CALL FOR PAPERS
for the International Research Network on Religion and AIDS in Africa Symposium entitled:

Prolonging Life, Challenging Religion?: ARVs, New Moralities and the Politics of Social Justice

Justo Mwale College, Lusaka
15-18 April 2009

Access to antiretroviral drugs (ARVs) for HIV/AIDS patients has been made possible in most Sub-Saharan African countries in recent years. A wide range of local, national and international actors has become involved in the provision of these life-extending drugs that have turned HIV/AIDS from a fatal disease into a chronic condition. At the end of 2007, a total of 1.3 million people with HIV/AIDS were being treated with ARVs in the Sub-Saharan African region and the number of ARV patients in low- and middle-income countries is expected to climb to 18 million by the year 2025.

In addition to governmental and non-governmental institutions and agencies, religious actors have become involved in this antiretroviral therapy, often in collaboration with more secular organizations in Sub-Saharan Africa’s increasingly diversified healthcare systems. This growing involvement with the biomedical sector is challenging religious organizations and their followers on multiple levels: ARVs are expected to effect a shift in values concerning life, death and personal responsibility in the era of HIV/AIDS and change moral concepts of sociality, solidarity and healing within congregations, communities and kinship networks. Religious organizations are also being confronted with questions about how to support the establishment of effective systems of treatment and counselling that help their clients to access ARVs in low-income areas. Finally, religious actors are facing the challenge of reorganizing and disciplining their followers’ lives in ways that are consistent with the rigid regimes associated with ARVs; and combine medico-scientific models of counselling, treatment and ‘living positively’ with religious ideas and practices surrounding sexuality, health, marriage and reproduction.
While all these issues may be challenging to religious groups, practices and ideologies, the question is also whether religion is challenging Western bio-medicine and ‘secular’ development – and their premises of human life – as well as local, national and international systems of access and availability of ARVs. How are these institutions and organizations and the communities that they serve relating to the growing involvement of religious actors in the HIV/AIDS field?

The proposed symposium will take up these questions and explore interrelations between religion and ARVs in Africa with regard to the following issues:

- **Humanitarianism, philanthropy and the challenge of religious health governance**

  The workshop will consider how philanthropic and religious organizations have become involved in the provision of ARVs and counselling services in Africa in recent years. What kind of funding channels have emerged in relation to faith-based developments in Africa and under which political-economic circumstances have religious organizations become implicated in transnationally funded treatment programmes and healthcare provision? How do concepts of social and distributional justice, charity and philanthropy – and the specific terminologies that are connected to these concepts – inform the engagement of religious organizations in the context of local, national and international AIDS work? Is the rollout of ARVs leading to a different positioning of religion in the public domain that lends religious bodies and their influence vis-à-vis the general public a new impetus? Is the economic power of international religious bodies contributing to the already ongoing fragmentation of local healthcare systems? While the introduction of ARVs may be assumed to lead religious groups to vie for different policies, the increased visibility of their often conservative and moralistic agendas may also present a challenge for other actors in the health field: How do the biomedical institutions and non-religious AIDS organizations perceive the growing presence of religious actors in the healthcare system and the diverting of funds to faith-based organizations (FBOs)? How are notions of the ‘secular’ negotiated and maintained by funding agencies and governmental authorities that have supported and promoted the involvement of religious actors in the wake of HIV/AIDS?

- **Religious development and distributional justice on the ground**

  At another level, the symposium will investigate how philanthropic engagement and religiously defined concepts of social and distributional justice are being translated into actual treatment and counselling programmes on the ground. How can ideas of compassion, charisma and spirituality be reconciled with professionalized systems of accountability and ethics and the bureaucratic and technical language of healthcare interventions that are enforced by international donors and biomedical experts in the context of HIV/AIDS? How are fellow believers being turned into ‘clients’ and ‘patients’ who are supposed to take responsibility for their own and their families’ health and bodies? And how are equitable and non-discriminatory systems of counselling and treatment being established in the face of poverty, suffering and inequality? Is religion developing modes of critical engagement with local access and the availability of therapies or does it run the risk of being perceived as being complicit in existing inequalities? All these questions should take into account the fact that access to counselling and treatment are shaped by factors like the age, gender and socio-economic status of the clients, counsellors and health personnel alike, and that religious organizations are establishing their services in relation to and in communication with other actors in the healthcare system. Equally, it should be considered whether religious actors are establishing their activities in relation to specific target groups (e.g. sex
workers, street children, gay and bisexual men) that have been defined – not unproblematically – as ‘risk groups’ by earlier interventions.

