Response of Seventh-day Adventists in Tanzania to HIV/AIDS Outbreaks in Tanzania

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The vast majority of people living with HIV/AIDS are located in low- and middle-income countries, with an estimated 66 percent living in sub-Saharan Africa. Among this group, 19,600,000 are living in east and southern Africa which saw 800,000 new HIV infections in 2017.[1]

HIV/AIDS Statistics in Tanzania

The United Republic of Tanzania is one of the countries in sub-Saharan Africa which is a high-burden, low-income country facing one of the largest HIV epidemics in the world. The country is experiencing a mature, generalized HIV epidemic, which is still growing.[2]

The first cases of HIV/AIDS in Tanzania were reported in 1983. By 1985, the United Republic of Tanzania had an estimated 140,000 people living with HIV/AIDS (1.3 percent prevalence) and by 1990, about 900,000 (7.2 percent prevalence). According to the surveillance report on HIV/AIDS and sexually transmitted infections for 2003, published by the National AIDS Control Program, about 1,810,000 people from birth to 59 years old were estimated to be living with HIV/AIDS in 2003. Since the National AIDS Control Program was established in 1985, the progression of the epidemic has been monitored through unlinked, anonymous testing of blood from pregnant women attending antenatal clinics for the first time in selected sentinel sites.[3]

The HIV/AIDS Care and Treatment Plan (2003-2008) indicated that 2,200,000 people older than 15 years were infected with HIV, implying a prevalence rate of 13.8 percent. The Tanzania HIV Indicator Survey carried out in 2003-2004 showed an overall prevalence rate of 7.2 percent (about one million people) among those 15-49 years old in the mainland. It indicated that women (7.7 percent) are more likely to be infected than men (6.3

percent). The prevalence rates found in the recent population-based survey are lower than predicted.[4]

According to the survey, the HIV/AIDS epidemic shows strong demographic and geographical variation. Some regions, such as Mbeya and Iringa, have HIV prevalence over 14 percent, whereas others have two percent (Manyara and Kigoma). In comparison to the mainland, the HIV epidemic in Zanzibar is not generalized yet. The HIV prevalence rate is estimated to be less than one percent. However, with the expansion of substance abuse, the trends of HIV infection in Zanzibar are increasing. The total number of people diagnosed in Zanzibar increased from three in 1986 to an estimated 6,000 in 2004. The HIV prevalence rate among pregnant women in Zanzibar increased from 0.3 percent to 0.6 percent from 1980 to 1997. According to World Bank estimates, the GDP in 2020 will decline by 15 to 20 percent and life expectancy will be about ten years less than it would have been without the HIV/AIDS epidemic. The proportion of children younger than 15 years who have lost both parents doubled between 1996 and 1999. Total orphans are now reckoned to number nearly 1,500,000, of whom perhaps 40 percent lost their parents to AIDS.[5]

By December 2017, people living with HIV/AIDS in the United Republic of Tanzania were estimated to be 1,500,000. Among these, 120,000 were children aged between birth and 14, 810,000 were women aged 15 years and above, and 540,000 were men aged 15 years and above.[6]

International Response to HIV/AIDS in Tanzania

In February 1987, the World Health Organization (WHO) launched the Global Program on AIDS to raise awareness; generate evidence-based policies; provide technical and financial support to countries; conduct research; promote participation by NGOs; and promote the rights of people living with HIV.[7]

National Response to HIV/AIDS—Creation of TACAIDS

A strong national policy framework guides the national response. With the launch of the national HIV/AIDS policy by the President in November 2001, comprehensive health care including the provision of antiretroviral therapy was recognized for the first time as a right for all people living with HIV/AIDS.

