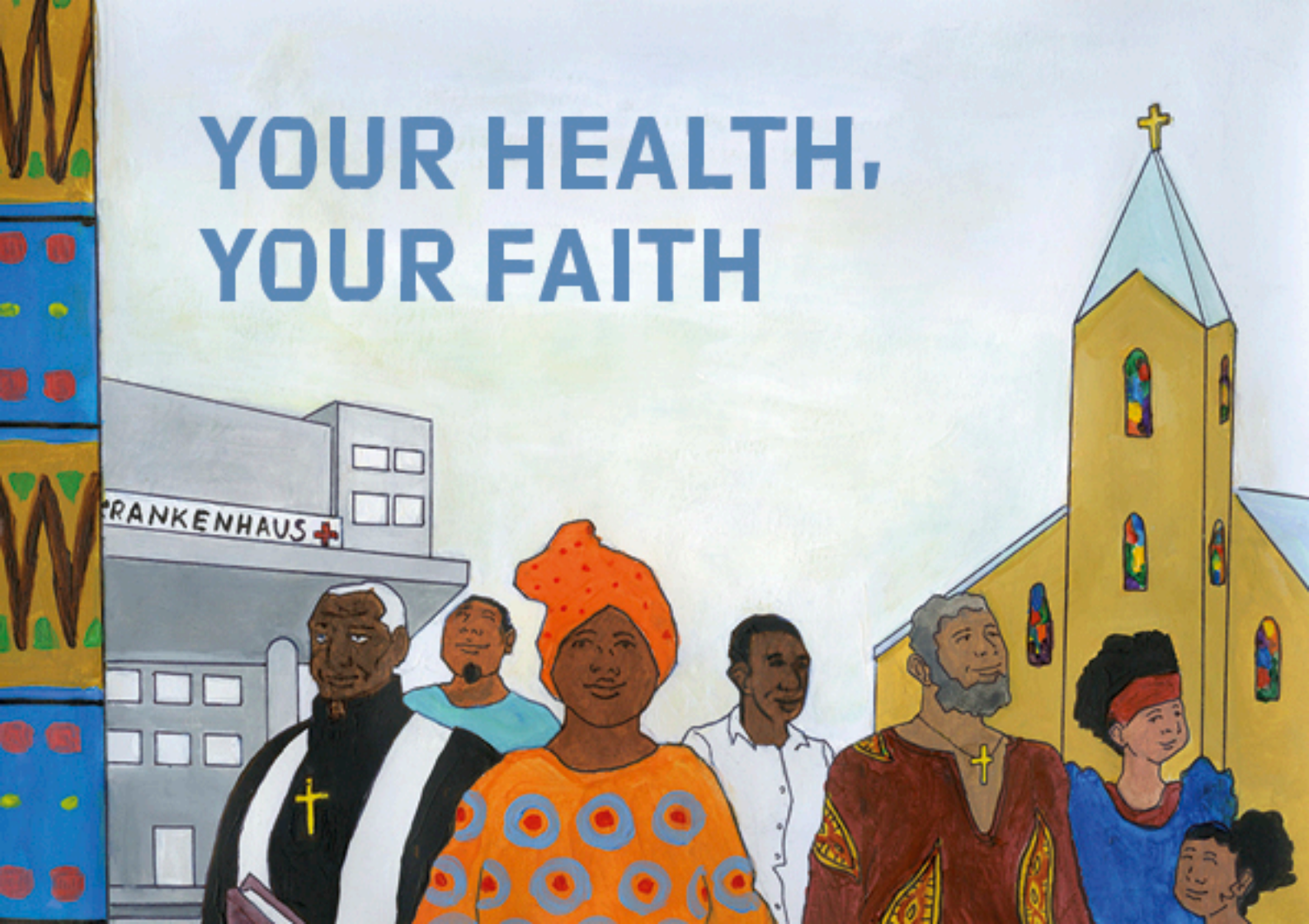


# YOUR HEALTH, YOUR FAITH



**"NO ONE CAN HELP  
US MORE THAN THE  
CHURCH IN OVER-  
COMING STIGMA.**

**THIS IS YOUR  
NATURAL TERRAIN,  
FIGHTING FOR  
SOCIAL JUSTICE."**

**MICHEL SIDIBÉ,  
EXECUTIVE DIRECTOR UNAIDS**

## **FOREWORD**

Collaboration, passion, compassion, inclusion and the strong desire of overcoming stigma and discrimination together, faith and non-faith actors, as well as of finding creative, concrete and effective HIV prevention interventions and tools with and for migrants in Germany are the essence of **Your Health, Your Faith**.

This collaborative and participatory project enables migrants of African Churches in Germany, in equal-footing collaboration with faith leaders, civil society organizations and community members, to create knowledge for HIV prevention and health promotion utilizing, as starting point for the dissemination of HIV information, a place of worship – as Maite and Heike rightly describe in the booklet: African Church communities are a meeting point, a place of exchange and a piece of home for many Africans living in Germany.

The results are remarkable: the HIV prevention activities with African Church communities are contributing to increased knowledge and understanding of HIV transmission, and improving the quality of life of people living with HIV in faith communities, while taboos and misconceptions are addressed through the direct involvement of trained pastors who share messages such as: HIV Test Can Save Lives! If you are sick: Take pills and pray! Love Your Neighbor as Yourself!

The diversity of the actors involved has contributed to innovative, culturally sensitive knowledge sharing: theater plays through the mobile educational theater group are used to share HIV prevention information. The multilingual plays contribute to make people of Church communities open and interactive. "People really get involved, they make objections, improvement suggestions and some even perform", as Melike describes. This is extremely important in multicultural contexts.

This collaborative project, which has already won the HIV-Community award at the German Austrian AIDS Congress in 2017, is an inspiring model of – positive faith in action – I strongly encourage using, re-using and disseminating the guiding booklet in many other European cities.

With admiration and appreciation to each of the persons involved,

Francesca Merico

HIV Campaign Coordinator

World Council of Churches –  
Ecumenical Advocacy Alliance (WCC-EAA)

# CONTRIBUTORS













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# INTRODUCTION

## YOUR HEALTH, YOUR FAITH – HIV PREVENTION IN AFRICAN CHURCH COMMUNITIES

**"THROUGH THIS PROJECT, WE INFORM AFRICAN CHURCH COMMUNITIES ABOUT THE CAUSE OF HIV/AIDS, ABOUT POSSIBILITIES OF PREVENTION AND TREATMENT, AND ABOUT LIVING WITH AN HIV INFECTION.**

**I WOULD LIKE TO TAKE THIS OPPORTUNITY TO CALL ON AFRICAN PASTORS TO GIVE US ACCESS TO THEIR CHURCH SERVICES, SO THAT WE CAN TALK WITH THEIR MEMBERS AND TRAIN THEM ON THIS IMPORTANT ISSUE. MAY GOD BLESS YOU."**

**(PASTOR AHRON)**

Since the beginning of the HIV epidemic, religious organisations have been playing a key role in handling HIV and Aids. This role has however been partly controversial: religious beliefs and practices were very often used in the 80s and 90s to justify condemnatory attitudes. The resulting stigmatizations and discriminations hurt people living with HIV and their families – and weakened the global reaction to Aids.

Since the turn of the millennium, religious organisations render increasingly efficient and valuable services in HIV prevention and education, these services supplementing national public health programmes and accompanying migrants in countries where their rights are infringed. The project **Your Health, Your Faith** wishes to capitalize on this by providing and strengthening HIV prevention for African communities in Germany, at places where their members mostly come together: at the Church.

## SETTING UP THE PROJECT AND THE BOOKLET

10 years ago, Robert Akpabli carried out events together with Pastor Achiriki within African Church communities in Bremen. That's where the mobile educational theatre group AfroLebenPlus started performing. What started as a tentative attempt, has turned out to be a great success. The activities in Bremen received a positive response. The German National Aids Organisation (Deutsche Aidshilfe) recognized the importance of the topic "HIV, Faith and Modern Medicine" and invited Pastor Ernst-Friedrich Heider from the AIDS pastoral care of the Evangelical Lutheran Church of Hanover to the nationwide meetings of HIV positive migrants in 2011.

Many experienced that Africans affected by HIV/Aids are often strong believers and are afraid to talk about HIV in their community. Moreover, a lot of them hope for help and healing from God and therefore reject taking medication, which has life-threatening consequences.

It was hence clear: we must actively involve ourselves in the health of our communities.

