

## **Ebola – Lessons from HIV**

Denial (dying of ignorance) Seems as no cure for Ebola and with stigma, families are keeping patients at home in order to care for them. Long standing funeral practices encourage touching corpses. – GET EVIDENCE OUT -

After denial can lead to kneejerk fear based policies – e.g. sharing glass of water. Lack of evidence base increased stigma, suffering and impact on virus. Basing response on fear and stigma rather than scientific facts – leads to fatal consequences (dying of prejudice). PLHIV lost jobs, kicked out of families, OVCs, forbidden to travel, labels victims – sufferers, burned house down, not sharing cooking apparatus etc. It is not necessary to quarantine and restrict travel. Demonstrate welcoming inclusive nature – e.g. touching, hugging infected/affected.

Need regular updated reports on status of new infections, diagnosis, early initiation on treatment, (1/2 PLHIV not aware of status due to fear) – awareness of health staff to test, treat stigma free.

Address religious and cultural beliefs around shame – god’s punishment – common around sickness/plague God’s wrath.

Call for compassion, be clear about facts and remain calm. The disease is treatable if we act on science, not victim (implies perpetrator), blame, superstition and xenophobia.

## **Church Response**

Over years Church has responded to sick and suffering e.g. story of Good Samaritan – integral part of our mission. Has unique capacity to respond to the spiritual and psychosocial as well as health care (Up to 75% HIV response provided by Catholic institutions in Africa) – ensures comprehensive, holistic care.

Influence: Church has huge influence on knowledge, behaviours, and attitudes in contexts where many people are of faith and Church and Faith leaders play defining role in this – especially when little or no other public messaging e.g. illiteracy or lack of electricity/poverty means people not accessing newspapers/radio/TV. Additionally Church can fuel or address misconceptions surrounding infectious diseases – e.g. punishment from God, pray for forgiveness, rather than encouraging seeking western health care interventions.

Advocacy: Can advocate for greater support from national and local governments and from international community, drawing upon grass roots experience.

Long Term Development: Such attitudes will be shaped before and long after the emergency response – through Church related structures, CBC, diocese, religious orders, sisters, priests, brothers and lay people.