In 2003, the Tanzania Commission for HIV/AIDS (TACAIDS) began developing the Tanzania Multisectoral AIDS Program (T-MAP) with the support of the World Bank. The program was adopted in 2003. Although the program does not explicitly cover provision of antiretroviral therapy, the World Bank agreed that some of the funds can be allocated to care and treatment activities. The National AIDS Control Program of the Ministry of Health developed a Health Sector Strategy on HIV/AIDS for 2003-2008 in February 2003. Based on a comprehensive situation analysis, field visits, the formation of thematic working groups, and broad stakeholder input, this plan proposed a cautious, step-by-step and integrated scale-up of antiretroviral therapy from tertiary centers to include up to 15,000 people on treatment by the end of 2006. Tanzanian experts and an international team

sponsored by the William J. Clinton Foundation jointly developed a National Care and Treatment Plan. Adopted in October 2003, the National Care and Treatment Plan expands the objective of the Health Sector Strategy on HIV/AIDS of providing antiretroviral therapy to all eligible people living with HIV/AIDS by the end of 2008. A Quick Start Plan was initiated in November 2003 to prepare 19 selected healthcare facilities to begin providing antiretroviral therapy within a three-month period. Subsequently, in an attempt to integrate the various plans and frameworks, an Operational Plan for Care and Treatment for HIV/AIDS was developed by a broad team including the Ministry of Health, the National AIDS Control Program, the William J. Clinton Foundation, WHO, nongovernmental organizations, and the private sector. It covered a one-year period beginning in July 2004 and projected the involvement of 96 healthcare facilities. In 2004, the government announced a commitment to provide antiretroviral drugs free of charge in the public sector, faith-based organizations, and some private facilities. Guidelines for antiretroviral therapy and voluntary counseling and testing have been developed.[8]

Origins of Adventist Involvement/Response

The Seventh-day Adventist Church committed to meeting the challenge of AIDS comprehensively and compassionately beginning in the 1980s. The initial discussions among the global leaders of the Church centered on the nature of the disease and associated conditions, its spread, and how the Church would respond to the epidemic. The General Conference formed an AIDS Committee in 1987.[9] It was composed of experts in medicine, public health, nursing, church administration, minority interests, ethics, theology, and education. Its recommendations were to be acted upon by the Church's executive committees and boards if the Church was to have a balanced, comprehensive, and timely approach to AIDS.

During the 1990 General Conference Session, on July 5, 1990, Neal C. Wilson, president of the General Conference, released a public statement on AIDS in which he announced the Church's intended response to AIDS and the direction the Church would take to fight the epidemic.[10] In the statement Neal Wilson underscored the fact that the Church would not fold its arms and play the role of a spectator in relation to the disease because the disease had devastating impact on the Church's mission. He said that the statistics showing the spread of AIDS in that year were to the effect "that in the near future, in many countries of the world, every church congregation numbering 100 or more will include at least one member who has a friend or relative with AIDS.

In the statement, Elder Wilson explained that there were two major avenues through which AIDS could be transmitted from one person to another, namely, "sexual intimacy with an infected person, and introduction of HIV contaminated blood into the body either through injections with unsterile needles and syringes or through contaminated blood products." He then said that AIDS could be prevented "by avoiding sexual contact before marriage, and by avoiding the use of unsterile needles for injections and assuring the safety of blood products." Adventists are committed to education for the prevention of AIDS."

In the statement, Elder Wilson said the Adventist Church would "commit itself to education for the prevention of AIDS." The world Adventist Church leader pointed out that just as "for many years Adventists have fought against the circulation, sale, and use of drugs, and continue to do so," Adventist would "support sex education that includes the concept that human sexuality is God's gift to humanity," and that "biblical sexuality ... limits sexual relationships to one's spouse and excludes promiscuous and all other sexual relationships and the consequent increased exposure to HIV."

In the statement, Elder Wilson concluded with the Church's proposed approach in dealing with AIDS victims in which he said it would be Christ-like. That is, the Church's response to AIDS would be "personal—compassionate, helpful, and redemptive." He noted further that, "Just as Jesus cared about those with leprosy, the feared communicable disease of His day, His followers today will care for those with AIDS."

