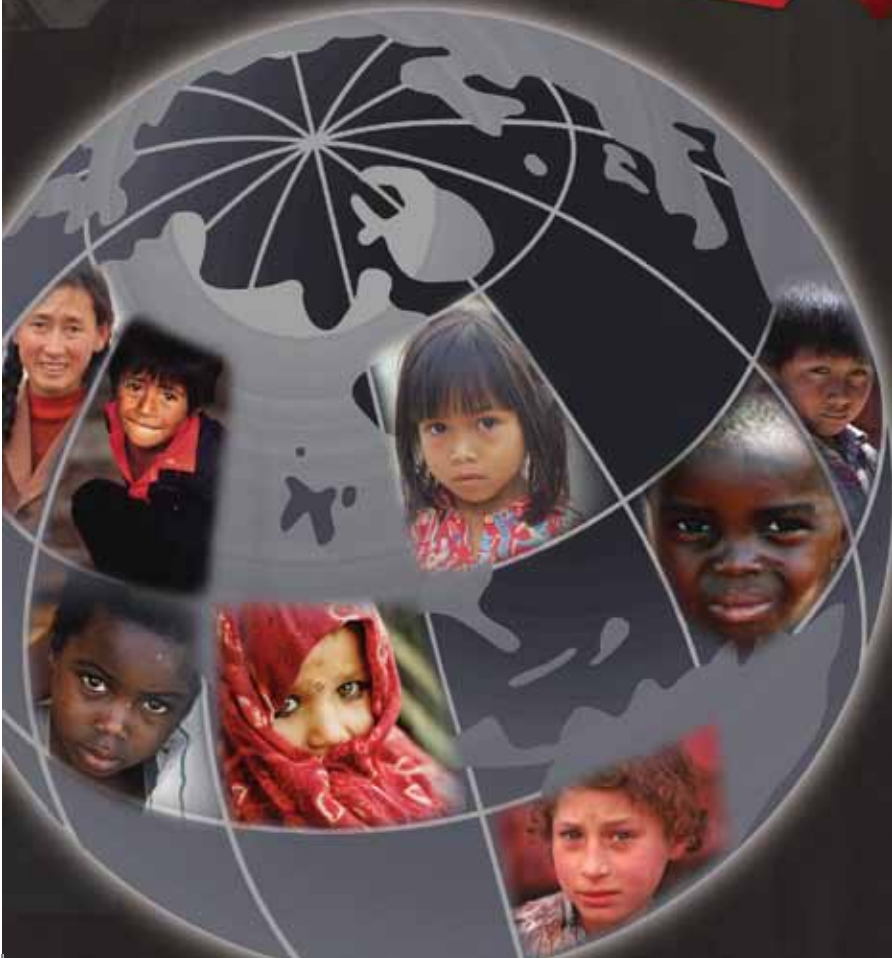


GLOBAL AIDS PARTNERSHIP

31-DAY

*prayer
guide*





Global AIDS Partnership
31-Day Prayer Guide
Design by Carrie Stewart

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Introduction

THE WORLD FIRST became aware of HIV/AIDS in the early 1980s. Since that time, the disease has spread rapidly around the globe. Every continent has been affected; no country is exempt from the devastation of HIV/AIDS.

This prayer guide is intended to make you aware of the devastating effects the HIV/AIDS epidemic is having on the world, and lead you into prayer for individuals, families and nations. Because it is also a medical issue, a brief overview of basic facts concerning the virus is also included.

Second Chronicles 7:14 (NIV) says, “If my people, who are called by my name, will humble themselves and pray and seek my face and turn from their wicked ways, then will I hear from heaven and will forgive their sin and will heal their land.” When we come to God in prayer, He hears us. He promises to bring forgiveness and healing. Never did we need His forgiveness and healing more desperately than we do as we face this epidemic.

Global AIDS Partnership

The Global AIDS Partnership (GAP) is responding to the HIV epidemic by providing training and practical assistance to Assemblies of God missionaries and national church partners around the world. Our objective is to help ministry partners establish new ministries and expand existing efforts.

The GAP team consists of Assemblies of God World Missions (AGWM) missionaries with years of experience in HIV ministry. We offer training and practical assistance to:

- Missionaries, national churches, pastors, and local church members
- Teachers and students
- HIV testing and counseling centers
- Health care professionals; community health workers
- Rehabilitation professionals; people living with substance abuse issues
- People living with HIV; family and friends of people living with HIV
- Group homes and those caring for orphans and vulnerable children





About HIV/AIDS

The Human Immunodeficiency Virus (HIV) attacks and destroys the immune system, which defends the body against invading germs. When defenses have been destroyed, germs cause sickness and disease. The associated infections and their symptoms is the Acquired ImmunoDeficiency Disease AIDS).

You can't tell by looking at someone if he or she is infected with HIV. He or she can pass it to another person from the day he or she becomes infected.

The time from infection with HIV to the onset of AIDS is, on average, 9 to 10 years. This varies from 2 to 20 years—or more. The first symptoms of AIDS are weight loss, fatigue, night sweats, swollen glands, diarrhea and cough. Symptoms become more severe as the disease progresses.

Treatment with HIV medication, called “antiretrovirals” or “ARVs,” can extend life for many years. Healthy living and good nutrition are also important. However, once a person is infected with HIV there is no way to clear it from the body. There is no cure for AIDS.

Only an HIV test can prove that someone is infected with HIV. Tests are performed at a doctor's office, laboratory, hospital, or testing site. If the test detects the presence of HIV, the person is infected; he or she is “HIV positive.” If it doesn't detect HIV, the person is “HIV negative.” In some cases, a person must have another test after three months before being declared HIV negative.

HIV is transmitted through contact with infected body fluids: sexual secretions, blood and breast milk. So we talk about three routes of transmission:

1. Sexual transmission: The most common form of transmission. A man can pass HIV to a woman, and a woman to a man. Men can pass it during homosexual sex. Oral sex can pass HIV, though it isn't as risky.
2. Blood transmission: Any object that has cut the skin of an infected person can transmit the virus if it is not sterilized before cutting another person's skin: medical and dental instruments, as well as those used for piercing, tattooing, shaving, etc. Blood transfusions which haven't been tested for HIV can transmit the virus.

Transmission through the blood frequently occurs between people





who share needles to inject drugs. If an infected person injects drugs into his or her vein, then shares the same needle with another user, the HIV-contaminated blood that remains in the needle will directly infect the other person.

3. Mother-to-child transmission: A woman with HIV can pass it to her baby during pregnancy, childbirth, or through breast milk. Out of ten pregnant women with HIV, approximately three will pass HIV to their babies through one of these routes.

