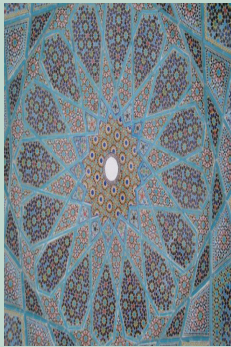


HIV AND FAITH

DISCUSSION PAPER



ENGAGING MUSLIM AND CHRISTIAN LEADERS
ON THE ISSUE OF HIV

This strategy was developed by:

Bryan Teixeira – Naz Project London
Cheikh Traore – Mayor’s Office, Greater London Authority
Edna Soomre – African HIV Policy Network
Georgina Caswell – African HIV Policy Network
Ijeoma Ajibade – Mayor’s Office, Greater London Authority
Kay Orton – Department of Health
Linda Johnson-Laird – Department of Health
Robbie Currie – Camden PCT
Robert Goodwin – Department of Health
Titise Kode - African HIV Policy Network
Sukainah Jauhar – Lambeth PCT
Yousra Bagadi – Camden PCT

With support from colleagues who attended a consultation meeting in June 2008 at City Hall:

Bisi Alimi - Naz Project London
David Musendo - London Ecumenical AIDS Trust
Davies McIlyalla - Changing Attitudes Nigeria
Deacon Asher Emetananjo - Ethiopian Community Centre in the UK
Denis Onyango - African Advocacy Foundation
Fatma Msumi - North Brixton Islamic Cultural Centre
Godswill Udo - Ethnic Health Foundation
Hamayoon Sultan - Islamic Relief
Hudda Khairch - North Brixton Islamic Cultural Centre
Jabulani Chwaula - African HIV Policy Network
Lazarus Mungure – St. Luke’s
Maureen Ndawana
Mesfin Ali - Ethiopian Community Centre in the UK
Reverend Joabe Cavalcanti - St. Barnabas Church & Southwark Cathedral
Reverend John Metivier - Mary the Virgin Kenton
Sheikh Bashir - North Brixton Islamic Cultural Centre

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1. Introduction

1.1 The Initiative

This paper identifies for discussion, a range of proposals on ways in which Muslim and Christian faith leaders can work together with HIV organisations (the HIV sector) on the issue of HIV in the UK. This initiative is being led by the African HIV Policy Network (AHPN) and Naz Project London (NPL) from the HIV sector, with support from Camden and Lambeth Primary Care Trusts, the Department of Health and the Mayor's Office (Greater London Authority). Although this initiative is initially being led by Black and Minority Ethnic (BME) organisations, the long-term view is to draw in other HIV sector organisations.

This paper is based on evidence that has emerged from a continuing and long process of community engagement and policy analysis. Over recent years AHPN and NPL have worked with Christian and Muslim faith communities, as well as faith-based and other HIV organisations across the UK:

- to raise awareness of HIV,
- to promote HIV services, and
- to develop partnership work with faith leaders, community workers, healthcare professionals and people living with HIV.

1.2 The Discussion Paper

The aim of this discussion paper is to generate debate amongst a group of stakeholders, with the view of developing an engagement strategy with Muslim and Christian faith communities on the issue of HIV. It is envisaged that programme will take place over a three-year period and be subject to review and evaluation. The programme will enable HIV organisations to develop ways of working with faith communities on HIV prevention issues and promote situations of dialogue in which these communities and organisations can come together and address HIV in order to bring real change for those who are living with HIV. This can only be achieved by working closely together and by allowing each organisation or community to do the things that they are best able to do.

The success of this engagement process will necessitate finding a language that articulates the issues without conflicting with beliefs or doctrine. It is recognised that this is a challenge requiring respect and sensitivity, but this challenge is not insurmountable. It will involve time, commitment and work to develop understanding and find common ground. Crucially, the work will strive to use internationally and nationally recognised evidence of what works. Our aim is to enable people living with HIV, to live free from fear, stigma and discrimination.

