HIV&AIDS AND ETHICS

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Last month UN discussions were held on the progress on the eight anti-poverty Millennium Development Goals including the 6th goal to combat HIV&AIDS, malaria and other diseases. The outcome is described as a mixed story: successes, uneven progress, challenges and opportunities. This has also been a significant time in which to consider ethical questions arising from our responses to HIV&AIDS. AIDSLink 96 opens up this topic and invites you to reflect on ethics in your context.

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1. BIBLICAL FOUNDATIONS: HIV&AIDS AND ETHICS

HIV&AIDS has generated a host of ethical questions that are unique, poignant and complex. From a Christian perspective, interventions, innovations and research are ethically acceptable when they are grounded in the character of God; behaviour which is consistent with God’s character is ethical. God is holy, just, loving and relational. Respect, integrity, justice, and beneficence are essential values in all HIV&AIDS practice as well as the design, review and conduct of human research.

• Respect: We acknowledge the unconditional value of all persons and the relationships between God, human beings and the rest of creation. These relationships however are marred by sin. Respect involves regard for the welfare and cultural norms of individuals, families and communities, giving due scope to people’s capacity to make their own decisions (Gen 1:26-28; 3:17-19, Ps 8:4-5). Love moves beyond respect to “go the extra mile” (Matt 5:41).

• Integrity: Careful consideration should always be given to recognized principles of good practice. Research will have merit because it is conducted honestly and transparently, disseminating results in ways that permit scrutiny and contribute to increasing the effectiveness of HIV&AIDS responses (Matt 5:8; Prov 27:19; 29:2a).

• Justice: The benefits and burdens of interventions, innovations and research should be fairly distributed through just means, and participants should always be treated ethically. A rights-based approach calling for the protection of human rights is essential to safeguard human dignity in the context of HIV and to ensure an effective response to HIV&AIDS (UNAIDS 2010). Fundamental to human rights from a Biblical perspective is the divine purpose for human beings encompassing relationships of dignity, equality (without partiality) and responsibility (Stott 1999). We acknowledge the weight of scripture calling us to act justly towards the poor, vulnerable and marginalized in all circumstances (Prov 22:22-23; 31:8,9; Ps 68:5,6; Jas 1:27).

• Beneficence: What constitutes potential benefit from an intervention or innovation, and whether it is justified, requires the participation of potential beneficiaries and associated communities. We acknowledge the importance of peer review and close observance of known good practice (Prov 11:14; 15:22). “As iron sharpens iron, so one person sharpens another “ (Prov 27:17).
For Reflection and discussion:

1. How do you set and maintain a standard of HIV&AIDS practice that will bring glory to God and ensure good practice in your context?

2. What messages are consistent with, and grounded in, God’s character in the following areas, and why? Prevention; treatment; care, stigma and discrimination; gender issues; volunteerism; allocation of scarce resources; finances; and donor requirements

(Drawn from Ethics, Research and HIV&AIDS, SIM 2008. The purpose of this working document is to promote ethically sound and beneficial HIV&AIDS practice, and to develop principles and guidelines for human research within SIM related ministries, with special consideration given to the context of HIV&AIDS. It is available on request from international.aids-consultant@sim.org

2. CODE OF GOOD PRACTICE FOR HIV

A Code of Good Practice for NGO’s responding to HIV&AIDS was established in 2004 to address the large numbers and great diversity of NGOs working in HIV&AIDS and to provide an accountability framework. Signatories of the Code are required to hold to the following principles:

- Advocate for the meaningful involvement of people living with HIV&AIDS and affected communities in all aspects of the HIV&AIDS response
- Promote and protect human rights in our work
- Apply public health principles within our work
- Address the causes of vulnerability to HIV infection the impacts of HIV&AIDS
- Be informed by evidence/good research in order to respond effectively and ethically to the needs of those most vulnerable

The Code along with self assessment tools are available from: www.hivcode.org For an example of how this code is integrated into a "Standard and Commitments" statement by Tearfund see: www.tearfund.org/About+us/Our+standards+and+commitments.htm

3. GLOBAL ETHICS: THE HIV, AIDS AND RELIGION COLLABORATIVE

The HIV, AIDS and Religion Collaborative (HARC) is a network that promotes research collaboration on HIV&AIDS and religion: www.globethics.net/web/guest/harc/about

HARC’s mission is to promote the creation of a community of academics, researchers, practitioners and religious leaders who are working at the interface of religious faith and HIV&AIDS. The HARC website is hosted by The Global Ethics Network. All HARC members are also participants of Globethics.net and therefore have full access to the Globethics.net global digital library on ethics, the Globethics.net participant database, and registered workgroups and organizations.