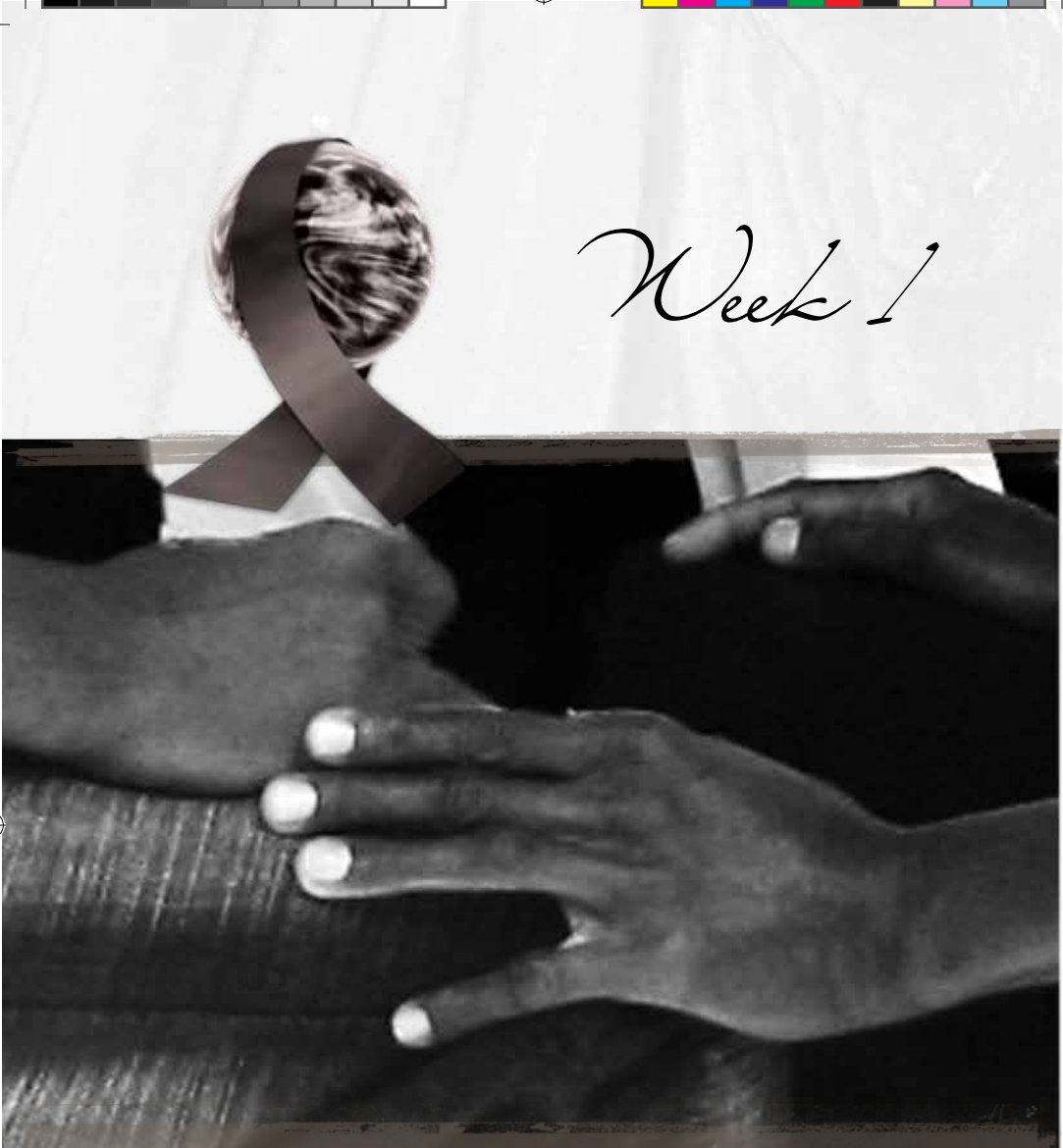
HIV is not transmitted through any other body fluid, such as saliva, urine, perspiration, etc. A person who is infected with HIV does not pose any danger to the people around him or her.

The following ideas help to prevent HIV infection:

1. Sexual transmission of HIV can be prevented by abstaining from sex before marriage, and by being faithful in marriage. A person who has been sexually active should have an HIV test before marriage, as should both spouses if one of them has had more than one partner. If the test is positive, it will affect the decisions that person makes about sex for the rest of his or her life. Though they are not 100 percent effective, condoms significantly reduce the risk of HIV transmission when used correctly and consistently.
2. Blood transmission can be prevented by sterilizing skin-piercing instruments, or by using single-use, disposable instruments. Blood transfusions must be checked with an HIV test.
3. Mother-to-child transmission can be avoided if an infected woman takes precautions not to become pregnant. If she does become pregnant, ARVs can reduce the risk of infection for the baby. Since HIV is found in breast milk, alternative feeding should be given to the baby if the family can guarantee the water used to prepare it is clean, and that the alternate feeding is nutritionally correct for the baby.

Though scientists are busy researching, no vaccines exist which can prevent HIV infection. Antiretrovirals effectively decrease the multiplication rate of HIV in the body, allowing the person to live longer. However, no medications can remove HIV from the body once a person becomes infected.





Week 1

Who is affected by **HIV?**

4





HIV *in the world today* DAY 1 WEEK 1

“Man may dismiss compassion from his heart,
but God never will.” —William Cowper

SINCE AIDS WAS identified in the early 1980s, approximately 60 million people across the globe have been infected with HIV. The United Nations estimates that 27 million people have already died from AIDS. And in 2009, an estimated 33 million people were living with HIV infection. To put it into perspective: the number of people living with HIV/AIDS exceeds the population of Canada.

Speaking in statistics is impersonal. After all, what does a term like “millions and millions of people” have to do with ME? But when you understand the effect of HIV on one person’s life, it becomes overwhelming to imagine millions of people living with this disease.

Imagine the faces represented by each number: a mother or father, son or daughter. Some are with their families, surrounded and cared for by those around them. Some are alone, rejected by loved ones when their diagnosis became known.

Every person with HIV is known and loved by their Creator. He knows each person intimately, and understands their fears, concern and pain.



Pray:

- that we wouldn’t become so accustomed to hearing about “millions of people” that we forget each number represents an individual;
- that everyone with HIV would receive the care they need.





Patterns of infection around the globe

DAY 2 WEEK 1

“Hear my voice when I call, O LORD; be merciful to me and answer me” (Psalm 127:7).

THE HIV EPIDEMIC has unique patterns of infection across the globe. Some countries have high rates of infection, while others have only a few cases.