By addressing primarily Muslim and Christian communities, the paper aims to promote community cohesion. HIV is an issue that can bring people together by developing a common focus and thus create dialogue between highly

diverse communities. It is hoped this will lead to the development of community engagement and relationship building at local levels.

The strategy aims to reach grass-roots communities and engage partners that have thorough understanding of local sensitivities and can address them appropriately. By engaging faith leaders and BME community members living with or affected by HIV developing and delivering prevention programmes a sense of ownership will be created.

2. Faith and HIV

2.1 The Importance of Faith

Faith plays a key role in everyday life for many people from black and minority ethnic communities (BME). It is for them a form of identity, and for new migrants especially, one of the key ways of integrating into life in the UK. For some people, participation in the life of a faith community is vital for their well being and the basis from which relationships are formed. If faith communities can address the stigma and discrimination surrounding HIV and recognise that HIV exists in their respective communities, not only will this develop support for people living with HIV within their own communities, it could also assist with the implementation of prevention strategies at local levels and help raise awareness about HIV.

2.2 The Role of Faith Leaders

In an environment characterised by ethnic and religious diversity, it is vital to engage with faith and community leaders in order to send clear messages of objectivity and ensure inclusiveness.

Faith leaders are in a key position to:

- Assist in HIV primary prevention by addressing some of the myths that surround HIV,
- Ensure that places of worship are places of welcome and acceptance for people living with or affected by HIV.
- Respond to the spiritual needs of people living with HIV.
- Contribute to decision making on HIV at local levels.
- Create safe space in which the challenges of living with HIV can be discussed.

It is therefore crucial to engage faith leaders because of the authority they hold within their communities and their regular involvement and relationships with people, especially at key life events.

2.3 HIV in the UK

Approximately 73,000 people are living with HIV in the UK, a third of whom are unaware of their HIV status. Men who have sex with men (MSM) and people

from African communities are most affected. Heterosexual HIV transmission within BME communities in the UK has increased, both for those who acquired their infection within the UK and for the majority who were infected in Africa. Women account for two-thirds of new diagnoses among black African heterosexuals.¹

2.4 HIV-related Stigma and Discrimination

HIV is a highly stigmatised condition that can lead to social isolation and alienation. There is a lack of understanding within society about the nature of HIV and because it is largely transmitted through sexual contact, this leads people to assume that people living with HIV are promiscuous and immoral.

People living with HIV experience stigma and discrimination, both within their communities and within society as a whole. Stigma exists in everyday settings including the home, workplaces, hospitals, schools, places of worship and community settings. It affects the way people engage with everyday life at a very fundamental level. It also has an enormous impact on confidentiality and the disclosure of one's status.

Stigma hampers access to HIV services, because people living with HIV, fear that if their colleagues and friends find out, they may reject them.² Stigma may also have a negative effect on treatment, for example, because people are afraid to reveal their status, they may find it difficult to take their medicine or adhere to treatment regimes, and attend health appointments.

Asylum-seekers living with HIV have become some of the most marginalised people in the UK. They are 'doubly stigmatised' based on both their HIV and their immigration status. Some undocumented asylum seekers face additional difficulties accessing HIV treatment, employment, housing and other services and this affects their health and well-being. Negative media reports on asylum seekers and refugees, also contributes to this double stigmatisation.

Sensationalist and unfounded media reporting has created a hostile environment within the UK and people living with HIV do not want to disclose their HIV status because of the difficulties this may cause them. This has a particular impact on asylum seekers who may want to test for HIV, but fear that an HIV diagnosis will affect their asylum application.