4. ETHICAL PHOTOGRAPHY

What is an ethical photo? Why are you using a particular photo? What are the positives and negatives of the image? Rachel Tallon of the Council for International Development in Aotearoa, New Zealand, explored the complexity of these issues in a 90 minute workshop “Images of the South in Northern Publications: Ethical Photography and Related Issues Concerning Representation.” See: www.interaction.org/md/tradepreference and www.cabsa.org.za/content/ethical-images-your-cause-six-dilemmas-and-their-solutions-20810

The presentation was created by 15 photographers, academics, NGO staff and others who explored what they considered to be the six most crucial dilemmas facing organizations that use images of Southern constituents to promote their work, raise funds, or advocate for a cause. The ideas are readily transferable:

1. Stereotype or metonym. This is also known as the "branding effect." Organizations must avoid allowing one symbol to represent an entire country, continent, neighborhood, or group. Too often the subtle message is that we are superior and "they" need to be saved from themselves.

2. Infantilization. Photos of children flood NGOs’ websites because they work, pulling on the hearts of donors, but the question needs to be asked, "Is this realistic?"

3. Selective framing. Are we leaving out crucial information and misleading our donors? Photography is selective...the image is only what our camera lens captures and then what is left after
careful cropping. Many areas of the world are only known to many of us by their slums where, in fact, other pictures from the same location would give an entirely different impression. Both beauty and ugliness can be found nearly side by side almost everywhere.

4. Gaze and text. The "gaze" refers to creating short-term emotions in a photograph without providing sufficient context or education around the issues portrayed. "Text" is about the captions. In the images workshop, the audience is invited to consider the difference between the captions of two boys playing soccer: "Two AIDS orphans" and "Jamal and Robert celebrate winning a soccer game at their AIDS orphanage in Kigali." One suggestion to avoid this problem is to ask, "What would the subject of the photo want as a caption?"

5. The production process. Who is in control of what images get used on your website and in your publications? Do they or have they worked in those places, on that site, with that population? An editor that never leaves her desk may just not "get it."

6. Citizenship journalism. With the proliferation of camera phones and inexpensive camera equipment, it is possible now to get photos from local people "on the ground." Rather than censor these images, consider giving your resources that are on site free reign and see what happens. You might get images that are more meaningful than those by a professional who is a stranger to the local situation.

The bottom line is that we need to take more care than ever in obtaining and using of images. In an age of YouTube, Twitter, and Facebook, those images are seen by many more people than you might imagine. Approaching images in an ethical way means taking the time to consider the pros and cons of each image, being prepared to explain why you decided to use it, and developing a code of conduct and ethical standards for the images you use.

5. USING ARTS & CREATIVITY TO TACKLE HIV-RELATED STIGMA

Stigma and discrimination constitute two of the most widespread barriers to effectively dealing with the HIV epidemic. Arts and creativity are widely recognized as effective and innovative to prevent and reduce HIV stigma and discrimination, especially among young people.

*We are all in the same boat* (2010) is a toolkit developed by UNESCO in partnership with the AIDS Alliance. Its objective is to generate discussions by providing interactive exercises that facilitate learning and raise awareness on key issues concerning HIV&AIDS related stigma and discrimination through arts.