Africa has 66 percent of all cases of HIV infection. It is a “generalized epidemic,” affecting every group of people: rich and poor, young and old, urban and rural. It is usually transmitted through heterosexual intercourse.

In other regions, there are “concentrated epidemics.” HIV is concentrated in groups of people involved in activities that carry a high risk of infection.

- Asia: HIV transmission is fueled by risky behavior related to drug use and unprotected sex.
- North America and Europe: Homosexual sex (also described as men who have sex with men or MSM) and injecting drug use are significant routes of transmission. Heterosexual transmission is also increasing.
- Latin America and the Caribbean: The most affected groups are men who have sex with men, and prostituted women. Injecting drug use and heterosexual sex are significant routes of transmission.
- Eastern Europe and Central Asia: The highest rates of infection are found in men and women who inject drugs, and in their sexual partners. Mother-to-child transmission is also increasing across the region.
- Australia, New Zealand and Pacific Islands: HIV is spread primarily by men who have sex with men, with an increasing number of women infected through heterosexual activity.
- North Africa and the Middle East: Rates are still low in this part of the world, but are increasing in injecting drug users who pass it to their sexual partners.

Pray:

- that God would intervene and stop the cycle of infection;
- that the church would mobilize and meet the educational needs of people who are far removed from church life.





Judgmental attitudes and stigma

DAY 3 WEEK 1

“Compassion will cure more sins than condemnation.” —Henry Ward Beecher

HIV/AIDS is not an easy subject to discuss. People are forced to confront fears, attitudes and questions that make them feel uncomfortable. It challenges beliefs and convictions believed to be absolutely true and non-negotiable.

Millions of people around the globe have no real understanding of HIV/AIDS. They judge people who are infected with HIV as “sinners” or “immoral.” Too often people are afraid to be around people living with the virus, believing they risk infection by being close to or touching someone who has it. If people understood the facts, they would know that it is not spread by ordinary, daily contact.

Fear and ignorance leads to prejudice and discrimination against people living with HIV/AIDS. Unfortunately, it often results in the rejection of people with HIV from their close and extended families, and sometimes even their communities.



Pray:

- for forgiveness for uncaring and judgmental attitudes;
- that God would change hearts and attitudes to be more sensitive and caring for others;
- that Christians would be more willing to show compassion to those with HIV.





Sexual transmission

DAY 4 WEEK 1

“One of the greatest diseases is to be nobody to anybody.” —Mother Teresa

ACROSS THE GLOBE, HIV is most frequently transmitted by sexual contact. Many people associate the term “sexual transmission” with sexual immorality. This is, most definitely, not always the case. It is not important to know how someone became infected with the virus; it is not necessary to judge another person. In the end, it is between the person, his or her loved ones, and God.

The daughter of Pastor Simeon accepted Jesus at a young age and served the Lord her whole life. A young man, converted from a rough life, started attending the church. They fell in love and were married, to the joy of their families. A few years later, their firstborn son became very ill. An HIV test revealed that the child and both parents were infected.

In this case, HIV was sexually transmitted between marriage partners. They had been faithful to each other; they hadn't done anything “wrong.” They were infected as a result of the husband's past behaviors.

Pray:

- for grace not to judge others, always realizing we can never understand all the circumstances of another person's life;
- that the Holy Spirit will enable people to make good sexual decisions;
- for empowerment to repel unwanted sexual advances; for wisdom for policy makers.





Mother-to-child transmission

DAY 5 WEEK 1

“For you created my inmost being;
you knit me together in my mother’s
womb” (Psalm 139:13).

A WOMAN WITH HIV can pass it to her baby during pregnancy, childbirth, or through breast feeding. Approximately 20 to 40 percent of pregnant women with HIV will pass it to their babies.

Children who have not been infected from their mother aren’t usually at risk of infection until they become sexually active. Very rarely does a child become infected via blood transmission, but it does happen.

Without treatment, an HIV-positive baby will live only a few years. They might be healthy for the first months of life, but their health deteriorates rapidly. Their deaths are painful as AIDS-related infections ravage their tiny bodies.

Many women first learn of their infection after becoming pregnant. If she knows she’s infected, she can take special HIV medications, ARVs, to decrease the risk of passing HIV to her baby (if she is in a place where they are available). ARVs can improve the health of the child, possibly extending his or her life by several years.



Pray:

- that God would protect the unborn from this virus;
- that HIV positive women would have access to treatment options to protect their unborn children.





Blood transmission

DAY 6 WEEK 1

“Is it not to share your food with the hungry and to provide the poor wanderer with shelter...” (Isaiah 58:7a).

BEFORE THE MEDICAL world knew about HIV, it was being transmitted through blood transfusions and contaminated medical and dental instruments. Because no one knew it existed, no one took precautions. Tens of thousands of people around the world were infected in these ways.

Now, hospitals and medical/dental clinics understand the risks. In most countries, blood is tested for HIV before being transfused, though places exist where this is not done. Most countries assure the safety of their medical and dental instruments. In some parts of the world, individuals still need to verify that these materials are sterile before submitting to medical and dental interventions.

Today, the use of illegal intravenous drugs poses the greatest risk of blood transmission. People who inject drugs often share a needle and syringe with other users. After injecting the drug into a vein, a small amount of blood usually flows back into the needle. If the first user is infected with HIV, the blood in the syringe is contaminated. The next person who uses the needle to inject drugs runs a high risk of becoming infected.

Pray:

- that governments provide access to sterile medical equipment;
- for divine protection and mercy even in the face of risky actions;
- pray for protection for the innocent.





*Does it really
X matter?*

DAY 7 WEEK 1

“My name is graven on His hands, My name is written on His heart.” —Charitie L. Bancroft

AFTER LEARNING THAT someone is infected with HIV, the first thought that may come to mind is, “I wonder how he (or she) became infected?” This type of question doesn’t necessarily indicate that we’re passing judgment on someone. It may just be a typical human response to surprising news.

Yet it is always important to guard against judgmental attitudes that would keep us from ministering to and interacting with people living with HIV infection. When we learn that someone has HIV, it shouldn’t really matter to us how he or she became infected: married or single, gay or straight, drug injector on the street or esteemed member of the community. In Christ, our mandate is not to judge, but to reach out with love and compassion to all of God’s creation.

Yet do we believe that certain people “deserve” to be infected because they’ve made lifestyle choices that don’t conform to what we believe? Do we consider certain people to be more deserving of love and compassion than others? Self-righteous attitudes produce barriers that prevent us from seeing humanity as Christ sees it: in need of healing and reconciliation with our Creator.

