energies.

7. Young people are especially vulnerable to HIV infection. Peer pressure, certain cultural practices that put the youth at risk and limited access to information about sexual and reproductive health contribute to making the youth vulnerable to HIV/AIDS.

8. We should also recognize the importance of peer education and the leadership potential of young people in HIV prevention and care. Young people are our greatest resource. They bring dynamism and energy, compassion and hope to programmes for HIV prevention and care. Evidence from Malawi and throughout the world demonstrates that where HIV prevention has been most effective, young people themselves have been in the forefront of the change. The many faith communities' programmes in the area of behaviour change and life skills training have proved very effective in reducing HIV transmission among our youth. These programmes should be implemented on a national scale.

9. Women including married women are vulnerable to HIV infection. In Malawi, as throughout Africa, the majority of those infected are women. Women have more vulnerable employment status and security, lower incomes and least entitlement to ownership of savings and assets. Women are also the primary caregivers. There is a complex interaction between gender, sexuality and vulnerability. Empowering girls and women through expanding their access to education and employment and respecting their right to say "No" to sex will therefore be key to reducing HIV infection.

10. Changing mens' sexual behaviour will be a crucial component of the fight to prevent the spread of the virus. This is so because men tend to have more sexual partners than women. This implies that men who contract HIV are more likely to transmit the virus to several women. In this regard, the faith communities have an essential role in promoting the moral values of faithfulness within marriage. The sexual abuse of women and children has also contributed significantly to the spread of HIV. Both Government and faith communities have the responsibility to address this issue. Sexual abuse of women or children should never be tolerated. We as leaders, should protect the most vulnerable members of our community.

11. We have started to "break the silence" to have open discussions about HIV/AIDS and address stigmatization against people living with HIV/AIDS. But there is still a long way to go. The silence which surrounds HIV/AIDS and the stigmatization of people living with HIV/AIDS has contributed to creating conditions in which HIV transmission is accelerated. Only when people refuse to be ashamed of their HIV status
will stigma disappear and the much-needed solidarity for people living with AIDS begin to emerge.

12. Leaders in Government and the faith communities should be the first to break the silence, and uphold human dignity and human rights. There is no justification for discrimination against people living with HIV/AIDS in terms of access to education or employment or in any other manner. Leaders in Government and the faith communities should take the lead in creating a climate of openness, confidence, respect, compassion and hope.

13. Because of stigmatization, many Malawians are unwilling to test for HIV or to make their HIV status known. However, there is strong evidence that knowledge of whether one is HIV positive or HIV negative has played an important role in preventing transmission of HIV/AIDS. When young people know that they are HIV negative, they are far more likely to avoid behaviour, which puts them at risk of HIV infection. Where people have tested positive, they are in a far better position to plan for their future, to take care of their health and to ensure that they do not transmit the virus. There is, therefore, an urgent need to promote access to voluntary testing and counselling and for all Malawians, including leaders to voluntarily undergo testing and counselling.

14. We should also acknowledge the enormous courage of people living with HIV/AIDS and the valuable role that they can play in preventing HIV transmission. People living with HIV/AIDS have a unique contribution to the overall development of our nation. Evidence from Malawi and throughout the world demonstrates that programmes for HIV prevention and care are most effective when they include people living with HIV/AIDS as advocates for change. We have started to include people living with HIV/AIDS in programmes for prevention and care within Government, in parastatals such as ADMARC and the private sector. However, these programmes are limited in scale and there is an urgent need to scale up such approaches.

15. Most Malawians are aware about HIV/AIDS, what it is and how it is transmitted. Yet people still get infected. Why? It could be that people believe that "It won't happen to me." It may be our attitude to sex - we don't talk about sex. HIV transmission can be stopped if all unmarried persons abstain from sex and that those married were faithful (without exception) to their spouses. This is the message that religious leaders preach everywhere: abstain and be faithful.