No sooner said than done: with the support of the DAH, the project **Your Health, Your Faith** was initiated with us, representatives of the networks AfroLebenPlus (Network of Migrants living with HIV in Germany) and AGHNIID (African Health & HIV Network in Germany), African pastors and collaborators of public health authorities and Aids Service Organizations (ASO).

We have been working together since 2015, on site and across all sites. We started with Bremen, Essen, Cologne and Saarbrücken; Berlin, Dortmund, Hamburg and Magdeburg have joined by now. In the framework of the exchange and evaluation workshops organised each year by the DAH, we bring our knowledge and experiences together. This is the spirit in which the present booklet was set up – for all those who want to shape HIV prevention with and for Africans.

## THROUGH THIS BOOKLET...

... We primarily address African pastors, African multipliers as well as collaborators of local Aids Service Organizations (ASO) and public health authorities. We are convinced that those persons, groups and institutions must cooperate as partners – even though it is not always easy, because the various worlds “tick” very differently.

Church communities are religious communities that are united by the same faith. Here, the Bible is the most important source of truth and orientation. On the other hand, the public health authority is an institution working on behalf of the State (e.g. for health education and consultation). The Law on the Prevention of Infectious Diseases constitutes the central framework here. The information is based on knowledge of biomedicine. Despite or maybe because of these differences, we have started the project, have made diversity as a programme and focused on the development of partnerships that enable new approaches in Germany.

**“WITH THIS BOOKLET, WE WANT TO SHOW THAT FAITH AND MEDICINE SHOULD NOT BE PORTRAYED IN A CONFLICTING EITHER/OR LOGIC, BUT MUST RATHER BE UNDERSTOOD AS AN AND/AND LOGIC. FOR THERE IS NO CONTRADICTION BETWEEN FAITH AND MEDICINE, BIBLICALLY AND MEDICALLY SPOKEN. AND, ALSO IN CASE OF AN HIV INFECTION, FAITH AND MEDICINE SHOULD NOT BE UNDERSTOOD AND/OR BE TAUGHT AS A CONTRADICTION.”**

**(PASTOR DR. BLAISE)**

The booklet has been conceived in such a way that the contents and messages are accessible to all: It provides guidance and support on planning and carrying out HIV prevention events in African Church communities. We would be glad if the booklet is used for shaping an HIV prevention for Africans that is close to their living environment. It simplifies, supports and encourages the cooperation and networking with various actors and thereby contributes to the health improvement of African communities in Germany.



We would like to thank all those who have been involved in the creation of this booklet (see p. 4).

Our special thanks go to Pastor Achiriki, evangelist Jim Baggiocy, Pastor Haruna, the members of the AGHNiD network (African Health & HIV Network in Germany) and to the mobile educational theatre group of AfroLeben-Plus, the migrant self-organisations involved (Haus Afrika Saarbrücken, Afrikaherz Berlin, Pamoja Cologne, Café Afrika Hamburg and AFRIDO Dortmund), the Caritas Essen and the public health authorities and centres in Cologne, Bremen and Charlottenburg-Wilmersdorf in Berlin, and the Aids Service Organizations (ASO) in Hamburg, Dortmund and Saarbrücken as well. Their participation in this project was not a matter of course, but a valuable enrichment – in the truest sense of the word, they carried out a pioneer work.

We would also like to thank Tanja Gangarova and Alphonsine Bakambamba for having made the project possible at the level of the Deutsche Aidshilfe, Prof. Hella von Unger for her methodical and professional guidance and Anja Feldhorst for her flexible editorial task.

We do hope that this booklet will provide a great impetus for reflection, discussion and above all for action; besides, we wish you great joy in reading and a lot patience while experimenting!

**The editorial team:**

Pastor Paul Kazadi, Clement Matweta,  
Pastor Dr. Blaise Pokos, Lillian Kababiito Petry and  
Helene Batemona-Abeke

# INFORMATION ABOUT THE AUTHORS AND PERSONS INVOLVED





#### **ELI ABEKE:**

I am an architect and the Vice-President of the Integration Council of the City of Cologne. I've been involving myself for many years (since around 2004) in various fields for my community, among others within the Bündnis14 Afrika. This association has also supported the MISSA study (Robert Koch Institute – RKI). Since then, I have been busying myself with the African Community in Cologne as regards HIV relevant themes.

#### **PASTOR STEPHEN ACHIRIKI:**

I am a pastor within the Freie Christengemeinde Living Faith Ministry in Bremen. I am the first pastor in Germany to have allowed HIV prevention to be organized in his community. That was in 2009. Together with Robert Akpabli (Public Health Authority of Bremen), we have carried out many HIV seminars in Bremen.



#### **ROBERT KOAMI AKPABLI:**

I am a German and Togolese citizen. I have studied Biology with a focus on the environment and have been trained as a consultant for health promotion and as a project manager. Since 2004, I am active as a social worker focussing on HIV prevention, consultation, advice and monitoring for People living with HIV (PLWH) and their relatives at the public health authority of Bremen.

#### **STEPHEN AMOAH:**

I am a health care scientist and was coordinator of the MISSA study (Robert Koch Institute – RKI) at Afrikaherz in Berlin and within the project **Your Health, Your Faith**. This function made me meet many pastors and talk with them about health and HIV in African Church communities. Moreover, I am a key worker at the pastoral ministry of the Wesley Methodist Church in Berlin.

#### **GRACE ESI ARTHUR:**

Esi means “a girl born on a Sunday” in Akan, a language spoken in my home country Ghana. I have been living for 25 years in Berlin. I am a dentist and holder of a Master degree in Public Health with focus on health promotion. I have been active for five years within Afrikaherz on a voluntary basis. Now, I work there as a full-time health counsellor.

#### **ALPHONSINE BAKAMBAMBA:**

I am a qualified teacher and worked at the ASO in Hannover before moving in 2008 to the specialised area “Migration” of the Deutsche Aidshilfe in Berlin where I have been working ever since as an administrative assistant. In this role, I accompany several projects and networks like AfroLebenPlus and AGHNiD.



#### **HELENE BATEMONA-ABEKE:**

I am a social worker, technical adviser for trauma, diversity trainer and systemic family therapist. I've been involving myself for almost 20 years for people of African origin in Germany and have set up an association (Pamoja Afrika). I was the coordinator of the MISSA study (Robert Koch Institute – RKI) in Cologne and have participated to the church project **Your Health, Your Faith** from the beginning.

#### **LAMINE CONTÉ:**

I am a corporate consultant and managing director of Haus Afrika – Federation of Intercultural Organisations in Saarbrücken. We set up this federation 20 years ago as a place for meeting and exchanging, and as a link between the mainstream society and migrants from various nations as well. With Lillian Kababiito Petry and others, I have contributed to the project **Your Health, Your Faith**. I am a faithful Muslim and hope that we will someday be able to extend this project also to mosque communities.

#### **JIM BAGGIOCY ENNIN („GO“):**

I am an entrepreneur (travel agency) and have set up a non-profit association to help African migrants in Germany (GHSAG). We provide assistance in seeking for jobs, translations, reducing debt and dealing with authorities. I am an evangelist, I preach in Saarbrücken and am a member of “All Churches”.

#### **TANJA GANGAROVA:**

I originally come from Bulgaria. I have studied Geography with focus on “International Migration” at the University in Bonn, Germany. I have been working for ten years in the field of HIV prevention for and with migrants – currently, I am the head of the unit Migration at the Deutsche Aids-hilfe.

**PASTOR AHRON ALEDU HARUNA:**

My name is Ahron Aledu Haruna and I am a qualified accountant. But now, I work as a full-time pastor at the Redeemed Christian Church of God in Magdeburg. I've been involving myself for more than one year in the activities of the Deutsche Aidshilfe e.V. with African Church communities.

**HAPSATOU HOUDINI:**

I originally come from Cameroon and have been living for years in Hamburg. Since 2013, I am the technical head of the team "Health Ambassadors" of the local ASO and am responsible for the deployment and training of the participants. I coordinate the prevention work with and for migrants. I am also a member of the network AGHNIID.

**LILLIAN KABABIITO PETRY:**

I was born in Uganda and have been living in Germany since 2000. I am married and have a 17-year old daughter. I am HIV positive and live with a positive mindset.

I am a born again in a Pentecostal church. For many years, I have involved myself in the field of HIV prevention at the ASO Saar, the Deutsche Aidshilfe and at SHE (Strong, HIV-positive, Empowered). I currently coordinate two networks: AfroLebenPlus and AGHNIID. I work as assistant to the executive board of Haus Afrika Saarbrücken.