6. CORRELATIONS BETWEEN WEALTH, POVERTY AND HIV&AIDS

What relationships exist between wealth, poverty and HIV&AIDS? This question has been long debated. *Understanding the correlations between wealth, poverty and human immunodeficiency virus infection in African countries* by Justin Parkhurst concludes that both wealth and poverty can lead to potentially risky or protective behaviours. See: [www.who.int/entity/bulletin/volumes/88/7/09-070185.pdf](http://www.who.int/entity/bulletin/volumes/88/7/09-070185.pdf)

This study of the relationship between the prevalence of HIV infection and household wealth quintiles across 12 African countries did not show consistent trends. In particular, rates of HIV infection in higher-income countries did not increase with wealth. Tanzanian data further illustrate that the relationship between wealth and HIV infection can change over time in a given setting, with declining prevalence in wealthy groups occurring simultaneously with increasing prevalence in poorer women. To develop better-targeted HIV prevention interventions, the HIV community must recognize the multiple ways in which underlying structural factors can manifest themselves as risk in different settings and at different times. Context-specific risks should be the targets of HIV prevention initiatives tailored to local factors.

For reflection: What are the current context-specific risks in your setting? What are you doing right? Where and what are the gaps?

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Did you know that young people are leading the prevention revolution, with 15 of the most severely affected countries reporting a 25% drop in HIV prevalence among this key population?

7. MORE ON MORINGA

The following tips were contributed in response to the AIDSLink 95 feature on Moringa. Further responses can be directed through: international.aids-consultant@sim.org

- “The leaves can be used any way you would use spinach. One easy way to cook them is to steam 2 cups freshly picked leaves for just a few minutes in one cup water, seasoned with an onion, butter and salt. Vary or add other seasonings according to your taste. In India leaves are used in vegetable curries, for seasoning and in pickles.”
- “How much Moringa should you eat? One half cup of cooked leaves will meet your daily requirements for Vitamins A and C. One half cup of pods (raw) will supply your Vitamin C quota for the day.”
- “Our Palliative Care team suggests drinking Moringa tea three times a day for their patients.”
- “We have tried Moringa trees but they don’t grow well in our area, presumably because of high altitude. We have tried growing soya bean but without good results either, although beans grow well. Does anyone have experience growing Moringa in high altitude? What tips do you have? We are also investigating Spirulina. Does anyone have personal experience of growing and utilizing Spirulina (not from the internet)? We would appreciate networking with you.”

8. MAKING IT KNOWN – MICAH GLOBAL CAMPAIGN 10.10.10

The Micah 2010 campaign is focusing on our promise to the poor, ten years after nations around the world committed to halve global poverty by 2015. 100 million people are expected to speak up for the world’s half a billion disadvantaged by praying for an end to extreme poverty at church services held on 10.10.10 (10 October 2010). Supporting downloadable resources are available to churches for help in planning activities at www.Micah2010.org in English, French, German and Portuguese.

Micah Challenge was launched in 2004 by two global bodies – Micah network (over 300 relief and development bodies) and the World Evangelical Alliance (which represents 420 million Christians) to be a voice of Christian advocacy against extreme poverty.

9. TIP OF THE MONTH – CLARIFYING GOOD PRACTICE: ETHICAL, MORAL & LEGAL SOUNDNESS

In this edition of AIDSLink we consider the second of six key good practice concepts: ethical, moral and legal soundness - which together can be used as a framework for planning and evaluating faith-based HIV&AIDS responses. Respect, integrity, justice, and beneficence are essential values in all HIV&AIDS practice. From a Christian perspective, interventions are ethically acceptable when they are consistent with God’s character and their potential benefits justify any risks involved. It is easy to assume that faith-based responses to HIV&AIDS that appear to be based on Christian values are ‘above board’ ethically and will stand under close scrutiny. How do you answer the following questions with regard to the program you are most closely involved with? How might other significant stakeholders answer?

a. How does it fulfill legal requirements of the country?
b. How does it break down stigma & discrimination and build compassion and acceptance?
c. Which stakeholders are being included? Excluded?
d. How does it promote respect for individuals especially, those living with HIV? How does it demonstrate sensitivity to the family and community?
e. To what extent does it manifest a concern for the poor and marginalized?

Be particularly alert to this aspect of good practice when dealing with HIV testing and disclosure issues, the rights of children and people living with HIV&AIDS, counselling, research, and promotion.

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