The Adventist Church's response to the HIV/AIDS epidemic aimed at adopting the loving care extended by Jesus Christ to the people who suffered from various diseases in His time. In the time of Christ many believed, for example, that leprosy was a punishment from God for sins committed and, as a result, those affected did not deserve support or compassion. That was a wrong attitude because God is a loving and compassionate God. Jesus loved and cared for all in need. Today as it was in the 1990s, many still believe that those infected with HIV or living with AIDS are guilty of sin and so are not worthy of love and care. HIV and AIDS are not a punishment from God. All suffering and disease in this world are the result of the coming of sin to this world, and we are all aware that we have sinned in one way or another. Jesus came to bring relief from sin and suffering, and He commanded us to care for those in need; this includes those infected with HIV and AIDS. Become Jesus' hands and feet in caring for those living with HIV/AIDS. Give your support to those infected and affected by HIV/AIDS.[11]

Direct Adventist Involvement/Response

During the 1990 General Conference Session in Indianapolis, Indiana (described in the preceding paragraphs), the health ministries department released to the public on June 28, 1990, a document developed by the AIDS Committee of the General Conference. The document outlined in detail the various aspects of the AIDS epidemic including the meaning, symptoms, global impact, treatment, and the spreading mechanism of the disease. The document also outlined the practical guidelines on what leaders at all the levels of the churches were supposed to do to prevent the spread of AIDS.[12]

First of all, the document detailed the challenges the disease posed to the worldwide work of Seventh-day Adventists which covered nearly 200 countries in the world by then. The document directed Seventh-day Adventist leaders in all institutions and in the local congregations to become educated and then to actively educate those who were under their jurisdiction on the prevention of HIV infection. The document considered, particularly, the challenges AIDS posed to the ministry of Seventh-day Adventist pastors and chaplains saying they already had "people with HIV infection in their congregations, communities, and hospitals."

Secondly, the document called upon the pastors and chaplains to take every available opportunity "to speak publicly about AIDS, sexuality, the sanctity and beauty of marriage, interpersonal relationships, and about health practices which provide a barrier against acquiring AIDS." The document provided similar guidelines to all leaders and workers in church institutions, including Adventist schools, healthcare institutions, and international workers.

Thirdly, the document concluded with an emphasis on the Christian obligation carried by Seventh-day Adventist Church members and employees to respond to and treat people suffering from HIV/AIDS as Jesus our Saviour treated the sick and the outcast. As part of the conclusion, the document gave a list of practical suggestions to be adopted and shared by church leaders at all the levels of the church and church institutions as they endeavor to educate people on the prevention of the spread of AIDS:

Limit sexual activity to a monogamous marriage relationship with a person known not to be infected with HIV. When one person is infected and sexual activities are continued, condoms are recommended.

Use only sterilized needles or syringes for injections.

Test blood prior to transfusions.

Sterilize sharp instruments used for scarification, tattoos, and circumcision.

Consult your doctor in the early stages of pregnancy.

Educate other people about how to prevent AIDS.

Choose to avoid high-risk behaviors such as sexual promiscuity and use of unsterile needles.

The Adventist AIDS International Ministry (AAIM)[13]

In October 2003, the General Conference organized the "First International Seminar on Adventists in the Community." During this seminar, it was noted that Seventh-day Adventists need to be far more involved in the community. That was the message coming from the conference on the subject held at the General Conference headquarters in Silver Spring, Maryland, October 14-16. The following are segments from the introductory presentations by the church leaders: "We're known for a very active program that serves the community—education, health, ADRA," said GC president Jan Paulsen in his opening address to participants. "But it has to be more than this. Individually, we need to remind ourselves that we have to make a positive contribution to society. While we are a spiritual community, we cannot afford to become preoccupied with the world to come, and lose interest in the world where we are currently placed," Paulsen added. "On the cross Jesus confirmed the value He places on humanity. We must make sure our mission is large enough to embrace

Christ's care for suffering humanity. We are humans; we are part of the world. This is where we live, this is where we work. God has placed us here for a purpose. We are expected by God to be instruments in His hands to reach into the community."