16. The faith communities' position must be respected and I do not seek to compromise the doctrine of any religious community in any way. But it is also a known fact that not everyone follows the teaching of abstinence before marriage and faithfulness within marriage. Studies from Malawi have shown that on average, girls start to have sex around thirteen years of age, whereas boys start around the age of fifteen. Therefore many young people do not abstain before marriage. Similarly, many married people have contracted and died of HIV/AIDS. Obviously faithfulness within marriage is not universal.
17. This brings me to the difficult and sensitive matter of the condom as a method of prevention. Let us take the case of a married couple where one partner is known to be infected with HIV and the other partner is not. I would assume that such a couple should use a condom to protect the life of the uninfected partner.

18. Let us look at a similar situation where one sexual partner is infected and another is not - but they are not married. Yes, I know that what they are doing is against the teaching of the faith community, but shouldn't the life of the uninfected person be protected?

19. The use of a condom has been likened to the wearing of a seatbelt in a car. I would like to quote Professor M.J. Kelly on this point:

"The first rule of the road is to drive carefully so that there will not be an accident. But one wears a seat belt so that if an accident should occur; there will be less risk of fatal damage. Wearing the seat belt is an act of responsibility. It does not encourage careless driving, but protects against the harmful outcomes of such driving or unforeseen accidents. The use of condoms in sexual encounters between unmarried persons is an act of responsibility. Sanctioning their use does not encourage a careless sex life, but protects against possible life-threatening outcomes of the unlawful activity."

20. I appreciate that this type of stand is difficult or impossible for some religious leaders. However, the Government has an ethical obligation to provide information about sexual and reproductive health to its citizens. Government is responsible for public welfare and public health and therefore has a moral duty towards prevention and information.

21. I appeal to leaders in the faith community to acknowledge different approaches by different parties towards HIV prevention through the moral promotion of abstinence and mutual faithfulness on the part of the faith community and the ethical approach to risk prevention on the part of Government. In order to improve the credibility of our common concern, we should respect and appreciate the efforts of others even if they base themselves on other ethical principles.

22. The Government and the faith community have a joint responsibility to combine their energies to address this appalling epidemic. We acknowledge that the challenges posed by the HIV/AIDS pandemic are too enormous to be addressed by any group working alone. International experience has shown that programmes of prevention and care are most effective when there is strong collaboration between Government and the faith community. This is why we commissioned the study “Strengthening Government Faith Community Collaboration in HIV Prevention and Care.” The study focuses on the strengths and weaknesses of the faith communities approach rather than the strengths and weaknesses of the Government’s approach. We wanted to understand more of the faith communities’ approach in order to have a meaningful dialogue about how we can best collaborate. We need committed support from the leaders in the faith community. Indeed, we need committed leadership from all levels of society including
political leaders, the faith community, community and traditional leaders, women and
the youth. AIDS challenges us to work together more closely to save our future.

23. Religious leaders are highly respected in Malawi. Leaders in the faith community
can therefore play a pivotal role in determining how individuals, families and
communities can respond to the unique challenges posed by the HIV/AIDS epidemic.
Religious leaders are also well placed to be effective in the fight against HIV/AIDS.
Furthermore, the faith communities operate at the grassroots level. Caring for physical,
moral and spiritual well-being is integral to their mission. The faith communities are
already leading players in education, health and community development. We
acknowledge your important contribution in these areas.

24. In charting an agenda for closer collaboration between Government and the faith
community, I would like to acknowledge the faith communities' contribution to the
development of our nation in two areas:

   i) Promoting moral values and protecting the family,
   ii) Programmes for HIV prevention and care,

25. Through their teaching on stability and fidelity within families and moral guidance
to the youth, the faith communities promote values of responsible sexual behaviour, and
faithfulness within marriage that is key to preventing transmission of HIV. Supporting
and strengthening family life is fundamental to progress in HIV prevention and care.
The Constitution of the Republic of Malawi states "The family is the natural and
fundamental group unit of society and is entitled to protection by society and the state"
(Article 22).

26. Many faith communities have acknowledged that AIDS is a problem within their
own communities acknowledging human weakness. This recognition has promoted
greater openness about the disease and compassion to those suffering from HIV/AIDS.
Many in the faith community are struggling with questions of how to strengthen their
response to HIV/AIDS and how to integrate care and counselling for people living with
HIV/AIDS in their pastoral Ministry. I acknowledge the clear commitment of the faith
community to strengthen programmes for HIV prevention and care and to develop a
theological approach, which emphasises love and compassion.

