

Worship Service for World AIDS Day 2008¹

Introduction

Some or all parts of this Liturgical Service may be used- in any format -by the local congregation. It may be interspersed into the Sunday worship of each church. Hymns and songs and musical instruments may be chosen locally to best suit the occasion.

Every 15 seconds someone in the world dies of AIDS-related illnesses, most often because of a lack of medicine. The hope that we now have in medicines that can offer a nearly normal life to people living with HIV makes only more tragic the fact that many continue to die. We have the scientific means to stop much of the dying from AIDS-related illnesses, but we lack the will to do it. This is a spiritual problem—not of those who contracted the disease, but of churches and societies. It is a problem that can be solved by **leadership**. Leadership from you and me, from our churches and our politicians.

In the region of Asia, national HIV prevalence is highest in South-East Asia, with wide variation in epidemic trends between different countries. While the epidemics in Cambodia, Myanmar and Thailand all show declines in HIV prevalence, those in Indonesia (especially in the Papua province) and Viet Nam are growing. Although the proportion of people living with HIV in India is lower than previously estimated, its epidemic continues to affect large numbers of people. Overall in Asia, an estimated 4.9 million people were living with HIV in 2007, including the 440 000 people who became newly infected in the past year. Approximately 300, 000 died from AIDS-related illnesses in 2007. In 2007 UNAIDS and WHO undertook the most comprehensive review of HIV and AIDS estimation methodology since 2001. This step was taken as part of the continuing process of refining HIV estimates based on the latest scientific developments. This International Consultation on AIDS Epidemiological Estimates, convened jointly by the UNAIDS Secretariat and WHO, was held on 14-15 November 2007 in Geneva, Switzerland. The meeting brought together more than 30 technical experts and country epidemiologists from around the world to review the current processes and methodologies used. WHO and UNAIDS have *revised* the estimated number of people living with HIV downwards from 39.5 million in 2006 to 33.2 million in 2007. Yet, incidence did not fall in all regions. New infections increased almost 20% in East Asia

¹ *The resources have been compiled by the Christian Conference of Asia (CCA)'s AIDS Program Unit from the AIDS Sunday Liturgies created by the Ecumenical Advocacy Alliance (EAA) and St. John's Cathedral HIV Education Centre, Hong Kong. CCA hereby acknowledges both sources with grateful thanks.*

between 2001 and 2007 and Oceania also saw an increase during that period ⁽¹⁾. The revisions were due mainly to improved methodology, better surveillance by countries and changes in the key epidemiological assumptions used to calculate the estimates.

FACTS and FIGURES (can be used *before* or *during* the service)

- **ANYONE CAN HAVE AIDS**

Acquired Immune Deficiency Syndrome (AIDS) is an incurable but preventable disease. It is caused by the Human Immunodeficiency Virus (HIV), which is transmitted through sexual relations with an infected person, transfusions of infected blood, use of contaminated needles and syringes, and from infected mother to child through pregnancy, childbirth, and breastfeeding. HIV damages the body's defensive system by disabling certain white blood cells that fight infection. All people are at risk from HIV and AIDS and all people can make a contribution to reducing that risk.

- **NOT EVERYONE WITH AIDS IS DYING**

Although more than 25 million people have died since AIDS was first recognized in 1981, it is not necessarily a death sentence for those who live in the industrialized world. By and large, they have access to life-prolonging antiretroviral (ARV) drugs, as well as clean water, proper nutrition and functioning health care systems. People in the Global South do not have such access.

- **HIV-AIDS AND WOMEN:** Women account for half of all people living with HIV worldwide, and nearly 60% of HIV infections in sub-Saharan Africa. Over the last 10 years, the proportion of women among people living with HIV has remained stable globally, but has increased in many regions.

- **HIV-AIDS AND YOUTH:** Young people aged 15-24 account for an estimated 45% of new HIV infections worldwide. An estimated 370 000 children younger than 15 years became infected with HIV in 2007.

- **HIV-AIDS AND CHILDREN:** The number of children younger than 15 years living with HIV increased from 1.6 million to 2 million in 2007.