What a perfect opportunity for the Church to be an extension of Christ’s love. Some of us can physically reach out in active ministry to people affected by HIV/AIDS. Some of us will be called to prayer. We can make a difference in the lives of people across the globe, even if we are not physically present in that place. What a divine mystery!



Pray:

- that we wouldn’t be apathetic or judgmental to those affected by HIV;
- that we would see them in need of a Savior, just like the rest of the world.

11





Week 2



Effects on individuals

12





Symptoms

DAY 8 WEEK 2

“Whom have I in heaven but you? And earth has nothing I desire besides you” (Psalm 73:25).

AS TIME GOES by, HIV destroys the body’s ability to fight off germs that cause infection and other diseases, such as cancer. When the defense system is so weak that it can no longer defend the body, the person develops infections and certain other illnesses.

The process is painful. The most frequent early symptoms of AIDS are fatigue, weight loss, night sweats, swollen glands, fever, cough, and diarrhea. As time goes on, the symptoms become more severe: nausea and vomiting, white patches in the mouth and throat which affect eating and digestion, burning pain in the hands and feet, cancer, mental confusion and depression. Weight loss and muscle wasting become severe as the end of life draws close.

Medical treatment—including treatment with both common and specialty medications—can control the symptoms of AIDS for many years. Unfortunately, treatment is often very expensive, and is not available in many parts of the world. Without treatment, once a person starts to exhibit the symptoms of AIDS, he or she usually won’t live longer than one year.



Pray:

- for alleviation of pain and suffering;
- for families and loved ones as they watch their loved one decline.





Testing

DAY 9 WEEK 2

“Trust in the LORD with all your heart and lean not on your own understanding” (Proverbs 3:5).

THE ONLY WAY a person can know if he or she is infected with HIV is to have a diagnostic test. Every individual has the right to decide if he or she wants to have the test; no one should be forced to have it. People having the HIV test also have a right to confidentiality, meaning they have the right to decide when they will reveal the results, and to whom.

If an HIV test reveals the presence of HIV in the body, the person is infected with the virus. He or she is “HIV positive.” If the test doesn’t detect the virus in the body, the person is “HIV negative.”

People resist testing for many reasons. Most are associated with fear—fear of learning they are infected with the virus, fear of being rejected if others find out about the infection, fear of pain, fear of death.

But there are many benefits to knowing. The person can take measures to prevent passing HIV to other people. They can seek medical treatment, practice good health practices, and prepare for the future of their families.



Pray:

- for courage in face of unknown;
- for courage to take the test;
- for grace to face a positive diagnosis;
- for wisdom to take measures to prevent potential HIV infection.





DAY 10 WEEK 2

“At the end of the day, love and compassion will win.”
—Terry Waite

THERE IS NO cure for AIDS. However, special medications, called antiretrovirals or ARVs, slow down the damaging effects of HIV on the defense system. Other common medications (antibiotics, pain medication, anti-diarrheals, etc.) treat some of the painful symptoms. Good nutrition is also essential to help the body stay strong as long as possible.

In countries where ARV treatment is widely available, HIV infection is now considered a chronic rather than terminal illness. With ARV treatment, good nutrition and a healthy lifestyle, a person with HIV can live for many years before developing the symptoms of AIDS. Treatment of AIDS has become a priority for many countries, especially high-income countries.

Governments of resource-poor countries collaborate with funding agencies to make treatment available for their citizens with HIV. However, even with funding, many low- and middle-income countries cannot provide enough medication to those who would benefit from it. It is estimated that treatment with ARVs is unavailable to 70–80 percent of people needing it in resource-poor countries.



Pray:

- that there will one day be a cure for HIV;
- that treatment will continue to be a priority for countries;
- that resource-poor countries would have more ARV's available.





Treatment obstacles

DAY 11 WEEK 2

“You can only come to the morning through the shadows.”
—J.R.R. Tolkien

WHEN A PERSON starts ARV treatment, it is essential to take the medicine in the right doses at the right time, every single day. If the pills aren't taken correctly every day without fail, the person may develop resistance to the medication. This means that the ARVs no longer have a beneficial effect against the virus.

ARVs are very strong, and have many undesired effects on the body. Without proper laboratory testing—a frequent problem in the developing world—the medications quickly build up to toxic levels in the body. ARVs can also cause nausea and vomiting when taken on an empty stomach.

As time passes, ARVs will no longer combat the effect of HIV on the defense system. If something else doesn't take their life, everyone with HIV will eventually die from AIDS.

Natasha took ARVs for several months. She received them for a reduced price but still didn't have money to purchase adequate food. When the side effects from the ARVs became too painful for her to bear, she stopped taking them. She decided she'd rather suffer the symptoms of AIDS than side effects of the medication.



Pray:

- for justice when distributing treatment to those who need it.
- that ARV programs would have nutritious food available to those who need it.





Sexuality

DAY 12 WEEK 2

“God always gives His best to those who leave the choice with him.” —Jim Elliot

IN THE GLOBAL fight against HIV/AIDS, there is not a topic that has more impact on the spread of the virus than sex. Since this is the most common route of HIV transmission, the battle against HIV will never be won until people take responsibility for making good sexual choices. Good choices protect both partners from HIV infection.

People who know they’ve been infected through sexual transmission often live with guilt over their past actions. They regret what they’ve done but there is no way to reverse history to change the fact that they are now living with HIV infection.

In some cases, a person learns of a partner’s unfaithfulness after receiving a positive result to an HIV test. If a person was infected through a partner he or she believed was faithful, they may experience anger and bitterness towards the person that passed on this devastating virus.



Pray:

- that people would take responsibility for sexual decisions, and not engage in risky behaviors;
- that those experiencing guilt would find peace and forgiveness through Jesus Christ.





Approaching the end of life

DAY 13 WEEK 2

“Tis grace hath brought me safe thus far, And
grace will lead me home.” —John Newton

IT IS SOMETIMES difficult for people to talk about end-of-life issues. Yet as people with AIDS face death, they have a great need for the spiritual and emotional support of their loved ones. The first step in reaching out to them is often the most difficult. What the person needs will become clearer as the relationship develops.

Many people with AIDS have expressed a profound desire for spiritual encouragement. They may want to re-examine their spiritual condition and have an assurance of life after death or a connection with a spiritual being. This is a wonderful opportunity to share the love of Christ, and pray for peace for the sick person and his or her loved ones. Sometimes just listening to a person’s fears and concerns is more valuable than any words you may have to offer.

As death draws near, people with AIDS have a deep need to be touched. Unfortunately, they are often feared and rejected by people who, out of ignorance or fear, refuse to come near. Yet HIV isn’t spread by simple physical contact. People with AIDS don’t present a risk to the people around them. Don’t be afraid to hold the hand of someone with AIDS, or hug him or her affectionately. This simple physical contact brings great comfort to the soul of a person dying with AIDS.