2.5 HIV Stigma and Discrimination within the Context of Faith

Although participation in the life of a faith community is key to the well being of some people living with HIV, many people have experienced discrimination, stigma and marginalisation from within the very communities that should be a source of support for them. This is largely due to a lack of knowledge about HIV, particularly how it is transmitted and how it affects people. Faith is crucial

¹ Health Protection Agency. Testing Times. 2006

² Dodds C, Keogh P, Chime O, Haruperi T, Nabulya B, Ssanyu-Sseruma W et al. Outsider Status: Stigma and discrimination experience by Gay men and African people with HIV. 2004. London, Sigma Research.

to many people who live with HIV, in that it forms the worldview through which they interpret their lives and on which their daily activity is based. Faith is also a source from which courage is derived, providing people with strength to address the many challenges they encounter from living with HIV.

A study of African men living with HIV in London states that *'religion is a powerful coping mechanism for many people from African backgrounds, and that more effort and resources should be dedicated to involving black and African faith organisations in prevention strategies and into activities to reduce HIV related stigma'*.³ A similar study of African women states that *'several reported that moral judgements against HIV positive people were especially strong within the church and this made them reluctant to reveal their status.'*⁴ This means that some people are unable to disclose their status within their faith community and are prevented from seeking the support they need.

In these circumstances, instead of being a place of safety for the positive person, faith communities may become a place of fear. The stigma and discrimination an HIV positive person may face within their own faith community compounds the difficulties they already face from fear of disclosure within wider society. It has to be said that this is not the experience of all people living with HIV, many of whom have found succour and support from their faith communities. However, far more needs to be done to address the difficulties that do exist.

3. Engaging Faith Communities

3.1 HIV Organisations and Faith Communities

Relationships between secular HIV organisations and faith communities are vital to addressing HIV in the UK, but developing such relationships is a challenge. HIV organisations find such engagement challenging because faith communities in some situations, struggle with the issue of human sexuality. Openly discussing sexuality is a taboo for many people within BME communities and may contribute to the reluctance of some faith leaders to discuss HIV. In addition to this, not enough is known within some faith communities, about the nature of HIV, how it is contracted and the fact that disproportionate numbers of people living with the virus are from BME communities. It is crucial for HIV organisations and faith communities to address this lack of knowledge and develop ways in which they can work together without compromising the independence of the organisations involved. This is crucial because for people who do not identify with a faith community. The detachment of an HIV organisation from a faith community organisation is important because it conveys impartiality and for some people is a guarantee of confidentiality.

3 Doyal L, Anderson J, Apenteng P. "I want to survive, I want to win, I want tomorrow" An exploratory study of African men living with HIV in London. 2005. Homerton University Hospital, Queen Mary University of London, African HIV Policy Network, Terrence Higgins Trust. p20

4 Anderson J, Doyal L. 'My Heart is Loaded' – African women with HIV surviving in London: Report of a qualitative study. 2004. p16

There are several examples of successful work with faith communities at different levels including Primary Care Trust level, London-wide and nationally. NPL has worked with the London Central Mosque and the Lambeth Southwark and Lewisham African Muslim Campaign Against HIV has the North Brixton Islamic Cultural centre as a partner agency and the campaign has worked with a number of mosques across South East London. There are many other examples of good practice where faith communities are engaged in HIV prevention, awareness and support, but there is a need to develop a more strategic approach to this area of work. Developing such an approach will enable these organisations to learn from each other, providing a way of identifying needs, providing guidance and support, and enabling them to keep abreast of new developments within the sector.

3.2 Faith Communities and Engagement with HIV

Faith communities engage at different levels and in different ways.

- *Support and care* are regarded as the traditional strengths of faith communities, many of which were among the first to openly treat and embrace people living with HIV. Activities include spiritual support, psychological care, food and material support.
- Faith communities have traditionally been less involved with *HIV prevention* work in comparison to support and care activities. However, some faith-communities have been involved in HIV awareness and education and signpost individuals to HIV and sexual health services.
- Faith communities have a history of engaging in *advocacy and rights*, however, they are currently silent on key issues such as access to treatment and care, human rights and other factors that underpin HIV transmission, such as gender discrimination. There is also limited evidence of efforts by faith communities to address HIV related stigma within their own communities.