- **SOME ASIAN COUNTRY UPDATES ⁽¹⁾ :**

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The HIV epidemic in **Indonesia** is among the fastest growing in Asia. The majority of HIV infections are estimated to occur through the use of contaminated injecting equipment, unprotected paid sex and, to a lesser extent, unprotected sex between men. (Ministry of Health Indonesia & Statistics Indonesia, 2006).

The estimated number of people living with HIV in **Viet Nam** has more than doubled between 2000 and 2005 from 120 000 to 260 000 (Ministry of Health Viet Nam, 2005). The main risk factors associated with HIV infection are the use of contaminated injecting equipment and unprotected sex with non-regular partners or sex workers

In **Cambodia** there is evidence that well-focused and sustained prevention efforts can help reverse an HIV epidemic. Nationally, HIV prevalence has fallen to an estimated 0.9% among the adult (15–49 years) population in 2006, down from husbands or partners who had been infected either during unsafe paid sex or through injecting drug use (WHO, 2007).

Despite the overall achievements in reversing the HIV epidemic in **Thailand**, prevalence among injecting drug users has remained high over the past 15 years, ranging between 30% and 50% (WHO, 2007). Similarly, recent studies show increasing HIV prevalence among men who have sex with men (e.g. in Bangkok from 17% in 2003 to 28% in 2005). The epidemic in **Myanmar** is also showing signs of a decline, with HIV prevalence among pregnant women at antenatal clinics having dropped from 2.2% in 2000 to 1.5% in 2006 (National AIDS Programme Myanmar, 2006). Despite the overall decline in prevalence, the elevated prevalence of HIV among key populations at higher risk is of concern.

In **Pakistan**, HIV prevalence is increasing among injecting drug users. HIV prevalence remains low in other populations at higher risk of infection.

Although HIV infections have been reported in each of **China**'s provinces, most of the people living with HIV in China are believed to be in Henan, Guangdong, Guangxi, Xinjiang and Yunnan provinces (Ministry of Health China, 2006). It is estimated that just under half of all people living with HIV in China in 2006 were infected while injecting drugs with contaminated equipment, while a similar proportion acquired the virus during unprotected sex.

New, more accurate estimates of HIV indicate that approximately 2.5 million people in **India** were living with HIV in 2006 (earlier the figure given by UNAIDS was 5.2 million), with national adult HIV prevalence of 0.36%. Although the proportion of people living with HIV is lower than previously estimated, India's epidemic continues to affect large numbers of people.

(I) Source: UNAIDS 2007 AIDS epidemic update

- **“STOP AIDS. KEEP THE PROMISE”**: 2008 marks the 20th anniversary of World AIDS Day. World AIDS Day began in 1988 when health ministers from around the world met and agreed on the concept of the day as an opportunity for all of us to come together to demonstrate the importance of AIDS and show solidarity for the cause. Leadership is the theme for World AIDS Day 2007 and 2008, promoted with the campaigning slogan, **“Stop AIDS. Keep the Promise.”**

- **LEADERSHIP** encourages leaders at all levels to stop AIDS. Leadership highlights the discrepancy between the commitments that have been made to halt the spread of AIDS, and actions taken to follow them through. **Leadership** empowers everyone – individuals, organizations, governments – to lead in the response to AIDS. People have offered their leadership – now it is time to deliver. Promises must be kept, and people must feel empowered to act.

PREPARING FOR THE SERVICE

At the start of the worship, candles are lit around the room or in various places in the church. If possible, we need one candle for every 15 seconds of the expected worship time- or for the portion we are reading with the bell ringing. We mark these deaths from AIDS-related illnesses with a sound: e.g. ringing a bell, beating a drum or any other repeatable sound used to mark someone's death, and by blowing out a candle. When the bell rings we stop whatever we are doing - even stop reading - and wait for a second for the flame to be extinguished. Then we continue.

The bell ringer (or person making the appropriate sound) and the person blowing out the candles move around the room during the service, if this is practical. The sound lets the congregation know where the light is being blown out. Reduced lighting is useful for making the reduction of the light from the candles visible. The worship is designed to take place without the need of a printed worship sheet. But the readers and the song leaders must have good diction, particularly in the parts where the congregation is invited to repeat what is said or sung.