**PASTOR PAUL KAZADI:**

I come from the Republic of Congo and am a lawyer. I work with Pastor Matthieu Yombo in the Church community "Mission Evangelique DIEU VIVANT". We serve two communities – one in Essen and another one in Wuppertal.

**MAITE LANUÑO:**

I am a social worker and group leader at the Centre for Sexual Health and Family Planning/ at the district office of Charlottenburg-Wilmersdorf in Berlin.

#### **KEVIN NDEME MATUKE:**

I am a space planner and work as a consultant for sustainability and communal development policy at MiGlobe. I am the coordinator of the network AFRIDO (Africans in Dortmund and its surroundings), elected member of the Integration Council of the City of Dortmund and Delegate of the Regional Integration Council of NRW. Moreover, I work on a fee basis at the ASO in Düsseldorf in the context of the project **Your Health, Your Faith**, I coordinate events on site in collaboration with AGHNiD, COHEDO (Community at Heart Dortmund) and various African Church communities.

#### **CLEMENT MATWETA:**

I saw the light of day 57 years ago in Kinshasa, Congo. I am an electrical engineer and have been living for 22 years in Germany. My commitment in the field of HIV prevention began in 2001 at the Caritas in Essen. My Africa project within that association shall be regarded as a pioneer work in Germany. It came in 2003 to an end owing to lack of means. Currently, I am employed at the Caritas Social Service in Essen. I work in the specialised area Flight and Migration and for the Aids counselling centre.

With my association "Maison Afrika" in Essen, I am strongly involved in the concerns of fellow Africans. I am also a member of the network AGHNiD.

#### **ROSALINE M'BAYO:**

I am a nurse, social pedagogue, social worker and health-care moderator; I work as a teacher at the Protestant University of Applied Sciences of Berlin. I have been the project manager of Afrikaherz (VIA) for 19 years and I work in the field of Health and Migration with focus on HIV/Aids and African migrants. Together with Lillian Kababiito Petry, I coordinate the national network AGHNiD

#### **HEIKE MÜLLER:**

I am a social worker and group leader at the Centre for Sexual Health and Family Planning/ at the district office of Charlottenburg-Wilmersdorf in Berlin.

#### **JEAN NOUKON:**

I originally come from Benin. I have been living in Germany for 14 years. I have studied in Hamburg and hold an Engineer degree in Architecture. I am the President of the Beninese Community in Hamburg (ARBA). I've been volunteering for ten years at the ASO in Hamburg and I have participated in various training courses there. I coordinate the project **Your Health, Your Faith** in Hamburg and organize events with pastors in Church communities.

#### **COLLINS OPIYO:**

I was born in Uganda, have lived in Kenya and have been living since 2005 in Fürth (Bavaria). I am part of the mobile educational theatre group AfroLebenPlus – Theatre of Life and of the network AfroLebenPlus; I do prevention work, e.g. in churches, asylum homes, at the Africa Festival, at the airport and many other venues.

#### **MANFRED PETRY:**

I was active as a social worker from 1991 till December 2018 at the ASO Saar. My activities focussed on general social counselling, medical consultation and counselling for migrants. Now, I am a pensioner and voluntarily support the ASO Saar. In the context of the project **Your Health, Your Faith**, I offered participants qualified consulting.

#### **DR. BLAISE FERET POKOS:**

I am a social and educational scientist with focus on diversity-conscious and racism-critical approaches. I am the President of the Afrikanisch-deutsches christliches Institut für nachhaltige Entwicklung in Afrika (ADCIFNA), an Afro-German Christian association working for sustainable development in Africa. The association deals mainly with energy, nutrition, health and education. I am also a pastor within the Free Evangelical Church (FeG) in Celle.



#### **MIHAJLO RASKOVIC:**

I am originally from the Former Yugoslavia and have been living for a long time in Germany. I've been involving myself for years in the area of self-help within the DAH and am active in the mobile theatre group AfroLebenPlus – Theatre of Life.

#### **HELLA VON UNGER:**

I am a social scientist and Professor for Sociology at the University of Munich. I've been dealing with HIV and Aids since the 1990s. I have cooperated a lot with the DAH, among others in the project PaKoMi, a participatory project with different migrant communities about HIV. I took part in the church project **Your Health, Your Faith** as a moderator during meetings. I am very impressed by the commitment of pastors and all those involved who ensure with great conviction that the situation of African communities in Germany gets improved and that better conditions for openness and acceptance are put in place in the communities when dealing with the issue of HIV.

#### **SALINE WEINMANN:**

I originally come from Kenya. I've been involving myself for years in the network AfroLebenPlus and active in the mobile theatre group AfroLebenPlus – Theatre of Life.

#### **MELIKE YILDIZ:**

My roots are from Turkey and Algeria as well. I grew up in various African countries. I have been living in Berlin for 15 years and I am a mother of two children. I am a professional art historian and educator. I am a member of the mobile educational theatre group AfroLebenPlus – Theatre of Life and have been doing not only prevention theatre, but also HIV prevention in various committees (e.g. in the National AIDS Advisory Council) for more than ten years.



Die Bibel



# "YOUR HEALTH, YOUR FAITH" PROJECT

**Your Health, Your Faith – HIV Prevention In African Church Communities** is a project of the Deutsche Aidshilfe that was launched in 2015 on the suggestion of the networks AfroLebenPlus (Network of Migrants living with HIV in Germany) and AGHNIID (African Health & HIV Network in Germany).

The project is implemented in close cooperation with the two networks, with Aids Service Organizations, health authorities and African pastors in eight sites (Berlin, Bremen, Essen, Cologne, Saarbrücken, Dortmund, Hamburg and Magdeburg).

**Your Health, Your Faith** is a participatory project – the partners involved work together on an equal footing. Together, we aim at informing people from sub-Saharan African countries on existing prevention services, test and treatment options in Germany and at encouraging their solidarity with People living with HIV (PLWH). **Your Health, Your Faith** is also an innovative project, for HIV prevention in African Church communities is a pioneer work in Germany.

In the eight sites, we set up teams from local African organisations like Haus Afrika in Saarbrücken or Afrika-herz in Berlin, African pastors, public health authorities and/or Aids Service Organizations. All partners were invited to a series of concept workshop in Berlin in order to define together prevention contents, methods and forms of cooperation. It was not an easy process, for conveying classic HIV prevention messages is only possible to a limited extent because of the moral and religious convictions. Talking directly about sexuality and sex is problematic and particularly incompatible with the values and faith messages of the Church.

We agreed on the following messages:

- **GET TESTED! HIV TEST CAN SAVE LIFE!**
- **IF YOU ARE SICK: TAKE PILLS AND PRAY!**
- **LOVE YOUR NEIGHBOUR AS YOURSELF!**

Since 2016, the project participants have organized around 20 and 25 multilingual events per year in various African Church communities and thus reached thousands of people.

The performances of the mobile educational theatre group AfroLebenPlus – Theatre of Life have proven to be an appropriate method of knowledge transfer, with their plays easing the introduction to the HIV issue and thus the work of pastors.

Preachings that link preventive messages with relevant passages of the Bible are well accepted, just like the ensuing debates in which the collaborators of public health authorities or Aids Service Organizations and representatives of African self-organisations participate. In the course of the project, the participants designed a video that illustrates the prevention work in African Church communities and that is shown in during events.

At the request of the pastors involved, a mobile training series on HIV/Aids for African pastors has been developed with the support of medical doctors.



In 2019, events can be booked by different Church communities in Germany to train pastors willing to involve themselves in the field of HIV prevention.

**At the end of the four-year long cooperation, we agree on something: the effort has been worthwhile.**

With this booklet, we want to encourage others to do the same and take the gamble of the cooperation among three totally different systems – African Churches, Aids Service Organizations and public health authorities. The project participants will describe by themselves in the following chapters how this can look like in detail.



# WHY DO WE GET INVOLVED WITH HIV PREVENTION?

## CLEMENT:

"I love my friends and my family a lot, some of my close good friends and relatives have died from Aids. With my involvement, I try to do everything possible to avoid the spreading of the HIV virus. For whether HIV positive or HIV negative, it is all about tackling together HIV/Aids ... My commitment is also a fight against prejudices, stereotypes and intolerance – in all forms, be it xenophobia, racism, homophobia, structural discrimination or social inequality ... With my involvement, I want to show that people living with HIV are not alone. I would like to be here for them and their relatives, and also give them a bit of my time."