Pray:

- for relationships to be established with those approaching the end of life;
- for wisdom to say the right things;
- for comfort in the deep sorrow.





DAY 14 WEEK 2

“He will wipe every tear from their eyes. There will be no more death or mourning or crying or pain...” (Rev. 21:4).

THE REALITY OF impending death fills hearts with sadness. No one wants to say an eternal good-bye to those they love, or leave behind the things of earth they cherish so deeply. Grief may be overwhelming as people consider what their lives will be like when their loved one is gone. Yet the hope of a peaceful and dignified death gives courage as the person's life draws to an end.

Kind, loving words may comfort the soul, yet they can't remove the sting of death. Only the hope of eternal life through the salvation of Jesus Christ can change our perspective, as we realize that life will continue after death. We may be forced to say goodbye to those we love on earth, but there is hope that we will one day be united with our loved ones after life on earth comes to an end!

Through the forgiveness that comes through faith in Jesus Christ, anyone facing death can receive the assurance of eternal life.



Pray:

- for God's comfort when facing death;
- give thanks for eternal life in Jesus;
- that Christians facing death would find peace in the hope of eternal life.





Week 3



*Effects on the individual, their
family, and their nation*





Effects on the family

DAY 15 WEEK 3

“God sets the lonely in families...”
(Psalm 68:6).

THE IMPLICATIONS OF HIV infection can be overwhelming for both those infected, and their families. It is difficult to watch a loved one live through times of depression, anger, fear and physical suffering. The person with HIV may withdraw from loved ones, or react angrily to anything someone says or does to help. This is a common reaction when reality becomes too painful or difficult to deal with.

Overall, people from 15 to 49 years of age are at the greatest risk of HIV infection. People in this age bracket are most often the wage-earners for their families. As they fall ill with AIDS and are unable to work, their families suffer economic hardship. In places without medical insurance and other social supports, families are hit hard by huge medical costs. In many places around the world, there simply isn't enough money to pay for the “luxury” of medical care.

Parents with HIV experience tremendous grief when they consider the future of their children. They won't be there to accompany their children through life, offering direction and guidance. Will they learn the values and ideals their parents would have taught them had they lived to see them to adulthood? Will they be loved and protected?

Marriage relationships are disrupted, especially in cases where infidelity may have brought the virus into the family. Bitterness and anger may threaten to destroy any love that once existed.

Pray:

- for acceptance and support from family members;
- for provision for families if the wage-earner is the one ill;
- for peace for parents who are infected with HIV and worry about their children's future.





Effects on the elderly

DAY 16 WEEK 3

“For the LORD God is a sun and shield; the LORD bestows favor and honor...” (Psalm 84:11a).

IN CERTAIN PARTS of the world, most notably in Africa, sick adults are being cared for by their aging parents. Because adult children usually provide for their elderly parents, they have very few of their own financial resources. In addition to the physical stress of taking care of a dying adult child, the elderly face the stress of deepening poverty.

After the adult children die, grandparents are left to care for their grandchildren. In the hardest hit countries there are few—if any—social services available to help provide for these orphans. So once again, financial issues become overwhelming as grandparents assume primary responsibility for providing for their grandchildren.

These low-income grandparents are forced to work physically demanding jobs, which takes a high toll on their health. In many parts of Africa, with less than a dollar a day they struggle to provide food and water, clothing, medical care and schooling costs. As the children face hunger and malnutrition, so do their grandparents, since there isn't enough food to go around.

Across the African continent, without recognition or support, these grandparents struggle to feed newborn babies and look after active toddlers. They carry out cooking, cleaning and all the heavy domestic tasks that come along with raising children. As the children grow into young adults, the grandparents are left to guide them into a world that seems confusing and hopeless.



Pray:

for peace,
provision and
strength for the
elderly who are
caregivers.





Effect on children

DAY 17 WEEK 3

“...for the kingdom of God belongs to such as these”
(Luke 18:16b).

IN THE PLACES where the elderly are caring for their adult children, children are also assuming the role of caregiver to their parents. They are forced to give up their own education to stay at home and give care to their parent or parents. Without education, many children will be unable to break out of the circumstances that keep them chained to the cycle of poverty. The cycle of poverty continues to perpetuate through multiple generations.

Without the income supplied to the family by able-bodied parents, these children lack the basic necessities of life: food, medical care, schooling, etc. Shelter becomes a problem. If there are no family members to care for the children after the death of their parents, where will they live? In most cases, the place where they lived as a family will no longer be an option. If it was, how would it be maintained? Who will help the older children care and provide for the younger siblings?

In a best-case scenario, the extended family of an AIDS orphan will be able to care for the child. Unfortunately, this isn't always the case, especially in countries where AIDS has claimed the lives of so many young parents. These children are forced, out of physical necessity, to live in orphanages, which may or may not be able to provide the physical, emotional and spiritual care that each child needs to reach their full human potential. Another scenario leaves orphans on the street, where they are exposed to a life that was never meant for a child.



Pray:

- that children's innocence would be preserved as they assume adult responsibilities in caring for the ill;
- for provision, strength and peace in their lives.





Effects on caregivers

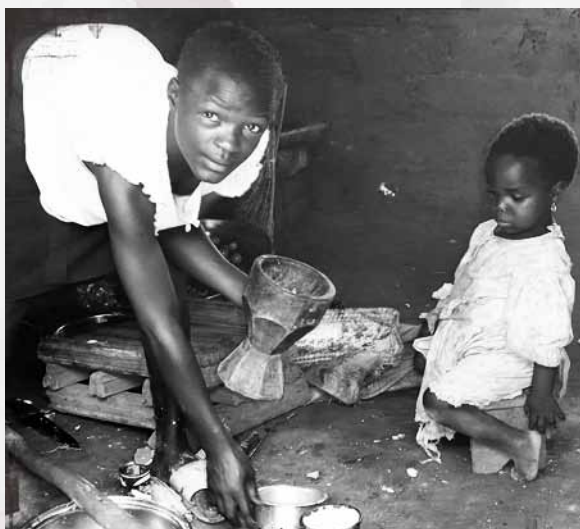
DAY 18 WEEK 3

“Take my hands, and let them move at the impulse of Thy love.” —Frances R. Havergal

WHEN CONSIDERING THE effect of HIV on the hardest-hit countries in Africa, it becomes evident that the number of people needing care often outweighs the number of people who can provide it in any given community.