This brand-new venture affirmed the vital importance of community involvement by Adventists. "The recent world survey showed that among all church activities, community involvement is the lowest rated—less than 30 percent of members being involved," said Eugene Hsu, GC general vice president and chairman of the conference planning committee. "We need a paradigm shift—service is service, and the focus should be on the people. After all, the church is part of the community, and we should help people feel that our presence in the community makes a difference to their welfare."

As a way forward resulting from this seminar, the Adventist AIDS International Ministry (AAIM) was created in 2004—just one year later.[14] The AAIMS' office came into being as a result of a joint project of the General Conference, the three Adventist divisions in Africa, the Adventist Development and Relief Agency (ADRA), Loma Linda University, and the General Conference health department. AAIM is an international ministry of the Seventh-day Adventist Church that brings hope, love, and compassionate care and support to the people touched by the HIV epidemic. It serves the territory of sub-Saharan Africa and the Indian Ocean. Its mission is to coordinate actions and resources to bring comfort, healing, and hope to people infected and/or affected by HIV/AIDS, share a message of education and prevention with the general population, and present a united front in order to accomplish what our Lord Jesus Christ has commissioned each of us to do. Its vision is creating "Centers of Hope and Healing" through the network of the Adventist churches, medical and educational institutions, and church members.

We are mobilizing our congregations through church-based support groups to bring practical solutions to those infected and affected by HIV and AIDS. It applies the practical gospel of Jesus Christ, field-by-field, church-by-church, person-by-person, on a one-to-one basis. They are committed to the social responsibility of the Adventist Church. They are helping to make a new generation free of AIDS![15]

The major goal of AAIM is to make every Adventist congregation a community health center. This goal will be achieved through the organization of support groups in the local churches.[16] A support group is a fellowship of men and women who share their experience, strength, and hope with each other that they may solve their common problems and help others in the community, both inside and outside the church.

Regarding its wholistic approach to all dimensions of health (physical, mental, social, emotional, and spiritual), AAIM seeks to help each individual establish a good relationship with God and with fellow church and community members, and to enjoy good health according to His plan for all of us.

AAIM challenges pastors, elders, Sabbath-School teachers, and youth leaders to talk to their congregation about human sexuality, because this is something their congregation needs to know. HIV/AIDS is infecting and affecting millions of people, and thousands of people are dying every day from AIDS related illnesses—even in

the church! AAIM challenges the leaders not to stick their heads in the sand and pretend that this is not so, because the problem won't just go away. HIV is mainly transmitted through sexual contact and people need honest, accurate information to avoid becoming one of those infected with HIV.

AAIM challenges church leaders that as a church we have a responsibility which we cannot neglect and we should not fail. Becoming part of the solution to HIV may mean that we have to move out of our comfort zone and talk about things that, up to now, we have not been comfortable discussing. Take up the challenge! You could help to save someone's life.

What the Adventist AIDS International Ministry (AAIM) does:

AAIM promotes programs to help churches become "Centers of Hope and Healing."

AAIM equips and empowers churches to deal with the epidemic.

AAIM works through HIV Prevention programs to help reduce new infections, and to reduce the vulnerability of individuals and communities to this epidemic.

AAIM provides care and support for those infected and affected by the epidemic.

AAIM implements income generating activities and skills development programs to help alleviate the socioeconomic and human impact of the epidemic.[17]

The Adventist Church's Response to HIV/AIDS in Tanzania[18]

The Adventist Church in Tanzania came on board in the fight against AIDS in 2002. Dr. Josiah Tayali, health ministries director of the Tanzania Union Mission at the time, narrates how the Tanzania Union Mission embarked for the first time on the battle against AIDS as a church in Tanzania. It was "in 2002, at Tanzania Union Mission," when we went "through our Church statements and recommendations as stated as a public statement that was released by the General Conference president, Neal C. Wilson, after consultation with the 16 world vice presidents of the Seventh-day Adventist Church, on July 5, 1990, at the General Conference Session in Indianapolis, Indiana."