## HELENE

"Many of my friends, acquaintances and family members are affected by HIV/Aids and a lot of them are now dead. I have seen that the stigma and silence on this disease cause a lot of harm, and that's why I want to undertake something against it. As a consultant, I have gained insights on how lonely many persons affected are and how they suffer. It appears to me that some reservations in communities arise due to lack of information and knowledge. We can change that."

## LILLIAN

"As a person living with HIV, I know how it feels to be excluded! That's why I commit myself, so as to help other people. I am convinced that many people need our support and information on HIV/Aids. A lot react negatively to that issue, because they are wrongly or not all informed."



## ALPHONSINE

"As a collaborator of the Deutsche Aidshilfe, a Christian and a sub-Saharan African woman, I would like to transfer the knowledge that I have acquired over many years. Because 'knowledge is power', as put it the English philosopher Francis Bacon.

The HIV prevention with African Church communities should reduce new HIV infection rates and improve the quality of life of people living with HIV; it expresses our charity and social responsibility as Christians.

HIV infection remains incurable to this day, but it is treatable.

This means that there are medications which allow for a high quality of life with HIV infection. Unfortunately, we are constantly witnessing the fatal role that 'ignorance' in dealing with an HIV infection can play: the unfounded fear of getting infected with the HIV virus through normal encounters leads to exclusion and isolation of HIV positive people.

Too often, consent to an HIV test is given too late and this has life-threatening consequences. Because he/she who gets tested too late, starts treatment late (late presenter). For fear of God's punishment, HIV is denied, HIV therapies are dropped, fasting cures will supposedly starve out the virus, and the hope for a miracle cure has momentous consequences. As addition, we have (self) discrimination and isolation, forgoing sex and the desire to have children, separation and divorce, often also an early death.

Therefore, we need enlightened pastors who preach that, prayers and medications' are compatible and do not bring the faith in God into question. Furthermore, they can properly advise people seeking help and comfort. There are chronic diseases that cannot be cured. Medications are also an expression of God's grace."



#### **COLLINS**

"Many relatives and friends of mine have turned away from me. I have been discriminated and left alone and I had to fight my disease without any support. Many people are afraid of talking openly about it and to discuss with others. I am therefore particularly keen to talk with people. Things are no longer like before as no medications were available. We can educate people and show them how to live with the disease without fear, how to avoid an infection and how to take care of people living with HIV and live with them without fear."

#### **STEPHEN**

"I involve myself while informing and advising. So doing, I would like to break taboos about HIV/Aids and reduce its spreading among African migrants."

#### **SALINE**

"I would like to inform on HIV, for it is possible to live with it almost problem-free if the provided prevention measures are taken into consideration. So doing, it will be possible to dispel unfounded fears towards people living with HIV."

#### **PASTOR PAUL**

"Personally, I have two reasons making me to involve myself in this field: First, it's a recommendation from the Lord:

'For I was hungry and you gave me something to eat ...

I was sick and you came to visit me.' (Matthew 25:35-36).

It is our duty, as children of God, to visit the sick who are in hospitals and provide them our help. All these sick people need assistance.

They are men and women needing help, because many of them are abandoned and rejected by their relatives.

Secondly, I belong to those who have personally witnessed the pains of a long and painful illness."

### MAITE UND HEIKE

"According to the German Law on the Prevention of Infectious Diseases, prevention through education is our mission, and we also offer examinations of sexually transmitted infections and HIV as well. Women from sub-Saharan African States belong to one of the main client groups, as we offer the possibility of free prenatal care for pregnant women without health insurance performed by gynaecologists ... Thanks to conversations with those women and on the basis of consultations done during HIV test hours with men and women from African States, we know that partly false information on transmission ways are also present in African communities, just like prejudices, taboos and stigmatization towards people infected with HIV. We want to fill knowledge gaps, free people from fear of an HIV infection and make it possible for people living with HIV to lead a life without exclusion and hiding."

### HAPSATOU

"In the context of my studies of health sciences, I looked around for an internship and found one at the Aids Service Organization in Hamburg. From the beginning, I felt well there and since 2013, I work on a full-time basis with responsibility for the area of Migration. Supporting others, helping them and showing them the way to the Aids Service Organization, accompanying people living with HIV in their everyday life, all that gives me the assurance that I am doing something meaningful, and also gives me a lot in return."

### LAMINE

"I commit myself in order to contribute to the improvement of healthcare provision for people of African origin. This includes explaining the health care system and conveying knowledge and information on HIV and other infectious diseases in a culturally sensitive way. Trained people from the communities can do that best by themselves."

### GRACE

"I would like to help African communities to overcome stigma and superstitions relating to HIV/Aids that still prevail. I want people to know that HIV is like any other disease and that you can live with it. There are good medications and you must not be frightened nowadays. You can live without fear if you go to the doctor, pay attention to your health and care for yourself."

### JEAN

"Since my teens, I have been involving myself for other people. I once served as an altar boy and involve myself now especially for African communities in Hamburg, among others in an association of the Beninese community (ARBA). Some years ago, I flew back home (to Benin) and met an old friend there. He was sick, but didn't talk about the issue. That friend died of Aids, but I learnt it only much later. So I thought and decided that it would be fine to know more about HIV/Aids and speak about it more openly. As I made the acquaintance of Omer Ouedraogo some ten years ago, he invited me to the Aids Service Organization. That's how my commitment to health and HIV/Aids began."

### KEVIN

"I have been committing myself to helping disadvantaged groups and to social justice for a long time and I take an interest in sustainable development. Healthcare is also important in this context. Not only is it a human right, but also a global objective, prerequisite and result of sustainable development (SDG). During my studies, I was already in politics and for some ten years now, I've been involving myself in the concerns of African communities in Germany. HIV is an issue that often has a negative connotation, even in our communities. With my commitment, I want to change that mindset. HIV/Aids can affect everyone and says no ill about those who have it. Maybe with my commitment, I can motivate some people to take courage and talk openly about it."



John 8:32; "Then you will know the truth,  
and the truth will set you  
free."





A decorative vertical bar on the left side of the slide, featuring a series of concentric circles and a diamond-shaped lattice pattern in shades of blue.

# WHY DO WE CARRY OUT HIV PREVENTION IN AFRICAN CHURCH COMMUNITIES?

According to the Robert Koch Institute (RKI), the transmission way "Sex among heterosexuals" is the second most common transmission way for new HIV infections in Germany. When one looks more closely to the new HIV diagnoses in the case of "Sex among heterosexuals", it becomes clear that the most frequently reported region of origin in 2016 was sub-Saharan Africa (SSA) with a rate of 73% (RKI, 2017).

This fact obliges us to better adapt our offers of HIV prevention to the lifestyles of people from sub-Saharan Africa and take preventive action where they come together.

Where do the majority of migrants from sub-Saharan Africa meet here in Germany? In the African Church community of course! A place where many of them go at least two or three times the week.

Anyone willing to carry out effective HIV prevention with people of African origin must be aware of the importance of Church for migrants in the diaspora. For many Africans abroad, Church is a substitute for family and the pastor takes on the role of father and advisor. What he says, applies. People live in, for and with the Church. They celebrate family parties, children birthdays, school-leaving qualifications, baptisms, weddings and funerals. And on Sundays after the service, they often eat there together. This creates a close community among the migrants. With no religious affiliation, many people of African origin feel lonely in Germany.

It is therefore our aim to cooperate closely with African Church communities. Because there, we can better inform people from sub-Saharan African countries on existing HIV prevention, test and treatment options. We can sensitize people there on these issues, break down prejudices and discriminations towards people living with HIV and strengthen solidarity among them.

#### HAPSATOU

"In statistical terms, the regions of Africa are mostly affected by the HIV epidemic. This doesn't mean that all people coming from these regions are HIV positive. Some people – particularly Africans in Germany – don't know the German health care system and cannot inform themselves or have restricted access to it, because they don't have a secure residency status, for example. Many wait for so long until their diseases have evolved to a dangerous level. It is all the more important to reach these people through prevention measures, namely in their environment. Many Africans are members in Church communities."

#### STEPHEN

"HIV/Aids mainly affects African migrants and they need information in order to protect themselves. The duty of the Church is to take care of their members and their concerns, namely of their spiritual and physical needs as well. The Church should give love to infected persons and inform them on the prevention options for HIV/Aids."