27. As Malawians, we can be proud of the progress made by Government and the faith
communities over the past few years. The Strategic Framework for HIV Prevention
and Care was developed following detailed consultation at the community with all
stakeholders. It is comprehensive, multi-sectoral and inclusive. Dr. Peter Piot, the
Executive Director of UNAIDS stated that "Malawi's Strategic Framework is the most
comprehensive on the African Continent" He also applauded the Government's clear
vision and commitment to implement the Strategic Framework during his recent visit to
Malawi. We are fully committed to fast track the implementation of the Strategic
Framework at the community level.
28. I am also proud of the work by Malawian and other theologians in developing pastoral-theological texts, which emphasise tolerance, love and compassion. There is need for the faith communities to develop theological texts on hope. While AIDS has no cure, it is possible to “heal the spirit” of people suffering with AIDS. We must acknowledge how vulnerable people are when they are sick. Many cannot find meaning in their suffering and lapse into despair and hopelessness feeling worthless and unloved. The faith communities have a unique role in helping people to come to terms with their suffering. The faith communities can give hope through emphasising that they are loved, that the spirit transcends the body and God is ready to welcome them to eternal life.

29. Many faith communities are implementing programmes for HIV care through providing medical services for AIDS patients, home-based care and programmes to support orphans. Many of these programmes are implemented by separately paid team of lay AIDS workers, which limits the coverage. Programmes for prevention and care are most effective where they are implemented through the faith communities' grassroots structures. There are two outstanding examples of such an approach. In Christian communities in Southern Malawi, parish committees are trained to care for orphans, visit the sick and provide counselling. In Uganda, a Family AIDS Education Programme through Imams Project helps Mosque leaders to provide education and basic counselling through home visits. Integrating such programmes into the mainstream pastoral ministry of faith communities increases the coverage of such programmes and makes them far more effective.

30. Malawi's health system is overwhelmed by the HIV/AIDS pandemic. The majority of hospital beds are now occupied by patients with HIV/AIDS related conditions. Patients are discharged from over-crowded hospitals to be cared for by untrained relatives. There is an urgent need to strengthen partnerships between the health service and the community in order to improve the quality of care. Many people living with HIV/AIDS cannot afford sufficient food or basic necessities exacerbating their illness. There is need to build partnerships at the community level to address the basic human needs of people living with HIV/AIDS and their families.

31. People living with HIV/AIDS may face scorn and discrimination. There is a tendency to associate HIV/AIDS with sin. But AIDS is not a sin it is a disease! People living with HIV/AIDS need friendship and respect as never before. They need to be able to express their anxiety. They face suffering and isolation, fear of disclosing their HIV status, fear of stigmatization and terrible anxiety about the future of their children. They often feel guilt or a sense of worthlessness. The emotional suffering is often more difficult to deal with than physical pain. Patients need spiritual support in order to come to overcome their fears, find meaning in their suffering and confidence in their human dignity.

32. Providing physical, moral and spiritual support is a shared responsibility between Government and the faith community. We must help people living with HIV/AIDS to live positively with the disease. We also have a joint responsibility to care for orphans who are the most vulnerable of children. Children need to be brought up within the
context of a loving family. They need to experience the joy, freedom and laughter of childhood. They are our children. AIDS affects our nation, our faith communities and our families. AIDS affects us all and we should all show compassion friendship, love and hope. I also ask you to remember that the most important quality of leadership is credibility. We will be judged by our actions and not our words. Let us show personal example in the area of faithfulness within our marriages and in upholding the human dignity of all those living with HIV/AIDS.

33. I would like to thank all those who worked so sincerely to make this meeting possible including the Honourable Aleke K. Banda for convening the meeting, the late Reverend Dr. Susan Cole King whose work in the Diocese of Southern Malawi was an important catalyst for the dialogue, the consultants who developed the discussion paper and the Government representatives to the Task Force who coordinated the process and organized the meeting and to Professor Michael Kelly. We acknowledge financial support from the Government of the Kingdom of Norway and UNAIDS. I would like to thank all of you for attending this historic meeting. Your presence at this workshop is a confirmation of our determination to work together more closely in future. I thank you for your commitment.