When people arrive the bell (or other sound) can be already ringing every 15 seconds. When the service is over it can also continue. Just because the worship has ended does not mean that people have stopped dying. The music should be chosen so that a leader can sing a phrase and the people repeat within the 15 seconds. If the preacher is able, he or she should also find phrases which fit in the 15-second time frame and leave the silences waiting for the bell or drum. This worship service is intentionally sombre and slow. It takes a basic fact about the AIDS pandemic and marks it. There are many parts to be read. These can be read by the pastor, a deacon, a lay leader, a young person – whatever best fits in your tradition.

THE AIDS SUNDAY LITURGY

Greeting

bell **Leader:** Every 15 seconds someone in the world dies of an AIDS-related illness.

bell **Leader:** We may not know their names, or their histories. We may not know their joys, or their dreams.

bell **Leader:** But they die. They keep on dying. They keep on dying, dying.

bell **Leader:** When no one weeps for them, God weeps. God weeps.

bell **Leader:** We pray that God remembers those we don't know how to remember.

bell **Leader:** We mark the time, each death--happening at this moment.

bell **Leader:** We worship the Blessed Trinity, one God, now and forever. Amen.

Psalm 10

bell **Reader:** Why, O Lord, do you stand far off? Why do you hide yourself in times of trouble?

bell **Reader:** In arrogance the wicked persecute the poor--let them be caught in the schemes they have devised.

bell **Reader:** For the wicked boast of the desires of their heart. Those greedy for gain curse and renounce the Lord.

bell **Reader:** Their eyes stealthily watch for the helpless: they seize the poor and drag them off in their net.

bell **Reader:** They think in their heart, "God has forgotten, God has hidden God's face. God will never see it."

Psalm 130

bell **Reader:** Out of the depths I cry to you, O Lord.

bell **Reader:** Lord, hear my voice! Let your ears be attentive to the voice of my supplications!

bell **Reader:** If you, O Lord, should mark iniquities, Lord, who could stand? Who could stand?

bell **Reader:** But there is forgiveness with you, so that you may be revered.

bell **Reader:** I wait for the Lord, my soul waits, and in his word I hope;
I wait for the Lord.

A Prayer:

- bell **Reader:** But we do not wait for governments to stop the corruption, which kills.
- bell **Reader:** We do not wait to stop the loss of doctors and nurses migrating from the developing world.
- bell **Reader:** We do not wait to find funding so mothers do not pass HIV to their newborn babies.
- bell **Reader:** But we do not wait for all churches to give good information about HIV prevention to their youth.
- bell **Reader:** We do not wait for clean water and good food, so people can benefit from the medicines they receive.
- bell **Reader:** We do not wait for pastors and priests to be leaders so people living with HIV are welcomed into the church.

Gospel Reading : Gospel of Matthew Chapter 5: 3-12

Sermon Notes: **‘Why Should I care?’**

(Four reasons the Church must care about people with HIV/AIDS)

1. IT’S INCURABLE - There is currently no cure and no vaccine on the horizon to prevent HIV. In a seemingly hopeless situation, we must care.

A critical situation:

- | 33 million people are infected; 2.5 million more people will be come infected this year
- | AIDS is now the #1 cause of death in many countries for people under 60
- | More women and children are HIV positive than any other group of people
- | More than 25 million people have already died and left more than 15 million orphans
- | AIDS is the fastest spreading pandemic in history and there is still no cure

2. IT’S TREATABLE – if the bad news is that it’s incurable, the good news is that HIV is treatable. Life-saving medications (Anti-Retrovirals) have been discovered that can allow a Positive person to live a long and happy life. However, very few people in resource-poor countries have access to these essential medications, nor do they have the purchasing power . The church must help with the injustices of Pharma companies that overprice these essentials in the name of “patent Laws”, and tackle healthcare inequity in every aspect of HIV care.