#### HELENE

"When people leave their home countries, they lose almost everything. Here in Germany, they are confronted with new and unknown things. What these people still have here and can maintain unhindered is their faith. That's why Church is so important not only for prayers, but only as a social institution, as a community. Pastors are key persons that we have to win for our work. What they say is well accepted by the members of the community, because they rely on them. Unfortunately, many pastors are not familiar enough with the issue of HIV/Aids. But those who are involved in this project are pioneers and have achieved a lot in their communities."

#### ROBERT

"HIV prevention in the Church is part of the HIV prevention scheme for migrants from sub-Saharan Africa. Concentrating on African communities arose from practical experiences. It is possible to meet many Africans in churches, since they are religious and go every Sunday to their communities to pray."

#### ROSALINE

"Church and faith are very important for many members of African communities. When I go to Church, I already find a structure and the audience there."

#### COLLINS

"It is a good idea to bring the issue to African communities where many people come together on Sundays. They can talk about it in their native languages there. This can only be successful if the pastor is informed and announces the topic a few weeks before. Many Africans attend the Church service on Sundays."

## ROBERT

"A targeted, culturally sensitive, HIV prevention should reach people where they are, i.e. prevention must come home. For this reason, we wish to bring the issue of the project **Your Health, Your Faith** closer to the people of the community in the Church, in order to take more joint responsibility in the fight against this infection which is incurable so far (HIV)."

## LILLIAN

"Many Africans believe the pastor because they have the Word of God behind them. What they say, has the power of a law for the community members."

## PASTOR PAUL

"I think, we should pay attention to our health, because when we are sick, it is difficult to worship God ... Moreover, this question arises: What should I do if I am sick? Should I take some medications in order to be healthy or should I rather pray? ... It is important to go the hospital or to the doctor, so as to be examined and take medi-

cations, because doctors are not God's servants. God is the one who gave humans the knowledge to invent those tablets. Therefore, it is God's desire that you take them when you are sick. They shall cure your body and prayers shall do it to your soul."

## SALINE

"Particularly among Christians there should be a sympathetic ear for the HIV problem. In African communities, you find many people from different cultural backgrounds. Especially African people should be taken away the shyness to speak openly about the infection and about dealing with it ... I would like to instil courage in faithful people and tell them that praying to God helps when they regularly take the necessary medications. So does one develop the hope that life will permanently be more valuable. I would like to encourage people to get tested and, when necessary, regularly visit the surgery. God has the might and made knowledge and medicine, but I must take them though! My faith in God strengthens the effect."



## MAITE UND HEIKE

"African Church communities are a meeting point, a place of exchange and a piece of 'home' for many Africans living in Germany. Pastors have an extraordinarily important position for the Community members. They set an example, they are a moral instance and a person of trust. Without their support, it is not possible to talk about delicate issues such as sexuality, HIV infections and the protection against them, living with the infection or contraception. If the pastor invites us to discuss these themes, people will also trust our contents. Common messages are important. If the pastor recommends testing by saying 'Get tested!', this will have a different signal effect than the promotion of HIV tests that we do."

# HOW DO WE CARRY OUT HIV PREVENTION IN THE CHURCH?



#### ROBERT

**"Before an event can take place in the Church, pastors must give their consent. This can best be done through (many) discussions. We arrange appointments by telephone and conclude personal and telephonic agreements. The important thing is that we find out what the position of pastors on HIV in the African Community is and what they think about distributing or displaying material in the Church."**

#### ROSALINE

**"Church is a social fabric with its own rules and traditions. We must know those rules when we operate in that environment. Many German experts don't know the cultures of African Church communities. They must plan time in order to build trust and establish contact. The first encounter in a Church should be one of getting to know each other."**

#### ROSALINE

**"In order to carry out such project successfully, 'key persons' – like us – are very important. Key persons are people who are well known in the Community and who can establish contact and open doors. They play a central role. Some key persons are themselves members of Church communities, but they are also trained experts who work for counselling centres. However, our multiple belongingness (to an institution, a project, a Community and a Church community) can also entail role conflicts for us. It is indeed not always easy to be caught between two stools."**

#### ELI

**"Many public institutions must open themselves up for collaboration with African communities. Many government institutions (like schools, the public health authority, the Youth Welfare Office, employment office, etc.) don't know nor understand the situation of African fellow citizens. Representatives of the African Community can help here ... We can reach people who cannot be reached by offices, convey life-saving information and sensitize for issues relating to HIV/Aids like medications and treatment options."**



#### MAITE UND HEIKE

"We are collaborators of an authority and have no access to the communities. That's why we work in a team with Afrikaherz, a Berlin-based non-governmental organisation that also provides HIV prevention. Rosaline M'Bayo and Stephen Amoah from Afrikaherz do the tedious acquisition work and spend a lot of time promoting the project and convincing pastors of its importance. Without them, we would not access the communities. Our colleagues from Afrikaherz also discuss the respective contents with pastors and transfer them to us afterwards."

#### ROSALINE

"Communication has to be adapted. Sex is not openly talked about in Churches and all the moral charge of the discussion also makes it difficult. Even though people have sex, of course. They rather deal with it privately, they don't speak about it in front of the audience. If we want to bring up these issues in churches, one must do it cautiously. First, one has to get involved with the setting and build trust. It also helps to start with non tabooed topics like pregnancy or nutrition, for example."

#### MAITE UND HEIKE

"We are used to speaking with people, even from other cultures, about sexuality, but doing this in a church and possibly even during a service is a special challenge. Planning and preparing such an event can be so accurate, but the unknown conditions still require a high degree of openness and flexibility. At an event, we assumed that we would sit in a circle with interested Community members in an extra room. In fact, we were part of the worship service, we stood in front of the pulpit where the pastor otherwise preaches, and spoke from there to the Community members through a microphone. The majority of the Community members wouldn't have understood German, we spoke therefore in English, i.e. not in our mother tongue, and Stephen Amoah translated into Tsee. We respect people's religiousness. Therefore, which words do we use? How do we make ourselves clear? We want to convey some information, however without embarrassing or hurting anyone. However, it is impossible to do HIV prevention without talking about sexual intercourse, semen or condoms. Here, the pastor made things easy for us. In his introduction, he reported on his work in an African country with Aids orphans and opened thereby the issue."



#### PASTOR PAUL

"Pastors must know facts on HIV and Aids. You cannot successfully inform others if you don't know the facts yourself. Besides, it is important for you to know the difference between fact and myth."

#### JEAN

"In Hamburg, we held the first event in an African church with Pastor Freddy, whose acquaintance we made through Pastor Paul. We spoke previously with him about how to start talking about the issue **Your Health, Your Faith** in the Church. The pastor introduced us to the listeners and we first tackled general health issues. During our second or third visit to the Community, we will be able to raise directly the issue of HIV/Aids. The stigma attached to infection will be the focus of the event. We inform on the infection routes so as to allay unfounded fears. There are still some people who think they can get infected when eating together or drinking from the same glass. We explain them that it is not true and that they can normally be together with people having HIV/Aids without getting infected. In his preaching, Pastor Freddy quotes from the Bible in order to show that faithful people should help

other humans who are sick. It's God's mind that we help sick persons to take their medications and to go to the doctor. We should not exclude them, but rather support them so that they recover soon. While it is not possible to cure HIV infection, one can live with it well."

#### PASTOR PAUL

"Not all pastors are receptive to the issue of health and HIV/Aids, but they can be convinced when they see how it works in the project **Your Health, Your Faith**. I travelled to Hamburg, for instance, to show Pastor Freddy how it can be spoken about these issues during a preaching. Present were other pastors who didn't want to join in, but did come all the same. At the end of the event, they told me how great they found it and that we should really make it again, this time with a video recording so that it can inspire others. I think, especially our use of quotations from the Bible and the way we embedded the issue of HIV/Aids did convince the pastor and the community. Maybe they were fearing at the beginning that we would only talk about HIV, but that is not the case. We talk about health in general. HIV/Aids is not in first place, but it is part of it."

## KEVIN

"In the context of **Your Health, Your Faith**, I coordinate events on site in cooperation with AGHNIID and COHEDO (Community at Heart Dortmund). The association COHEDO pursues the aim of promoting the health of African communities in Germany through education and prevention, inter alia. Pastors and Church communities play a major role. In Dortmund, we cooperated with pastors in two phases. We first spoke with communities and pastors in order to sensitize them for HIV and Aids. Then, we organized a training session for pastors in the whole Ruhr area which took place in Dortmund. The response was overwhelming and pastors came from many cities and communities. We believe that pastors take an interest in health issues and want to commit themselves in this field."