34. We opened this meeting with prayers, and it is my sincere prayer that this meeting will be a success. We need God’s help to overcome the HIV/AIDS epidemic. I recognize that our religious beliefs define our identity and moral values. They are held deeply and are very personal. We do not seek to compromise the doctrine of any faith community. I ask everyone present to listen to the views of others with respect and to recognise that others’ views are held as sincerely as our own. Please respect these differences in approach, but we are here to find areas of common ground where we can work together to strengthen HIV prevention and care. I also ask the press reporters to report this meeting with sensitivity and maturity. Do not sensationalize issues or magnify differences. The purpose of this meeting is to determine how best we can work together to defeat the appalling HIV pandemic. We can overcome HIV/AIDS and prevent new infections. We can help our friends living with HIV/AIDS to live with dignity and hope, but we need long-term sustained and committed leadership to reach this goal. I ask all of you to commit yourselves to this goal so that we work towards a millennium free from the scourge of AIDS. I also ask you to keep hope alive in your heart and in your communities.

I thank you and declare this meeting open.
INAUGURAL SPEECH BY THE HONOURABLE ALEKE K. BANDA,
MINISTER OF HEALTH AND POPULATION

- The Right Hon. Justin C. Malewezi, Vice President of the Republic;
- The Hon. Members of the Cabinet Committee on HIV/AIDS;
- The Hon. Katenga-Kaunda, Secretary General of UDF;
- The Hon. Deputy Minister of Health and Population, Hon. Patricia Kaliati, MP;
- The Hon. Leader of the Opposition;
- The Hon. Secretaries General of the Malawi Congress Party and the Alliance for Democracy;
- The Hon. Chair of the Parliamentary Committee on Health and Population, Hon. Loveness Gondwe, MP;
- Dr. Richard Pendame, Secretary for Health and Population;
- My Lord Bishops;
- Moderators, General Secretaries, Sheiks and Reverend Members of all the faith communities;
- Your Excellencies, Members of the Diplomatic Corps;
- Heads of International Agencies;
- Members of the Task Force responsible for the preparation of this historic meeting;
- Colleagues from the Ministry of Health and Population;
- Ladies and Gentlemen.

In a world all too often divided by a logic and a morality of self interest, the meeting of minds and hearts in this room today is unprecedented in the history of this nation. It is not only a recognition of the fact that the enemy we face demands our combined secular and spiritual strengths, but more importantly it is a signal of hope for those of us who have been and who continue to be, prisoners of hope.

In my remarks, I would like to achieve three objectives in the coming few minutes. These are:

1. To give you a brief update or overview of the current situation of the epidemic;
2. To outline what the government has done and is doing to combat this scourge; and
3. To raise some of the areas and issues which State and Faith Communities need to tackle together.

Since there are few lives in Malawi which have remained untouched by this epidemic, I do not intend to go into great detail. Nevertheless, a brief overview is necessary to establish a common starting point, and a common understanding.

1. The HIV virus continues its upward spiral around the world, with well over 30 million persons infected, and an estimated 12 million lives lost due to AIDS.
2. The most severely affected region in the world is Sub Saharan Africa. While this region accounts for approximately 1% of the world's population, it is home to almost 67% of all people now living with AIDS in the world.

3. Of the 12 million people who have died of AIDS, over 80% have been from this region.

4. 80% of all HIV positive women and 87% of children living with HIV, live in Africa. The 21 countries with the highest rates of HIV infection are all in Africa.

5. In light of this profound tragedy, is there anyone who can doubt the words of His Excellency, Dr. Bakili Muluzi when he says "AIDS is Killing Africa"?

6. Closer to home, the HIV pandemic continues its relentless march into every corner of our beloved country, leaving untold misery in its wake.

7. Is there an adult Malawian who has not been affected by the death of a friend, a neighbour, a colleague or a family member?

8. The national prevalence rate of HIV infection is 8.5%, which means that almost one million of our people are infected. In the 15-49 age group one in every 6, or 15% is infected.

9. Up to 70% of our hospital beds are occupied by persons with HIV/AIDS related conditions.

10. Our National AIDS programme now estimates that we have approximately 400,000 orphans directly related to HIV/AIDS.

11. All sectors of society are experiencing continued loss of productivity, continued absenteeism, and increasing medical bills, funeral costs and payment of premature death benefits.