3. IT’S PREVENTABLE – We know how HIV is transmitted and therefore know how to prevent new infections. HIV is spread through intimate sexual contact with a person who is HIV+, sharing needles through HIV drug use, blood transfusions, childbirth and breast feeding. It is not transmitted through casual contact like hugging, touching or drinking from the same glass. Many are infected through violence such as rape or

unfaithful partners. It is the church that can reverse these trends by empowering youth and teaching men to respect women and girls.

4. IT'S "CAREABLE" – There are an infinite number of ways to demonstrate God's love to people with HIV or AIDS. First of all the Church –its leaders, its members – must work towards removing the **Stigma and Discrimination** that surrounds this disease, and is more debilitating than the disease itself. Then we need to actually find ways to care for them-as individuals, as a Church, as the Body of Christ

The HIV/AIDS Initiative was born out of the conviction that God cares about sick people – he equally loves people who are HIV positive. A study of the Scriptures reveals a God who is passionate about the sick, the widow, the orphan, the immigrant and the poor. Over and over he instructs the children of Israel to make provisions for them, treating them fairly and with compassion. Jesus spent one-third of his ministry healing the sick. There is no doubt in our minds that if Jesus was walking the earth today he would be with orphans, widows and those living with HIV and AIDS. His heart was always with those ignored, neglected or rejected by society.

Today, those with HIV and AIDS are often treated as outcasts, forcing them to hide even from family members out of fear or shame. It is likely that someone in your work or church is HIV positive and you don't know it. Because Jesus loved, touched, and cared for those who were sick, we must too. We care because God cares. We care because people matter to God and to us.

The global HIV and AIDS pandemic is the Church's greatest opportunity to serve the hurting like Jesus did, to show God's love to skeptics, to share the Good News, and to extend a helping hand in communities around the world. You have the opportunity to be the hands and feet of Jesus. World AIDS Day is a day to remind us of our duty to our fellow beings infected and affected by HIV.

Prayer of Thanksgiving

bell **Reader:** We thank you God that no one dies outside your love.

bell **Reader:** You remember each one of us and number the hairs on our head.

bell **Reader:** You speak our names and call us to follow you.

bell **Reader:** We thank you for grandmothers with laps big enough to hold children not their own.

bell **Reader:** We thank you for researchers who continue to seek a vaccine against HIV.

bell **Reader:** We thank you for church leaderse, Sunday school and secular school teachers who have the courage to talk about sex with their students.

Congregation: My cup overflows.

bell **Reader:** Surely goodness and mercy shall follow me all the days of my life,

Congregation: All the days of my life.

bell **Reader:** and I shall dwell in the house of the Lord forever.

Congregation: Forever.

INTERCESSORY PRAYERS:

God our loving Father, your son Jesus chose to be vulnerable in order to understand and identify himself with us. We are wounded in many ways and we implore you to heal us and make us healers with you, to help heal our broken world.

All: Lord in your mercy, hear our prayer.

Thank you God, for this time of Advent, when we remember the incarnation of your Son, Jesus Christ. As we think of the coming of the child Jesus, we pray for babies, boys and girls who are living with HIV. We remember the millions of children orphaned by AIDS, who are too often left to look after their own brothers and sisters, their own education and their own homes.

All: Lord in your mercy, hear our prayer.

We pray for the leaders of the nations and for all faith leaders. Give them courage and strength to take a lead in working to prevent the further spread of HIV and to care for those affected.

All: Lord in your mercy, hear our prayer.

We pray for young people, in their vitality and idealism. Bless them with good friends to help them accept themselves in all their vulnerability and challenge them with high ideals.

All: Lord in your mercy, hear our prayer.

We pray for those who are sick and in pain, especially those affected by HIV/AIDS; may they experience your love through each one of us; may they find meaning and purpose in their lives and inspire others who suffer.

All: Lord in your mercy, hear our prayer.

We pray for those who work for development and justice; may they not be discouraged as they struggle to create a healthier world.

All: Lord in your mercy, hear our prayer.

Lord, we thank you that you have made all of us in your own image and likeness. Help us to be sensitive to one another and to build healthy and caring communities in your world. We ask this through Jesus Christ our Lord. Amen.

Closing Benediction