## COLLINS

"Language is important. HIV prevention must also be done in the respective mother tongue, so that people understand the message linked to prevention. If information is available only in German, it will not reach all migrants. They need to be translated. I, for example, speak English and Swahili and can talk with people in both languages.

Apart from HIV prevention, I also inform people about where they can get treated and where to get advice. I inform them, for instance, on Caritas, Diakonie, Aids Service Organizations, the Stadt Mission and the offers of the public health authority. The public health system in Germany is very good, but you must know it well.

Never give up if you are HIV positive. You have a future."

## HELENE

"We carry out issue-related events and seminars and we go to the Church communities. Some groups that we visit (e.g. women's groups, youth groups, men's groups, couple's dinner etc.) are often already there. We first speak about general issues. Should we start talking immediately about HIV, most of them would take their bags and leave."

### COLLINS

"I am a member of the mobile educational theatre group AfroLebenPlus. Theatre is a really good way of making HIV prevention in Church communities. There are different ways of prevention work. When you act in a play, people listen attentively to you. And when they listen, they get the message. Many people from African communities meet on Sundays in the church. We first speak with the pastor in order to organize everything. Pastors are very important. They best know how and when to integrate us into the Church programme. We try to make our presentation as short and clearly outlined as possible. In one of our plays, for instance, the matter is about discrimination within the Community. Some people have unfounded fears and spread rumours. We show them that it is not right. We encourage people to give love and to inform themselves."

"Through theatre, we provide a creative access that also works for people who are more difficult to be reached through other methods, because they live in particularly difficult circumstances. Theatre works with bodies, body language and 'visual narratives' on stage – we can tell an entire story without saying a single word. It is particularly suitable for multilingual contexts where not all people speak the same language.

In our theatre group, people from many countries join in, we speak many languages and make use of them in our plays. The plays which we perform and the stories we tell are based on real experiences of our members. As a result, our stories are very descriptive and credible. People can identify with them.

#### MIHAJLO

"We are already active HIV multipliers and operate in many federal states. As activists and people with a migration background, the actors know the realities of life of migrants and refugees in Germany. Thus, they know their problems and worries, but also their strengths and abilities not only from the stories, but also from their own experiences. It makes it easier for actors to deal with tabooed issues like HIV in a sensitive, culturally specific and trustful way."

#### MELIKE

"We are very pleased to note that the members of Church communities are so vivid, open and interactive: People really get involved, they make objections, commentaries, improvement suggestions and some even perform. In a play, for example, I represent a woman who speaks ill of a friend with HIV. It is about rumours and stigmatization. I play the devil's advocate and threaten to blurt out the HIV diagnostic of my friend to the whole world. Then, I turn to the public – and in Saarbrücken, a woman from the public reacted immediately: 'No, you should not! You don't do that! Shame on you!' Even other

Church members were appalled by my threat and disagreed loudly with me."

#### TANJA

"We have noticed that it is much easier for listeners from the public to ask questions relating to the acted play-scenes than to relate the questions to themselves. It facilitates communication on tabooed issues like HIV. For everyone thinks: 'Aha, he or she is asking a question on this issue because it happens on stage.'"



## VIDEOS AS SUPPORTING TOOLS

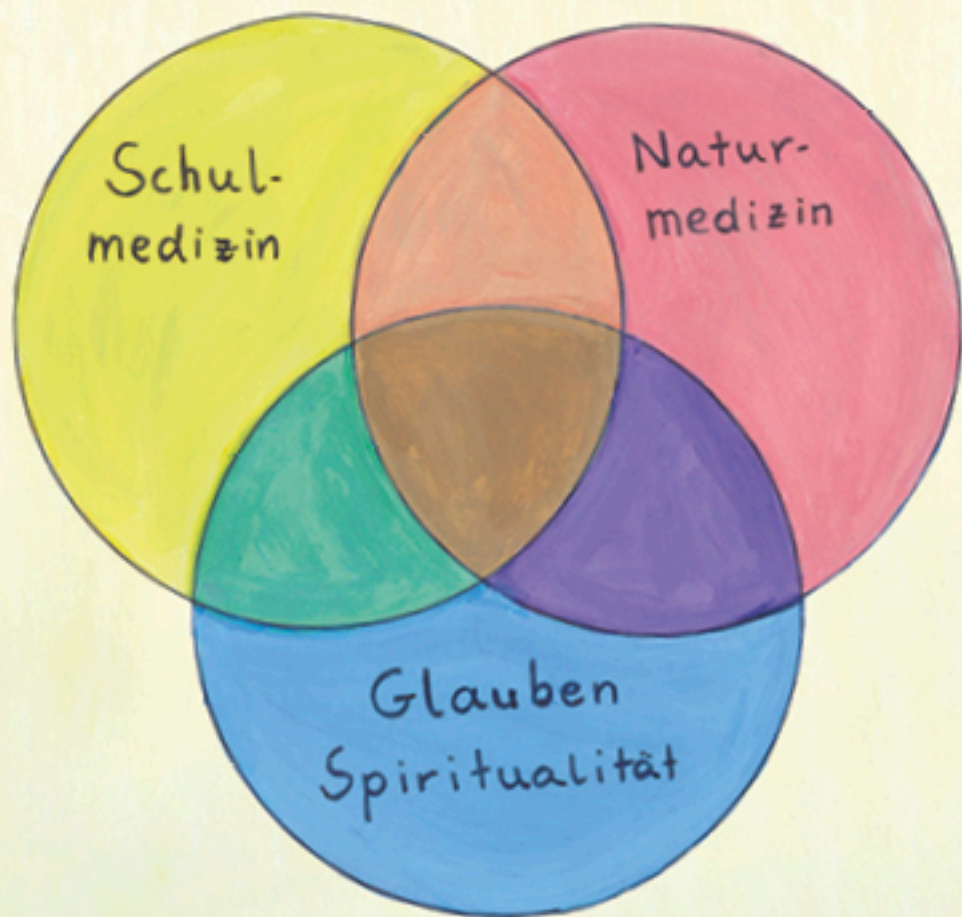
### COLLINS

"We also use videos for our prevention work. Videos work very well, for instance among the youth. I would like to use videos more frequently in the future."

### LILLIAN

"We have also produced our own video in order to show how we carry out HIV prevention in the Church. It is available for all on YouTube."

[WWW.YOUTUBE.COM/WATCH?V=\\_VTFCDNJMLO](http://WWW.YOUTUBE.COM/WATCH?V=_VTFCDNJMLO)



# WHAT HAVE WE LEARNT?

The project thrives on the collaboration of various partners: They include African pastors, representatives of African self-organisations and networks, practitioners of HIV prevention (e.g. Social workers at Aids Service Organizations and public health authorities). Different persons and institutions bring in various knowledge and skills: For example, pastors are Bible experts and they know the Church rules. African self-organisations know the living environments and languages of Africans and have access to their communities and Church communities, since they are part of them. Collaborators of Aids Service Organizations and public health authorities know the German healthcare system and its opportunities well, they can thus convey information on HIV prevention and treatment.

If we work together, we can use and combine the respective strengths.

In the Church, only certain information and prevention messages about HIV/Aids can be conveyed: messages about HIV test, about medication intake and medical treatment, about inclusion and support of people living with HIV. Here, pastors can convey clear messages like "Get tested!", "Go to the doctor", "Take pills when you are sick", "Love your neighbours!", for instance. Primary prevention messages (like "Use condoms during sex") are only possible to a limited extent because of the moral and religious convictions of Christian communities. Talking about sex, about certain sexual practices (e.g. homosexuality) and contraceptive practices as well is somewhat problematic and barely compatible with the values and faith messages of the Church.



African Church communities mostly meet on weekends, prevention events must therefore be held in the communities mainly on a weekend. The public health authorities and Aids Service Organizations need longer planning times (at least four to six weeks) and are mostly available on weekdays. Events can be made on weekends, but only upon previous written request filed in by the collaborators. Thus, it is important to plan the events as far in advance as possible, so as to allow the Health Authority or the Aids Service Organization people to attend on weekends.

Pastors want to know beforehand and have a part in deciding on which contents will be talked about during the event in their communities. For that reason, events have to be well prepared as regards content. All persons involved must sufficiently be informed on the issue being tackled, on the framework in which the event is taking place and on the specific role of both the public health authority and the Aids Service Organization at the event.