12. And lastly, there is growing evidence to suggest that in younger females age 15-21, HIV infection is about 4-6 times higher than in males.

13. In grieves me, Your Honour, Honourable Guests to have to outline such a picture but this is the sad reality. Our beloved country is carrying a heavy and painful cross, along a road on which there are still many miles to travel. As His Honour the Vice President has said, "we are a nation living in grief".
B. What is Government doing about the situation?

Again, Your Honour, Distinguished Guests, since there is much that has been done, allow me for purposes of developing a common understanding, to simply highlight the salient points.

His Excellency the President has placed the full weight of the Presidency behind the war on HIV/AIDS, both by his words and his deeds, as is evidenced by his many radio, newspaper and television appearances alerting the public to the dangers of HIV/AIDS.

He has established a Cabinet Committee on HIV/AIDS Prevention and Care, under the Chair of His Honour the Vice President.

In October 1999, His Excellency the President launched the National AIDS Strategic Framework. This framework, developed within the most open, extensive and intensive national and community consultative process, identifies nine priority areas for action. These are:

1. Culture and HIV/AIDS
2. Youth, Social Change and HIV/AIDS
3. Socio-Economic Status
4. Despair and Hopelessness
5. HIV/AIDS Care and Support
6. HIV/AIDS and Orphans, Widows and Widowers
7. HIV Prevention
8. HIV Information, Education and Communication, and

In March 2000, a Round Table Conference on HIV/AIDS was held in this very hotel. In this Conference, the donor community pledged over US $110 million for the coming five years, to implement the Strategic Framework.

Preparatory work has already begun on establishing a National Blood Transfusion Service, with a grant of US $8 million from the E.U. This service, based on the vital and highly successful Ugandan model will provide the nation with an uninterrupted supply of safe blood, through voluntary donors, and will also extend sites for national voluntary and confidential counselling and testing services for HIV/AIDS.

The Ministry of Health and Population, in collaboration with the Canadian Agency for International Development, CIDA, engaged a consultant in 2000 to detail the most appropriate organizational structure for the National AIDS Secretariat, and to outline or propose a governance arrangement for its daily functioning.

The report, and its recommendations, received in December 2000 and already discussed with CIDA, will be the subject of discussion with the Cabinet Committee on HIV/AIDS, later this week. Upon completion of these discussions, the restructuring of the AIDS Secretariat will be immediately implemented. This reorganization and the revamping of the Secretariat's
technical capacity, coupled with a more timely flow of donor funding, should greatly increase the pace and level of implementation of the Strategic Framework.

Lastly, Your Honour, Distinguished Guests, Malawi has been taking a leading role in the HIV/AIDS international arena. In December 2000, Your Honour delivered the Keynote address at the African Development Forum on “AIDS the Greatest Leadership Challenge” held in Addis Ababa. In this address, you highlighted major issues of international justice, the first of which you pointed out “is African external debt”.

Malawi will continue to exercise this lead role in upcoming international forums under the leadership of His Excellency, the President, who has also called for debt cancellation.

As you can see Your Honour, and Distinguished Guests, Malawi has not been idle in the fight against this scourge. But, from the brief overview of the situation, as well as from the challenges outlined in the Strategic Framework, it must be clear that the road ahead is long and difficult. It calls for our combined gifts of intellect, will and soul. It demands a renewal of faith, courage and boldness, and above all else it demands a wisdom that transcends the differences that so unnecessarily divide us. By the way, in this regard, I want to acknowledge one limitation of the discussion paper circulated to you. Government’s shortcomings were not analysed. Perhaps the authors believed these were too obvious to mention!!

On a more serious note, and before I attempt to outline my vision of a common agenda for the way forward, let me first publicly acknowledge and praise the many ongoing efforts of the various faith communities.

These, oftentimes conducted without fuss or fanfare, constitute an invaluable act of service both to church and State. I offer you my personal gratitude not only as a member of the faith community but also as Minister responsible for the health of this nation.