There are a number of different ways to provide care for those who are sick with AIDS. Someone might choose to receive end-of-life care at a hospital. Another option is hospice care, when medical treatment can no longer change the course of the illness and death is near. Other people choose to remain at home, surrounded by loved ones. There are those, of course, who die alone with no one around to accompany them through the last hours of life.

Providing care to a loved one who is dying is extremely exhausting. Just being at the bedside can be overwhelming, even if the person is not directly involved in physical care. Anyone who does this for a period of time risks emotional, spiritual and physical exhaustion. If a caregiver does not take time to process his or her grief and get some distance from the situation for even a short time, he or she will not be able to offer care that is as effective as it could be.



Pray:

- supernatural strength and guidance for those giving care;
- that they would remain strong for those who are ill;
- protection from disabling emotional stress.





National impact

DAY 19 WEEK 3

“God loves each of us as if there were only one of us.”
—St. Augustine

GOVERNMENTS AROUND THE globe have observed with dismay the impact HIV is having on their nations. It has an effect on every aspect of a nation’s well-being, from the family unit to industrial production, from education and health care to the nation’s security.

The economies of severely affected nations have suffered huge losses as the death of trained laborers results in decreased production. Agriculture and food production is affected as farmers are physically and financially unable to plant and harvest their crops. Migrant workers, removed from their families for months and years at a time, are exposed to HIV infection in their receiving region and then return home with it. Education suffers as the number of teachers and professors diminishes, due to sickness and death. National healthcare is impacted as doctors, nurses and other personnel are no longer able to perform their duties.

HIV poses a destabilizing threat to internal national security as it moves through the armed forces of nations with high rates of infection. Military and peacekeeping personnel—with their frequent contact with prostituted women—are significant agents of HIV transmission as they become infected where they are deployed, and then return home to their families.



Pray:

- for economies of nations affected by the loss of life;
- for wisdom for government officials as they deal with the effects on their nation.





Substance abuse

DAY 20 WEEK 3

“...in all these things we are more than conquerors through him who loved us” (Romans 8:37).

THE LINK BETWEEN HIV and substance abuse has been clearly established. This includes all forms of substances that cause intoxication, not just drugs that are injected into the veins.

When a person’s mind is altered by intoxication, it changes the way he or she makes decisions. Multiple studies have proven that inhibitions are lowered when a person is intoxicated, and he or she becomes much more likely to engage in risky behavior that leads to potential exposure to HIV infection. Risky behaviors include unprotected sex, and sex with multiple partners.

The use of non-sterile drug-injecting equipment (needles, syringes, cookers, filters, etc.) is a very efficient route of HIV transmission. It is common practice for people who inject drugs to share their needles and injecting equipment with other users. If a person with HIV shares the needle he or she used to inject drugs, any blood that remains in the needle will be directly injected into the next user. The virus spreads very quickly once it enters a community of people who inject drugs. It then infects the sex partners of the users and moves into the general, non-injecting population.



Pray:

- that the Holy Spirit would enable people to recognize risky behavior and put a stop to it in their lives;
- that people who abuse substances would find help to leave this harmful lifestyle.





Sexual trafficking

DAY 21 WEEK 3

“A teardrop on earth summons the king of heaven.”
—Charles Swindoll

SEXUAL TRAFFICKING—THE sale of women and children into sex slavery—has existed for thousands of years. In the last century, with the advent of modern travel and communication, it has reached epidemic proportions.

The criminals who deal in trafficked human beings have formed tight networks across the globe. They typically target vulnerable women and children. After drawing them into their circle, either through trickery or coercion, they move them with ease through their networks. From their towns and countries of origin, they are moved to “market” and sold into a life of sexual bondage. Many will lose their lives; some will never again know freedom.

The trauma on trafficked women and children is immeasurable. They are separated from their families, and subjected to inhumane conditions. The emotional and physical traumas leave them scarred and damaged for life.

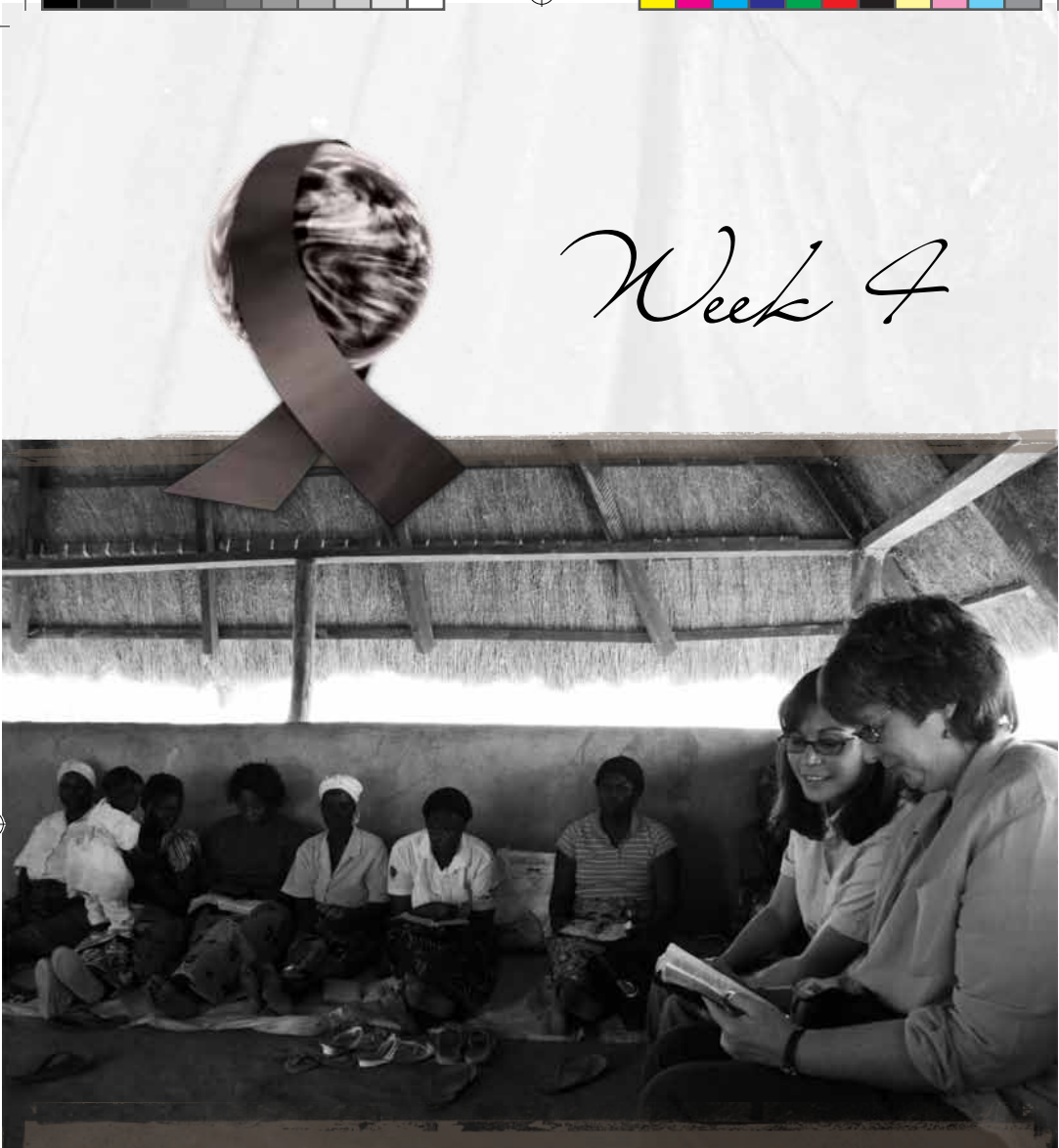
Ever since HIV began spreading through sexual contacts in the 1980s, women and children who have been sold, traded and held in sexual slavery have been at high risk of HIV infection. This only adds to their existing pain and trauma. Very rarely do they receive the medical care that they need. As they begin to fall ill to AIDS, they no longer have value to the people that control them. With few personal resources and even less money, they are left to care for themselves, removed from their family and loved ones.