3.3 Involvement of People Living with HIV

Some Muslim and Christians living with HIV are taking a lead in challenging stigma and discrimination, and promoting HIV awareness in their faith communities. They have appeared on posters, shared their experiences, supported and counselled others living with HIV and participated in both decision and policy-making. The engagement of people living with and affected by HIV is essential in a UK-wide response to confronting HIV stigma because they are in the best position to understand and describe their experiences and to represent their needs. Some people are already championing the need to encourage faith leaders to educate their communities about HIV.

4. Developing a Strategic Response

4.1 Challenges

Working on such a highly complex and sensitive issue with people who are not necessarily familiar with these complexities will bring challenges. Despite the increasing numbers of people affected by HIV in the UK, there is still the perception that HIV affects 'others'. While there are activities taking place with some mosques/churches, there is no evidence of dialogue with some of the major faith institutions and some large places of worship.

Within BME communities it must be recognised that leadership roles within the faith communities are largely held by men and so ensuring the participation of HIV positive people, including women and MSM, may prove difficult.

Furthermore, the institutional styles and the principal structure of authority and decision making within the typical faith communities regarding controversial issues such as condom use and homosexuality, might create impassioned debate and disagreement rather than focussing on identifying responses to HIV. Although these are challenging issues, they provide an opportunity to further explore their implications in HIV prevention, treatment, support and care.

4.2 Opportunities

Despite this, it is vital to raise the awareness of HIV and to call on religious leaders to understand how HIV is affecting their communities. Through their work to date, the AHPN and NPL have developed relationships with some Christian and Muslim faith leaders and have produced educational resources on HIV for faith communities.

While engaging faith leaders on the issue of HIV, it is important to also mobilise faith communities that are already working on HIV-related issues. We will capitalise on the history of engagement from various African communities, affected families and people living with HIV around the country. The strategy would recognise existing initiatives and ensure that engagement is sustained throughout its implementation.

There is international recognition of the importance of working with faith leaders. International organisations, including Christian Aid, Tearfund and Islamic Relief, have demonstrated an interest in addressing HIV issues in the UK, in addition to their work abroad. There are therefore opportunities to collaborate with and learn from international agencies.

Work with faith leaders and work on HIV also requires political support. This paper is supported by the office of the Mayor of London and seeks to address the Mayor's priorities of:

- tackling health inequalities,
- promoting refugee integration and community cohesion and
- his duty to promote equality of opportunity in London.

5. HIV and faith - Programme of Activity

5.1 Short term - Objectives (Over 1 year)

Activities	Lead	Timelines
<p>Mapping of existing work Purpose: To explore gaps in faith work, to identify possibilities for partnership, to compliment the Christian and Muslim toolkits, and to use to signpost individuals to services.</p>	AHPN	
<p>Creation of a directory Purpose: To facilitate partnerships</p>	AHPN	
<p>Identifying and Documenting different models of action. Purpose: To understand different layers of engagement (i.e. seeking legitimacy, partnering) and to identify potential projects; and to learn from work overseas.</p>	AHPN	
<p>Training of Christian and Muslim faith leaders using the AHPN toolkits Purpose: To work with Christian and Muslim faith leaders to enhance their understanding and response to HIV.</p>	AHPN	Ongoing
<p>Theological training for clergy and training for imams Purpose: Practical resource/ manual for clergy and imams led and produced by faith leaders/ religious institutions to assist them in their own leadership and to enable them to better understand and respond to HIV.</p>	AHPN with	June onwards 2009 November 2009
<p>Exploring research from BASSLine survey Purpose: To understand current knowledge, perceptions and attitudes amongst African communities in order to assist us in developing an informed response.</p>	AHPN with Sigma	Ongoing