Of the many areas demanding ever closer Government-Faith Community collaboration I have chosen two for your consideration. In choosing these, I am painfully aware that they are intimately linked in a tapestry-like manner to other issues. Nevertheless, I take the liberty of treating them separately.

1. The Iron Curtain of Silence.

Twenty years into an epidemic that seems to mock the greatest array of medical and scientific know-how in the history of mankind, our scientists tell us that still the most effective way of preventing the spread of this scourge lies in our own hands. Yet some of our faith communities refuse to talk about it. Worse still, they condemn those who are infected. We know, since most of us who work for government are also members of these same faith communities. In condemning, they encourage an atmosphere of prejudice, silence and fear.

There can be no more formidable or relentless enemies of understanding than prejudice, fear or silence. There can be no saner or healthier way of coping with the
epidemic than through open and honest dialogue. I have said and I repeat, there is no amount of artificial intelligence in machines that can or will ever substitute for morality in people.

We in the Ministry of Health and Population, and in the National AIDS Control Programme continue to highlight the primacy of abstinence or what the recent literature refers to as “postponement of coital debut”. Indeed, one of the bright spots on an otherwise gloomy horizon is the evidence reaching us from studies in Uganda, which shows that the approach which has emphasized both abstinence, fidelity and “zero grazing” (resulting in partner reduction) has been the major source of behaviour change. I believe the message is so clear and hopeful, it should be repeated and I quote “AIDS Prevention activities carried out through religious leaders has had significant direct impact. It is also the case that all the major religious groups in Uganda became involved in 1992. This is the very year that behaviour began to change”.

Therefore, in the different yet legitimate arenas of public policy and Christian or muslim community development there is no place for artificial divisions between the so called medically enlightened scientific approach to HIV prevention and the so-called moral or conservative approach.

Western common law that is largely derived from the Canon Law of the church contains a legal maxim that says “the act is not criminal, unless the intent is criminal”. The church has used a similar maxim in justifying the use of the contraceptive pill to regularize a pathological menstrual cycle. This reasoning, well grounded in the moral theology of all faith communities is also at the cutting edge of the emerging debate on “prophylactic condom use”. That is, there is a growing body of moral thought that says a condom may be used, not as a means of preventing conception, but purely as a means of preventing transmission of a deadly disease. I am sure our moral scholars and theologians will have much more to say on this matter.

I therefore, appeal to the faith communities to open or reopen or strengthen dialogue on HIV/AIDS. Abraham Lincoln once said “to sin by silence when they should speak out, makes cowards of men”. Let us not be cowards. Let us speak out. Let us engage all God’s children in the debate. Let us preserve tradition that is the living faith of the dead, and discard false and harmful traditionalism which is the dead faith of the living and which encourages women to adjust to, rather than change, oppressive cultural conditions.

Our religious leaders and thinkers have written about a God of Love and Compassion. Let them now turn their considerable talents to the task of teaching us about a theology of hope, where the unending grief and pain we see and feel all around us is not seen as abandonment by the Almighty, but has a more spiritual and redemptory individual and national significance.

The paper that was prepared for this Conference, sadly but eloquently points out, that in the HIV epidemic “the life giving functions of human sexuality and blood, which
epitomize health and life itself, have become paths to death”. In light of this tragedy, I appeal to our moral and religious scholars, to openly address the issues of reproductive health and reproductive rights. Where there is no gender equality or equity in this most sacred and intimate of areas, violence, sexual abuse, particularly of the young female, rape, prostitution and the spreading of HIV will continue. These must be dealt with if the Iron Curtain of Silence is to be torn down.

2. The second issue I would like to deal with is that of National Debt Cancellation. What, you might ask does this have to do with the HIV/AIDS epidemic?

Because I am now convinced that debt cancellation is as much a moral issue as a political or financial one, and without which it will be almost impossible to adequately address the problems we face.

A recent publication by UNICEF, which looked at the issue of universal access to basic social services, states

"To spend more on external debt than on basic social services – when hundreds of millions of children lack access to basic education, primary health, adequate food and safe drinking water – is not only morally wrong, it is also economically senseless. Hunger, disease and ignorance have never been a foundation for rapid and sustained economic growth."