The public health authority or the Aids Service Organization should plan at least two to three visits for each Church community in order to build up a relationship of trust. For instance, the public health authority should first introduce themselves in order to break down any

possible mistrust towards the Authority. So doing, the collaborators can establish a basis for dialogue, on which sensitive and possibly tabooed issues like HIV could be addressed during a follow-up event.

For experts from the Aids Service Organizations and public health authorities, the implementation of actions in Church communities would seem very unusual (e.g. praying together, speaking in front of the pulpit, etc.). It is often necessary to talk first of all about less tabooed issues like healthy nutrition or pregnancy, before tackling HIV/Aids. For this, the experts need to have an in-depth knowledge of health issues. This is often difficult for the experts as these issues go beyond the order and the often specialized competence and expertise of the collaborators and their organisational unit (e.g. for HIV/Aids and sexually transmitted infections – STI).

Diversity training and training material for experts from the Aidshilfe and the health authorities who work with Church communities constitute a basis for making the cooperation successful. They convey fundamental knowledge on African Church communities, their rules, the avoidance of stereotyped thinking, etc.



Churches, public health authorities and Aids Service Organizations operate in different ways and don't know very much about each other. Church communities are real life communities that are united by the same faith. The Bible constitutes the rulebook. Moral principles play an important role. The public health authority, on the other hand, is an institution working on behalf of the State (e.g. for health education and consultation). The collaborators are bound by the laws and implementing rules (e.g. the German Law on the Prevention of infectious diseases). Their information is based on knowledge of biomedicine. So Churches, public health authorities and Aids Service Organizations are organized in very different ways and they access different knowledge sources (religious or technical). These differences can be extremely challenging in the context of a cooperation.

It is worth reflecting the physical sensitivities, uncertainties and difficult or ambivalent experiences, and this can be best achieved in a one-to-one conversation or in a telephone call. A supervision opportunity for particularly critical situations or conflicts is important.

Prevention work in African Church communities is a pioneer work. All persons involved are subject to risk.

#### ROBERT

"It is important that prevention is designed and shaped by us Africans, for high cultural sensitivity is required in order to be able to talk about HIV and other sexually transmitted infections."

#### ELI

"It is important for society that migrants be included. Community organisations and representatives of African origin fulfil a key bridging function in this respect. Because African communities can best say by themselves what their needs are. They know well where the real problems lie and can develop solutions in cooperation with various public institutions."

## CLEMENT

"Sex is virtually a taboo issue in Churches. It is difficult for us to talk about it, especially without the help of pastors. Condoms are largely taboo in the Church. To carry out HIV prevention without being able to talk about condoms is very, very difficult, for condoms are an important means of protection."

## STEPHEN

"Each community is unique – you address each community in their own manner. The way of addressing them varies from one community to the other depending on the teaching, the philosophy, the parish council or the pastor. Each community should be addressed according to their particularities. There is no procedure that works for all."

Dealing with expectations – all partners should have realistic expectations and goals for the whole project. We should also be happy about the achievement of little goals. If, for example, some pastors open their church for our project, then we have already taken a significant step, even though we don't have the opportunity to talk about HIV/Aids.

Building up trust and tolerance – it takes time, energy, tolerance and trust before the project becomes a success. We must first win the confidence of the community, of the pastor and of the parish council, something that requires time. Sometimes, we visit the community not in the context of our activities, but rather to make acquaintance with them. It helps to build up trust. It requires time and is burdensome, but we should not try to achieve our goals by hook or by crook.

Expect the unexpected – we should expect the unexpected when working on the project. There are lots of surprises with which no one reckons. For example, you organise the project with the community and other partners and, once the day arrives, no one comes."

## ROBERT

"Due to the charismatic orientation of African Churches, it is very difficult to discuss issues like homosexuality, condoms, drugs, etc."

#### ROBERT

"It requires a lot of persuasion work to win male pastors and their wives. Pastor's wives are important for the mobilization of women in the community. There's still quite a lot of work at this point."

#### CLEMENT

"I think our commitment in the Church is important. It can be of help for pastors in finding the right words in order to talk about HIV/Aids in Church communities and to help better deal with that disease."

#### ALPHONSINE

"It is better to support people with HIV through correct information and treatment and also to improve their quality of life instead of burying them."

"The majority of pastors know a bit about HIV and the access to the German health care system."

"There are still some pastors who refuse to marry couples if one of the two wedding partners is HIV positive. There is a clear need for educating pastors here!"

#### HEIKE UND MAITE

"There's a lot of talk about intercultural opening of the public health authority. **Your Health, Your Faith** is a real-life example of it."

#### HELENE

"My dream is that one day, it would also be possible to talk openly about this issue in the Church and in general, just like they talk about cold, cancer or any other disease. Solidarity and acceptance are important for the persons concerned."

Afrikanisches  
Gesundheits- &  
HIV  
Netzwerk  
in Deutschland

Gottesdienst  
10 - 14 Uhr



AFRO  
LEBEN  
PLUS



WIR REDEN DRÜBER  
INFORMATIONEN ZU HIV/AIDS

Deutsche  
AIDS-Hilfe



# USEFUL INFORMATION AND RESOURCES

## BIBLE QUOTATIONS

*(source: New International Version NIV)*

**LIFE IS A GIFT FROM GOD. THEREFORE YOU SHOULD TAKE PILLS WHEN YOU ARE SICK, SO AS TO PROTECT YOUR LIFE:**

"Then God said: Let us make mankind in our image, in our likeness, so that they may rule over the fish in the sea and the birds in the sky, over the livestock and all the wild animals, and over all the creatures that move along the ground!"  
*(Genesis 1:26)*

**GOD SPEAKS TO HIS PEOPLE ISRAEL THROUGH THE PROPHET HOSEA. KNOWLEDGE HELPS PROTECT THE PEOPLE FROM "COLLAPSE":**

"My people are destroyed from lack of knowledge; because you have rejected knowledge, I also reject you as my priests; Because you have ignored the law of your God, I also will ignore your children!"  
*(Hosea 4:6)*

## CHRISTIAN SOCIAL RESPONSIBILITY AND SOLIDARITY ARE ELEMENTS OF THE BIBLE:

"For I was hungry and you gave me something to eat,  
I was thirsty and you gave me something to drink, I was  
a stranger and you invited me in, I needed clothes and you  
clothed me, I was sick and you looked after me, I was in  
prison and you came to visit me."  
*(Matthew 25:35-36)*

"So in everything, do to others what you would have them  
do to you, for this sums up the Law and the Prophets."  
*(Matthew 7:12)*

"For the entire law is fulfilled in keeping this one command:  
'Love your neighbour as yourself.'  
*(Galatians 5:14)*

"Love does no harm to a neighbour. Therefore love is  
the fulfilment of the law."  
*(Romans 13:10)*

"Jesus replied: 'Love the Lord your God with all your  
heart and with all your soul and with all your mind.'  
This is the first and greatest commandment. And the  
second is like it: 'Love your neighbour as yourself.'"  
*(Matthew 22:37-39)*

## GOD IS THERE FOR ALL: FOR SICK AND HEALTHY PEOPLE AS WELL:

"Three times I pleaded with the Lord to take it away from me.  
But he said to me, My grace is sufficient for you, for my  
power is made perfect in weakness! Therefore I will boast  
all the more gladly about my weaknesses, so that Christ's  
power may rest on me."  
*(2. Corinthians 12:8-9)*

# THE GERMAN HEALTH CARE SYSTEM

## DOCTOR

When you are sick, you'd better go to a general practitioner. If you need specialist treatment, for example from a dermatologist or a gynaecologist, the general practitioner will give you a referral. You can still go to the specialist even without a referral. If you are not satisfied with the treatment, you can change to another doctor. When you go to a surgery, you need your health insurance card or a medical voucher (for refugees). People without any health insurance can contact organisations that support people without papers or health insurance (see below).

## HOSPITAL

Normally, your doctor decides on whether you must go to the hospital (for an operation, for instance), and gives you a referral. When you go to the hospital, you need to take along your health insurance card, the referral and your identity card or passport.

Furthermore, hospitals are available for the treatment of emergencies. You can also go to the emergency room of a hospital if you seriously fall sick all of a sudden and no surgery is open (for example in the evening or on weekends). In the emergency room, you have to be attended to even if you don't have any health insurance!

## PUBLIC HEALTH AUTHORITY

There are health authorities ("Gesundheitsamt") in many cities (sometimes they have another name, like "Gesundheitszentrum"). They are part of the National Health Service. It is not necessary for you to provide your name and the employees are bound to confidentiality, which means that they are prohibited from telling anyone what you have told them. If you don't have any health insurance, you can talk with the Health Authority in order to have assistance all the same.