<p>Forming and supporting local and national networks of HIV positive Muslims and Christians</p> <p>To create opportunities for PLWHA from different faith groups to come together and facilitate their collective social empowerment and engagement in decision making.</p> <p>Ensure that every opportunity (meetings, media, the design of interventions) is used to promote the voices of Muslim and Christian PLWHA.</p>	<p>LEAT, AAF</p>	<p>Ongoing</p>
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5.1 Medium Objectives (1-3 years)

Activities	Lead	Timelines
<p>Conference or meeting (with the Mayor) to set out proposal/strategy to faith leaders and to seek their involvement.</p> <p>This would involve:</p> <ul style="list-style-type: none"> - One to one engagement with key faith leaders - private meetings. - A brief fact sheet/ letter could be sent to all faith leaders - we can call it something like 'A call to action' - perhaps get it endorsed by the Mayor, asking churches/mosques leaders if they want to be involved in addressing HIV in their communities. It will have to be brief and hard hitting and pull together all the key issues. 	<p>AHPN</p>	<p>Early 2010 (as part of the National African HIV Conference?)</p>

<p>Setting up of a forum - consisting of champions from the conference (people living with HIV, faith leaders and sector organisations) – where they could come together and consider how best to build capacity within the faith communities, develop their knowledge and enable them to work within their communities. This forum needs to be inclusive of women, young people and MSM.</p>		
<p>Development of a community declaration or standard/ charter mark - agreed commitments or policy that the churches/ mosques will adopt to show they support and work with people infected or affected by HIV.</p>	AHPN	This could be an outcome of the conference in early 2010
<p>Work with faith media Purpose: To reach wider faith communities with messages about HIV</p> <p>This would involve mapping out existing Christian and Muslim media (print, radio, television, web), seeking their commitment to discuss HIV on World AIDS Day, and linking them with the forum to disseminate HIV prevention, information and advocacy messages.</p> <p>There is also the issue of the academy – theological colleges, academic institutions and all the more academic networks and forums.</p>		Ongoing – opportune moments ie. World AIDS Day

5.3 Long term Objectives 1- 5

Activities	Lead	Timelines
LOCAL/ REGIONAL LEVELS		
Develop and disseminate a self-assessment framework to encourage churches, mosques and faith communities to assess their own response to HIV (see Tearfund's model in 'Right here, right now').		
NATIONAL LEVEL		
Develop strategic partnerships <ul style="list-style-type: none"> - - Islamic Relief, Tearfund, Christian Aid - - Education and social services (other sectors that impact on the wider determinants of sexual health) - - Selected mainstream media ie. MTV 	AHPN	Ongoing – and particularly during faith conference in early 2010 (as part of National African HIV Conference)
Demonstrate united and strong interfaith leadership at key moments ie. World AIDS Day – send a joint press release		
Churches and mosques engagement in national policy framework.		
Advocacy and campaigning on access to treatment.		
Integration of HIV into religious training nationally.		
HIV testing in churches and mosques.		
Getting on board young champions to lead on HIV and STI prevention work with young people		

THIS DOCUMENT IDENTIFIES FOR DISCUSSION, A RANGE OF PROPOSALS ON WAYS IN WHICH MUSLIM AND CHRISTIAN FAITH LEADERS CAN WORK TOGETHER WITH HIV ORGANISATIONS ON THE ISSUE OF HIV IN THE UK.

THE STRATEGY HAS BEEN BASED ON EVIDENCE THAT HAS EMERGED FROM A CONTINUING AND LONG PROCESS OF COMMUNITY ENGAGEMENT AND POLICY ANALYSIS.



AFRICAN HIV POLICY NETWORK (AHPN)
NEW CITY CLOISTERS
196 OLD STREET
LONDON EC1V 9FR
UNITED KINGDOM

TEL: +44(0)20 7017 8910
FAX: +44(0)20 7017 8919

INFO@AHPN.ORG
WWW.AHPN.ORG