This was the message stressed by His Honour the Vice President, in Addis Ababa in December 2000. In addressing issues of international justice, he went on to say "the first is African External debt — The debt burden of African nations is unsustainable. Debt service obligations displace spending on poverty reduction including HIV/AIDS and the response to orphans".

This sentiment was echoed at the same conference by Dr. Peter Piot, the Executive Director of UNAIDS when he said "In fact HIV/AIDS constitutes the most compelling case for debt cancellation altogether".

It is true that African nations have been receiving and continue to receive foreign aid. But what few realize, is that this aid has been declining over the last decade. For example, between 1992-1997 overseas development aid from the large donor countries fell by as much as 30% compared with the UN annual aid target of .7% of GNP from developed nations to the developing nations. Overseas development aid falls short by $100 billion per year. The donor concern for how its aid is spent is being translated more and more into less and less. At the same time, we are told that the world economy has grown 6 fold between 1950-1997 and production of goods and services has climbed from $5 trillion to $29 trillion in the same 47 years.

To compound the situation, it would appear now that the promises of a globalized economy will not only not benefit the poor, but will even worsen the situation. I quote from the UNICEF Publication:
"it is increasingly difficult to dismiss the evidence regarding widening disparities as anecdotal or based on faulty evidence. It is becoming obvious that the fruits of liberalisation and globalisation are not reaching the table of the poor".

In the Round Table Conference on HIV/AIDS held in this very room last year, His Honour the Vice President gave this sobering analysis.

"AIDS in Malawi is not only claiming lives, but it is changing the very nature of the country's development. It is devastating our economy. It is destroying the very fabric of society. It is taking away our future and the future of our children".

If we are to bring hope to the one million Malawians now infected with HIV, and prevent the spread of this scourge to the 9 million who are free of infection; if we are to ensure universal access to basic social services which is the most efficient and cost effective way of reducing poverty; if we are to cope with the ever-rising tide of orphans; in short, if we are to build a more just and equitable future for all of God's children, then both distributive justice and the highest moral imperative demand that we be released from the crippling weight of a debt burden, that like HIV/AIDS is also robbing us and our children of a future.

I thank you for your attention.
CLOSING STATEMENT BY THE RIGHT HONOURABLE JUSTIN MALEWEZI, VICE PRESIDENT OF THE REPUBLIC OF MALAWI

I believe that we have accomplished a great deal during this initial historic consultation to strengthen Government/Faith Community Collaboration. This first meeting is, I hope the beginning of a continuing and constructive dialogue between Government and the Faith Community. I would like to extend my sincere appreciation to the leaders in the faith community for your constructive and thoughtful statements about how we can strengthen our partnership in future.

God was present at the meeting to guide us. I believe that everyone here has acted in good faith. There is a clear commitment to strengthen collaboration and to respect each others' views. This is the first important step in developing a true partnership to address the HIV/AIDS pandemic. In order to act as equal partners, we must trust one another and act in a trustworthy manner. While we acknowledge areas of difference, we should focus our energies on how to strengthen collaboration in areas of agreement.

There is clear agreement about the need to move forward. The areas which we have identified during this historic meeting include:

1. Providing appropriate recreational facilities for the youth.
2. Scaling up lifeskills education programmes for the youth to national scale.
3. Including young people as leaders within Government and the faith communities. The youth are not the leaders of tomorrow, they are the leaders of today.
4. Reducing gender inequity and empowering women.
5. Addressing issues of international justice.
6. Expanding employment opportunities.
7. Strengthening professional counselling services through both Government and the faith communities.
8. Strengthening resource mobilization and developing mechanisms to ensure that resources are channelled directly to faith communities so that they can improve the quality of care and support orphans.
We must establish mechanisms so that we move forward on these issues immediately. We cannot afford to lose momentum or the good will and faith that we have established during this dialogue.

We have noted the faith communities' concern about the use and effectiveness of condoms for prevention of transmission of HIV/AIDS. We also acknowledge the faith communities' concerns about whether information about condom use is fully accurate and the need for people to make fully informed decisions. In this regard, there is need for further dialogue backed up by sound scientific evidence. We fully support the faith communities' stress on the importance of abstinence before marriage and faithfulness within marriage.