Dr. Tayali narrated further that they started primary prevention of HIV/AIDS by doing awareness seminars about HIV/AIDS during public evangelistic meetings, youth meetings, camp meetings, local church meetings, and in educational institutions (primary schools, secondary schools, and college). They also conducted HIV/AIDS counseling sessions in some of the medical clinics for premarital, maternal, and child health counseling (scattered through the whole country). Apart from Adventists, other Protestant churches also participated in the fight against HIV/AIDS. Many Protestant health facilities, in collaboration with the Tanzanian government, got involved in dealing with the disease. Such churches included the Lutherans, Pentecostals, Anglicans, and

Mennonites.[19]

When the disease surfaced for the first time in the 1980s, Adventists and non-Adventists had different opinions and responses to the AIDS epidemic. Some said the disease was a scourge from God, and that people who got the disease deserved to suffer as the consequence of their iniquities. Others considered some of the preventive measures as not biblically acceptable and immoral, especially the use of condoms. As a result, much effort was needed to educate the people, especially Adventists, about the position held by the Church. This was done in public meetings, revival meetings, and even in church meetings on Sabbath afternoon. The Adventist Church in Tanzania as a whole, in collaboration with ADRA Tanzania, used the Abstinence and Behavior Change for Youth (ABY) program (2004-2009)[20] in the Mwanza, Mara, and Kilimanjaro regions to deal with the prevention of HIV infection for the youth through behavior change intervention. Along with the ABY program, ADRA Tanzania conducted the Training of Trainers (TOT) program (2005-2010) in Arusha and Manyara regions, aimed at helping the infected and the affected. [21]

As a result of these programs, church members showed good response. Those who were HIV positive became more open and lived with hope while taking medicines to help them stay strong and active despite their HIV positive status. Pre-marital HIV tests were done voluntarily and willingly. Furthermore, under the leadership of the health and temperance department, the local churches continued to educate people about the disease, the magnitude, consequences, prevention, and treatment, and to reach out, help, and assist the people who were already infected and affected. It became a custom that, in every public evangelistic meeting, some presentations on HIV/AIDS and related conditions were made to the attendees.

Currently, the Adventist Church in Tanzania works with the Adventist AIDS International Ministry (AAIM) to turn every local congregation into a community health center. The aim in this endeavor is to have all local churches become centers where education about HIV/AIDS is given regularly using various platforms such as public evangelistic meetings, Sabbath afternoon meetings, and baptism classes.[22]

Lessons

There are two lessons that can be learned from this article. The first lesson is that it takes too long a time for the directives issued at the General Conference level to be implemented in the local churches. For example, official statements and guidelines that were released during the 1990 General Conference Session were studied and worked upon in Tanzania in 2002; that is 12 years later. The second lesson we gather from this article is that leadership commitment to a certain program or plan should be accompanied by a financial commitment. The General Conference declared war against HIV/AIDS in its official statements and guidelines; however, it did not state clearly who was to fund the fight. This may, perhaps, explain partly why it took a long time to be implemented in Tanzania.

SOURCES

Global HIV and AIDS Statistics. Accessed April 22, 2019.

https://www.avert.org/global-hiv-and-aids-statistics.

Global Information and Education on HIV and AIDS. "What are HIV and AIDS?" Accessed May 6, 2019. https://www.avert.org/about-hiv-aids/what-hiv-aids.

History of HIV and AIDS overview. Accessed April 17, 2019. https://www.avert.org/professionals/history-hiv-aids/overview.

Rajmund Dabrowski and Elizabeth Lechleitner (Editors), *Statements, Guidelines, and Other Documents*, Seventh-day Adventist Church, communication department of the General Conference, Review and Herald Publishing Association, 2010.

The Adventist AIDS International Ministry (AAIM). Accessed April 22, 2019. http://www.aidsministry.com/.

The Adventist AIDS International Ministry (AAIM). http://www.aidsministry.com/ Accessed April 22, 2019. http://www.aidsministry.com/centers_hope_heal.html.