• **Facing ‘old’ challenges in the era of ARVs: Stigma, prevention and care**

While ARVs have become increasingly available in Sub-Saharan Africa, it has also become evident that access to them remains limited and that prevention, care and the reduction of stigma will remain core features of (religious) AIDS organizations’ work. The symposium will explore whether the manageability of the disease and the availability of drugs have led to changing perceptions of risk, solidarity and sociality among individuals, families and communities and how such changes have affected the work of FBOs regarding prevention, care and the promotion of ‘living positively’ programmes. How are ideas of fidelity, abstinence and the ‘sacredness of sex’ negotiated and discussed by religious groups and communities? And how are these concepts being dealt with by internationally composed advisory boards and employees of donor agencies and NGOs? What role can religion play in the prevention of new styles of risk-taking behaviour that may be expected to occur as a result of the availability of life-prolonging drugs? How do religious leaders themselves view the challenges of stigmatization and living positively and how are they positing themselves as public leaders in the context of ARV provision and global development?

• **Shifting notions of life, death and healing**

In the same vein as antiretroviral medications have turned HIV/AIDS into a treatable disease, the availability of the drugs may be expected to lead to shifting understandings of life, death and healing within religious communities and regarding religious practice. It can be assumed that the increased availability of drugs and the ‘medicalization’ of people’s lives in the context of HIV/AIDS will pose questions about the (continued) relevance of religious actors in the field of healing. What role does religious healing play in a world where people’s problems are increasingly being solved by the rapidly growing (secular) HIV/AIDS industry? How does the availability of drugs affect concepts of disease and healing that may ascribe the reason for suffering to witchcraft and/or the disturbance of social relations? Who has the authority to change the trajectories of healing and treatment? At another level, antiretroviral therapy may also have a strong impact on local notions of sexuality, reproduction and well-being: How does the availability of ARVs influence people’s decisions to marry and have children? How are antiretroviral therapies inscribing themselves in kinship-based reproductive orders and what role are religious leaders playing in the definition of ‘proper’ family and marriage arrangements in this context?

**Symposium Structure and Participants**

We hope to attract paper presentations that deal with the above-mentioned issues from different disciplinary perspectives (e.g. anthropology, sociology, political science, history, theology, religious studies, public health), as well as from a wide range of vantage points: FBOs and NGOs; different denominations; patients, clients and communities; governments and donors, etc. Papers dealing with these issues in all Sub-Saharan African regions are welcome.

While the symposium will primarily create a space for scholarly exchange for researchers from Africa, Europe and other parts of the world, the workshop will be followed by a roundtable discussion involving representatives from national and local governments, faith-
based organizations and international donor agencies. The topic for the roundtable discussion has not yet been finalized but will be related to the larger workshop agenda.

**Funding, Call for Papers and Symposium Outcome**

To attract funding for participants of the symposium (especially travel and accommodation), a grant proposal will be submitted to potential funding institutions by mid-September 2008. As the funding proposal is to be accompanied by a preliminary programme indicating a list of presenters and the preliminary paper titles, we request the **submission of preliminary titles and short abstracts (100-150 words) by 30 August 2008.** Notification of the acceptance of papers will follow in mid-September. **Abstracts should be submitted by 30 August 2008 to Marian Burchardt: Marian.Burchardt@gmx.de**

One major outcome of the symposium will be the publication of selected symposium papers in an edited volume and/or as a special issue of a relevant journal. In addition, a separate session of the symposium will be dedicated to discussing possibilities for the establishment of a research programme on religion and HIV/AIDS in Africa that would involve African and non-African scholars. Funding possibilities for the research network will be discussed at the meeting in Lusaka.

**Convenors**

Rijk van Dijk (African Studies Centre, Leiden)
Hansjörg Dilger (Free University of Berlin)
Marian Burchardt (University of Leipzig)
Thera Rasing (University of Zambia)

**Workshop partners**

Justo Mwale College, Lusaka
University of Zambia (UNZA)
Christian Health Organization, Zambia (CHAZ)
Zambia Interfaith Networking Group on HIV/AIDS (ZINGO)