There is also need for more work in the area of developing a theology of hope and a theology of human sexuality. The faith communities' have a unique role in providing spiritual guidance and in "healing the spirit" of those suffering from HIV/AIDS. Similarly, the faith community have an important role in addressing issues of human sexuality in a constructive manner. Sexuality is one of God's greatest gifts. Professor Mrs. Fulata Moyo has put it more elegantly when she said "Sex was God's idea and it was a good one". A positive teaching of sexuality would strengthen the faith communities' teaching on abstinence before marriage and faithfulness within marriage. I invite our theologians to do further work in these two areas. The theological text "The God of Love and Compassion" should be disseminated as widely as possible and I echo Professor Kelly's plea to the donor community to finance further publication of this text.

I would like to thank everyone for their response to this meeting. Thank you for attending, thank you for your contributions, and thank you for your commitment to work with Government as equal partners in the fight against HIV/AIDS. I would also like to thank Professor Kelly and Mr. Hauya for your excellent input as moderators. Thanks also to the Task Force and to the rapporteurs; the proceedings of this dialogue must be published as soon as possible.

Finally, I acknowledge our need for God's support and God's guidance in the fight against HIV/AIDS. Let us renew our commitment to this fight. Let us place our trust in God who loves us. I would like to conclude with a prayer:

"Oh God, Oh Allah, Chiuta, our loving father, help us to accept the challenge of AIDS and to integrate it into our spiritual and apostolic lives. Help us to protect the healthy and to bring your peace to the fearful. Help us to offer courage to those in pain. Help us to embrace the dying as they flow into your unending love. Help us to console the bereaved and wipe away tears from their eyes. Help us to support all those who spend themselves in care for the sick and the dying. Father, help each one of us to offer our energies, our imaginations, and our trust in the mystery of your love, to preventing the further spread of this disease, to
caring for those who are infected or affected, to reducing the way it makes
people's lives worse.
Help us to be united with one another in offering hope to those who are
suffering and in liberating one another from fear of this disease.
We place our trust in You. God Bless Malawi, Amen."
Appendix 5

PROGRAMME

Conference Chairman: The Right Honourable Justin C. Malewezi, Chairman of the Cabinet Committee on HIV/AIDS and Vice President of the Republic of Malawi.

Conference Moderators: Mr. Roy Hauya of the National AIDS Secretariat and Professor Michael J. Kelly, S.J., University of Zambia

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<td>Arrival of the Honourable Aleke K. Banda, Minister of Health and Population</td>
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<td>8:45-8:50</td>
<td>Welcoming remarks by Dr. Owen L. Kaluwa, Head, National AIDS Control Programme</td>
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<tr>
<td>8:50-9:05</td>
<td>Opening Prayers by the Reverend Dr. A. Musopole of the Malawi Council of Churches; Sheikh Khalid Ibrahim, Muslim Association of Malawi; Fr. Mwaungulu, Episcopal Conference of Malawi.</td>
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<tr>
<td>9:05-9:20</td>
<td>Speech by the Honourable Aleke K. Banda, Minister of Health and Population</td>
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<tr>
<td>9:20-9:50</td>
<td>Key-note Address by the Right Honourable Justin C. Malewezi, Vice President of the Republic of Malawi</td>
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<td>10:00-10:30</td>
<td>Tea Break</td>
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<td>10:30-10:35</td>
<td>Presentation of the Objectives of the Consultation, Dr. Owen Kaluwa, Head, National AIDS Secretariat</td>
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<tr>
<td>11:35-12:30</td>
<td>Plenary Discussion, Responses to the Presentation</td>
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<tr>
<td>12:30-02:00</td>
<td>Lunch</td>
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</tbody>
</table>
02:00-03:30  Plenary Discussion on Proposed Recommendations to Strengthen Collaboration between the Government and Faith Communities in HIV/AIDS Prevention and Care

03:30-03:45  Tea Break

03:45-05:00  Plenary Discussion on a Common Action Statement and on the Way Forward, to Strengthen Government-Faith Community Collaboration

05:00-05:30  Closing Remarks by the Honourable Aleke K. Banda, Minister of Health and Population and the Right Honourable Justin C. Malewezi
Appendix 7

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