In many health authorities, you can be vaccinated against hepatitis A and B, receive pregnancy examinations and get tested for HIV and other sexually transmitted diseases. The HIV test can be done for free or for an amount between 10 and 15 Euro.

## AIDS SERVICE ORGANIZATIONS

If you wish to be informed on HIV or if you are HIV positive, you can go to an Aids Service Organization in your vicinity or call them.

You find Aids Service Organizations in all major and also in many smaller cities. The Aids Service Organization is not a government organisation. They also help in finding a doctor, a self-help group or organisations supporting people without papers or health insurance.

You also do not need to give your name here and the counsellors are bound to confidentiality.

## ORGANISATIONS SUPPORTING PEOPLE WITHOUT PAPERS OR HEALTH INSURANCE

If you live without a valid residence permit or health insurance in Germany, you can contact organisations like Doctors of the World (Ärzte der Welt), Malteser Medical care for people without health insurance or MediBüro. There, you will find doctors who attend to you for free and anonymously (you must not mention your name) if you fall sick all of a sudden, you get injured or are pregnant.



## HIV TODAY

HIV and Aids is found all over the world – even in Germany. Every human being, irrespective of age, sex or sexual orientation, can get infected with HIV.

Everyone can protect oneself and other people against an HIV infection. If someone is infected, they can prevent the life-threatening disease Aids with the help of medication – to this end, it is important to detect the infection in time through a test.

### WHAT'S HIV AND WHAT'S AIDS?

HIV is a virus. It weakens the immune system with which the body defends diseases. If somebody gets infected and does not take medication in time, they can acquire the life-threatening disease Aids.

### HOW CAN ONE GET INFECTED WITH HIV?

HIV can be transmitted:

- Through sex, even if you don't ejaculate into the body

- From a positive mother to the child (if she doesn't take medication against HIV or if she breastfeeds the child)
- When sharing syringes and needles while using drugs

### HOW CAN YOU PROTECT YOURSELF AND OTHERS AGAINST HIV?

- Use condoms while having sex. Condoms protect against HIV and most other sexually transmitted diseases.
- Pregnant women with HIV can prevent passing on the infection to the baby by taking medications for HIV, by receiving care from HIV specialists during child birth and by abstaining from breastfeeding. In Germany, all pregnant women are offered HIV testing.
- While injecting drugs, use only your own syringes and needles and don't share used syringes. You can get new syringes at pharmacies and in drug help centres.

Today, HIV negative people can take HIV medication that protects against an HIV infection. These medications are called PrEP ("Pre-Exposure Prophylaxis").

For HIV positive people who have been on an efficient HIV therapy for at least half a year, there are virtually no HI viruses in their body fluids any more. In this case, HIV cannot be transmitted through sex without condom either. For this end, it is important that the HIV medication is taken regularly and that the therapy success is regularly checked by a medical expert. If the HIV positive person then foregoes condom during sex, they should absolutely ask their HIV negative partner whether they agree with it.

## CAN YOU GET INFECTED WITH HIV IN DAILY LIFE?

**HIV is not easily transmittable. Therefore, there is no risk of infection in daily life.**

You can live and work together with other people without worrying, shake hands with them, hug and kiss them, use the same toilet, bathroom and sauna, eat from the same plate, drink from the glass and use the same cutlery. HIV is not transmitted through the air, saliva, tears, sweat, urine (pee), faeces (shit) and insect bites.

## HOW CAN YOU FIND OUT WHETHER YOU HAVE GOT INFECTED?

One cannot see by looking at somebody whether they are infected with HIV. Even if you have got infected, you can still be healthy for many years although the defence system of your body becomes weaker. Only if you undergo an HIV test, can you find out with certainty whether you have got infected with HIV.

## HIV TEST: WHERE AND HOW?

Preferably, you make an HIV test at the public health authority. In every major city, you will find one. You mustn't mention your name there and the test is free of charge or costs just a little (mostly 10 to 15 Euro). You can also go to a doctor, but you have to mention your name there. Moreover, the result will be registered in a file.

For the test, a small amount of blood is taken and examined at the lab. After a few days, you can personally collect the result. For some tests ("rapid tests"), you can get the result a few minutes later.

## HIV POSITIVE? WHAT NEXT?

If a test result reveals that you are infected with HIV, you'd better go to a doctor that is specialized on HIV. There you can discuss about what you can do for your health, which medications to take against HIV and how to protect others from getting infected. You will receive the addresses of such HIV doctors at the Aids Service Organizations. If you don't have any health insurance, let the public health authority or the Aids Service Organization know, in order to receive assistance.

Don't panic: People with HIV can live today for a long time with the virus thanks to treatment with medications. However, it is important for you to start the therapy as soon as possible and take HIV medications regularly – without interruption. Furthermore, an efficient therapy prevents HIV from being transmitted during sex. Today, the transmission of HIV from the HIV positive mother to the child can be prevented by good medications and further measures in almost all cases.

**Although the medications are extremely effective against HIV, they cannot remove the virus from the body. No cure is possible. Medications must be taken regularly and for life.**

The health insurance company covers the costs for medication – even if you are still under asylum procedure. If you are HIV positive and live without papers or health insurance, you must seek advice: e.g. at Aids Service Organizations, MediBüros, Doctors of the World.

Besides: an HIV infection changes nothing to your residence status: Hence, you must not leave Germany.

## HIV POSITIVE AND ALONE?

It is often difficult to cope alone with the positive test result. Many people living with HIV would like to know more about the infection and exchange experiences with other HIV positives. One possible solution for this is, for instance, the meetings of the Deutsche Aidshilfe for migrants living with HIV and their children where you can spend some days with other positives in a pleasant atmosphere (see below). Furthermore, there are self-help groups in many cities where you can exchange with other people, find new friends and commit yourself. Information about that is available at local Aids Service Organizations.

## AFRICAN NETWORKS AND SELF-ORGANISATIONS

### AGHNIID

AGHNIID (African Health & HIV Network in Germany) is a nationwide union of African communities, persons and institutions that commit themselves for health promotion and HIV prevention.

The 28 members of AGHNIID mainly hail from sub-Saharan African countries, master different languages and already engaged in local projects of health promotion. Some of the migrants involved in migrant self-organisations (MSO) such as Haus Afrika in Saarbrücken, Afro-Info-Pool in Osnabrück or Café Afrika in Hamburg. The AGHNIID members represent a total of 16 projects which implement prevention for and with African migrants in Hamburg, Munich, Saarbrücken, Bremen, Essen, Berlin, Osnabrück, Wuppertal, Potsdam, Düsseldorf, Dortmund, Frankfurt am Main, Cologne and Lübeck.

The working meetings of the network members take place twice yearly. They foster the exchange of experiences and ideas on prevention of HIV and other sexually transmitted infections (STI). At the same time, there is the opportunity for developing information media and other offers of HIV prevention for African migrants together with the Deutsche Aidhilfshilfe.

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## **AFROLEBENPLUS**

AfroLebenPlus is a nationwide network of migrants living with HIV in Germany. The 20 members of the AfroLebenPlus network mainly come from sub-Saharan African countries, speak different languages and are active as HIV multipliers in various locations in Germany. They are well integrated in their communities on site, do preventive and political work and involve themselves for the improvement of the living conditions of HIV positive migrants.

The nationwide meetings of the network members take place twice yearly; they foster the exchange of experiences and ideas as well as the mutual strengthening and nationwide networking. They provide the possibility for developing information media and other offers of HIV prevention for migrants together with the Deutsche Aidshilfe.

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## **NATIONWIDE MEETING OF MIGRANTS LIVING WITH HIV AND THEIR CHILDREN**

The nationwide meetings of HIV positive migrants, conceived and prepared by the Deutsche Aidshilfe together with the AfroLebenPlus network, foster exchange and networking and want to strengthen daily life with HIV. For this, there is useful information, for example about the following issues: Antiretroviral therapy (ART) and side effects; "Treatment as Prevention"; Desire for children and pregnancy; Migration, flight and trauma; Depression and HIV; Asylum and EU-Law; Healthcare and social care system in Germany; Religion and empowerment for People of Color (POC).

The meetings are held in German, English and French. When necessary, translation into Arabic can be provided.

All migrants living with HIV in Germany – including refugees – and their children are cordially invited.

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Our faith calls us to take action for our  
health