Pray:

- that trafficked victims will find hope through Jesus;
- that governments will take more action against trafficking.





Week 4

Action from the church

28





DAY 22 WEEK 4

“The dew of compassion is a tear.”

—Lord Byron

THOUGH IT MAY seem like HIV/AIDS isn't an issue in your community, people may be dealing with it in secret. Your area of the world may have a significant HIV/AIDS problem, yet your church or community may have very little involvement in prevention teaching or ministry to people affected by the crisis.

Because of the stigma and fear associated with it, HIV/AIDS is a delicate subject in many places. This is true even in the church—or maybe even especially in the church! So when Christians step out with a compassionate, pragmatic approach to the subject, it communicates to the community that they care enough about people's well-being to take that risk.

We should examine our motivations for being involved in HIV/AIDS ministry. Getting involved simply to add to the numbers of the church isn't the best motivation. And eventually, such motivations will become evident to people observing the church's activities. Compassion ministry reaches out to people right where they are living, simply because they are loved by their Creator. We earn the right to share our faith after relationships have been established.



Pray:

- that God would open doors of ministry that we never dreamed possible;
- that our motivation for ministry would be pure and that God would bless our efforts;
- that the doors of the Kingdom would open to those who have never heard the good news of Jesus Christ.





DAY 23 WEEK 4

No man can resolve himself into Heaven.” —Dwight L. Moody

THOSE OF US who call ourselves Christians must always be aware that we are saved only because of God’s unconditional love for us. Through His amazing grace, through repentance and faith in Jesus Christ, we have received forgiveness for our sins. We hold firmly to the hope that when life on this earth comes to an end, we will continue on through eternity in the presence of our Creator.

Christians become involved in HIV/AIDS ministry out of love and concern for humanity. As we reach out in compassion, to Christians as well as non-Christians, we become the compassionate hands of our Creator reaching out to those in need. We do this, not to add to the numbers of our church, but because God cares for every individual who has ever walked the face of the earth.

So do we reserve our acts of compassion for those who are like us, refusing to reach out to those whose lifestyles may be very different from ours? As Christians we should not judge other people and withhold our love according to what we see. We can observe behaviors and view them in the light of Scripture, and conclude that they don’t conform to God’s law. However, we should still demonstrate the love of Christ to them.



Pray:

- that we would be aware of attitudes that place barriers between us and other people;
- that God would forgive us for allowing these attitudes to interfere with the way we interact with people whose convictions differ from ours;
- that God would give us wisdom in how we approach people with our concerns.





*Become aware of
risk factors*

DAY 24 WEEK 4

“Show me your ways, O LORD, teach me your paths” (Psalm 25:4).

YOU MAY NOT know anyone who is infected with HIV, or sick with AIDS, at this time. But it is very likely that someone you know is involved in behaviors that place him or her at risk to become infected with HIV.

At the beginning of this guide, there is a brief explanation on HIV/AIDS: what it is, how it’s transmitted, measures to take to prevent exposure to potential HIV infection. In relation to behaviors that put people at risk for HIV infection, it’s interesting to note that people have engaged in these behaviors for millennia—long before HIV existed!

Again, we must not consider our morality to be superior to another. But when we consider certain risky behaviors through the lens of scripture, we see that many of them don’t conform to God’s commands found in the Bible: People having sex before they’re married, married people having multiple partners, people taking advantage of the vulnerability of others, the use of substances that impair judgment and lead to risky behavior.

Since the Bible addresses all of these issues, why shouldn’t we? It may be intimidating to talk about these things. We may not even know how to address them as we begin to branch out in ministry. But we love people; we don’t want their actions to bring harm to their bodies and souls.



Pray:

that God would help us to step out of our comfort zones and address issues that bring harm to body and soul.





Sexual transmission and substance abuse

DAY 25 WEEK 4

“My grace is sufficient for you, for my power is made perfect in weakness” (2 Cor. 12:9).

AS WE CONSIDER the world, we realize that the good and perfect plan that God created for sexual expression has been badly compromised. As a result, we are living on a planet suffering from the effects of this mismanagement, which includes unplanned pregnancies, broken families, and sexually transmitted infections including HIV.

Substance abuse plays a role in many social problems. Addictions can lead to breakups of families, and involvement in illegal activities as the user struggles to find money to pay for his or her habit. The effect of drug use has devastating effects on the body. The use of mind-altering drugs alters a person’s ability to make good decisions, which often leads to risky sexual behaviors. IV drug users who are infected with HIV spread the virus to those who borrow his or her injecting equipment.

Only when people are informed about these issues can they address them. Armed with good knowledge and an understanding of human nature, Christians can bring awareness of these subjects to all levels of the congregation, moving out into the community as opportunities arise. And as we are filled with the compassion and love of Jesus Christ, we reach out to people who are living with these risk factors.



Pray:

- that God would give us courage to tackle these difficult subjects;
- that He would give us wisdom and tact to speak words of instruction to those who are at-risk;
- that in His love and mercy people would be spared from HIV infection, even though they engage in risky behaviors.





Support groups

DAY 26 WEEK 4

“Whatever you did for one of the least of these brothers of mine, you did for me” (Matt. 25:40).