The AIDS Committee of the General Conference of Seventh-day Adventists/the health and temperance department at the 1990 General Conference Session in Indianapolis. *The Seventh-day Adventist Church AIDS Epidemic—Guidelines.* Accessed May 6, 2019. https://www.adventist.org/en/information/official-statements/documents/article/go/-/aids-a-seventh-day-adventist-response/.

The United Republic of Tanzania—World Health Organization. History of HIV/AIDS in Tanzania. UNAIDS DATA 2018. Accessed April 29, 2019. www.who.int.hiv.HIVCP-TZA.

The United Republic of Tanzania—World Health Organization, 2005, "Summary Country Profile for Treatment of HIV/AIDS Scale-Up." Accessed April 29, 2019. https://www.who.int/hiv.

NOTES

1. Global HIV and AIDS Statistics, accessed April 22, 2019, https://www.avert.org/global-hiv-and-aids-statistics.
2. The United Republic of Tanzania-World Health Organization, 2005, "Summary Country Profile for Treatment of HIV/AIDS Scale-Up," accessed April 29, 2019, https://www.who.int/hiv.
3. Ibid.

4. Ibid.

5. Ibid.

6. United Republic of Tanzania—World Health Organization. History of HIV/AIDS in Tanzania. UNAIDS DATA 2018, accessed April 29, 2019. www.who.int.hiv.HIVCP-TZA.

7. "History of HIV and AIDS overview," accessed April 17, 2019, https://www.avert.org/professionals/history-hiv-aids/overview.

8. The United Republic of Tanzania—World Health Organization, 2005, "Summary Country Profile for Treatment of HIV/AIDS Scale-Up," accessed April 29, 2019, https://www.who.int/hiv.

9. *Official Statements, Documents*, accessed May 6, 2019, https://www.adventist.org/en/information/official-statements/documents/article/go/-/aids-a-seventh-day-adventist-response/.

10. This public statement was released by the General Conference president, Neal C. Wilson, after consultation with the 16 world vice presidents of the Seventh-day Adventist Church, on July 5, 1990, at the General Conference Session in Indianapolis, Indiana, as found in Rajmund Dabrowski and Elizabeth Lechleitner (Editors) 2010, *Statements, Guidelines, and Other Documents*, Seventh-day Adventist Church, a 2010 compilation of the communication department of the General Conference, Review and Herald Publishing Association, 2010, 3.

11. The Adventist AIDS International Ministry (AAIM), accessed April 22, 2019, http://www.aidsministry.com/.

12. This study document was published by the AIDS Committee of the General Conference of Seventh-day Adventists, and was released by the health and temperance department at the General Conference Session in Indianapolis, Indiana, 1990; *Official Statements, Documents*, accessed May 6, 2019, https://www.adventist.org/en/information/official-statements/documents/article/go/-/aids-a-seventh-day-adventist-response/.

13. Accessed April 22, 2019, http://www.aidsministry.com/.

14. This date was established through an interview with Dr Watson Mwaibasa, health ministries director of South-East Tanzania Conference. The interview was conducted by phone on May 6, 2019.

15. The Adventist AIDS International Ministry (AAIM), accessed April 22, 2019, http://www.aidsministry.com/ Accessed April 22, 2019.

16. http://www.aidsministry.com/centers_hope_heal.html.

17. Ibid.

18. This information was obtained from an interview with Dr Josiah Tayali, who was directly involved in the implementation of the Church's guidelines in the fight against HIV/AIDS in Tanzania. The interview was conducted through email communication on April 23-24, 2019.

19. Ibid.

20. Information was obtained from Pastor Joseph Dzombe who was working with ADRA as the project manager in charge of the ABY program. The interview was conducted on Tuesday May 6, 2019 in the executive secretary's office of the Southern Tanzania Union Mission.

21. Ibid.

22. This information was obtained from an interview with Dr Josiah Tayali, who was directly involved in the implementation of the Church's guidelines in the fight against HIV/AIDS in Tanzania. The interview was conducted through email communication on April 23-24, 2019.