MANY EMOTIONS CONFRONT people after they have received a diagnosis of HIV infection. They face changing social support systems, shifting financial situations, and an unknown future. Emotional and spiritual support is vital to help them adjust to their new reality, and move into the future with hope and confidence.

HIV/AIDS support groups become places of acceptance and encouragement for people infected with HIV, as well as their loved ones. They provide a place to share their experiences and build new relationships. People gain acceptance and support from people who are living with similar situations. Family members and loved ones can receive encouragement to help them face their losses.

Churches can provide excellent resources for support groups. They offer a physical facility where people can meet together, as well as people who deeply care about the well-being of their neighbors.



Pray:

that people and churches would feel compelled to start support groups for those affected by HIV.





Home-based care

DAY 27 WEEK 4

“One can give without loving, but one cannot love without giving.” —Amy Carmichael

MANY PEOPLE WITH AIDS, in all regions of the world, prefer to receive care at home as they become increasingly ill with AIDS. In some of the hardest-hit countries of Africa, where many people with AIDS don't receive even the most basic medical treatment, they remain at home simply because they don't have access to medical treatment or institutional care. In either case, caregivers are needed to make home visits and provide care. Caregivers are usually trained health workers, volunteers or family members.

Home-based care also involves assisting family members who are living with the devastating effects that HIV/AIDS has brought into their lives. Children are often overlooked as focus shifts to the sick person. They observe everything around them, and may be frightened by the physical appearance of the sick person. They grieve the loss of their family unit as they once knew it. Caregivers can address the emotional needs of the children, helping the family to recognize and deal with what is happening.

Once again, the church has an important role to play in providing caregivers to respond to these needs. Compassionate Christian volunteers can be trained to provide physical, emotional and spiritual support. Churches with HIV/AIDS ministries can take special offerings, allowing them to provide food and other supplies for the person with AIDS and the family.



Pray:

that God would raise up compassionate people who are willing to make a commitment to the challenge of caregiving.





Church engagement

DAY 28 WEEK 4

Love is something more stern and splendid than mere kindness.” —C.S. Lewis

YOU OR YOUR church may want to get involved, but what can you do? The following activities open doors to ministry in your church and community.

- Have the church congregation form a prayer group to pray for people around the world living with HIV/AIDS.
- Have the church pray for people who are engaged in risky behaviors: that God would bring them to a place where they're willing and able to leave those behaviors behind them, and that He would protect them.
- Find materials to learn more about HIV/AIDS, and to you in teaching others about this disease. (The Global AIDS Partnership can provide these materials upon request.)
- Organize times of teaching with the different groups in the church.
- Have the youth create a drama about the subject of HIV. Present it to the congregation.
- Organize a committee to investigate what is being done about HIV in your area.
- Appoint someone to reach out to those in the community known to be dealing with HIV.



Pray:

- that church leaders will recognize the need for the body of Christ to take action against HIV;
- that the church will be the hand of Christ extended to the suffering.





Week 5



Pray for **GAP**

36





DAY 29 WEEK 5

“Therefore go and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit” (Matthew 28:19).

GAP members represent ministry partners in 213 countries and territories across the globe. With 53 million Assemblies of God members and adherents, imagine the impact we could make if everyone did their part to warn others of the risk of HIV infection, responding with compassion to all people living with the virus.

The Global AIDS Partnership provides teaching and training resources for all of Assemblies of God World Missions. At the request of ministry partners, GAP members travel where requested to consult with colleagues who want to start HIV/AIDS initiatives, present teaching and training seminars, and evaluate existing ministries.

Cry Africa is the HIV/AIDS initiative for AGWM in sub-Saharan Africa. They have assisted churches in some of the most affected countries on that continent. The Latin American & Caribbean AIDS Commission is actively involved in HIV/AIDS ministry in their region.

Working together with national church partners, there is great potential for ministry around the world! We rejoice for doors that have already opened, but we long for God to open even more doors for this life-saving, life-transforming ministry.



Pray:

that God would open more doors for GAP, so that hurting people would be touched through the ministry of local churches.





DAY 30 WEEK 5

“How, then, can they call on the one they have not believed in? And how can they believe in the one of whom they have not heard? And how can they hear without someone preaching to them?” (Romans 10:14)

ACCORDING TO LANGUAGE experts, close to 7,000 languages are spoken across the globe. Some of these languages, such as English, Spanish, French, Arabic, Russian, etc., have tens of millions of speakers around the world. Others are much smaller, and are often associated with groups of people in specific geographic locations.

Communication can pose huge challenges for missionaries. They must learn to speak the language of the people in their areas of ministry. In many parts of the world, people speak several languages—so sometimes missionaries must learn to speak yet another language.

No matter the subject, it is vital for missionaries to have materials available in the languages of the people they work with. With the major languages, thousands of books may be available for one topic. With smaller languages, there may be few, if any, books on any subject. Literacy is also an issue, as millions of people around the world are unable to read or write.

As the Global AIDS Partnership provides HIV/AIDS prevention and response training to ministry partners around the globe, materials created by GAP are used.

The materials also speak of the love of God for the nations—the message of the gospel is clearly presented. To have the broadest possible impact on people affected by the epidemic, they must be in the language of the people. Translation is essential to the ministry of GAP.

Pray:

- for ministry partners who can communicate the message clearly and appropriately to at-risk populations;
- for good translators who can accurately translate the materials.





Support of existing ministries

DAY 31 WEEK 5

“Compassion brings us to a stop, and for a moment we rise above ourselves.” —Mason Cooley

MANY PEOPLE—and churches—would like to be involved in HIV/AIDS ministry, but they don’t know where to begin. Or they may be hesitant to get involved because of potential costs associated with this type of ministry. When countries are severely affected by poverty, people with HIV/AIDS may be facing their infection without any financial resources. They have valid needs for food, medical costs, clothing, and other necessities of life. Individuals and churches may not feel they have enough money to get involved.

There may not be much money, but it doesn’t just take money to get involved. Training is a cost-effective way to make an impact on the epidemic—a person who has been trained can pass along their knowledge of prevention and intervention measures. It doesn’t take money to visit someone in their home, taking time for prayer and encouragement. Sometimes the greatest gift we have to offer is our time.

There are times during ministry where financial resources are needed. However, a missionary or church’s budget could never supply for all of those needs! Within AGWM, the Sustain Hope ministry works alongside churches and communities affected by the epidemic and other issues. They can help develop local resources, such as agriculture, alternative fuels, water resources, etc. As a result, local communities are better equipped to improve their living conditions, assist others in the community, and earn some income to support existing ministries.



Pray:

that people would be compelled to support ministries that reach across the globe to help people in their suffering.





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