

Religious Leaders Respond to HIV/AIDS



June 2007

Table of Contents

TABLE OF CONTENTS	II
ACRONYMS	III
INTRODUCTION.....	2
METHODOLOGY	2
OBJECTIVES	3
FINDINGS	4
HIV IN THE MIDDLE EAST AND NORTH AFRICA (MENA) REGION	5
IMPORTANT ROLE OF RELIGIOUS LEADERS	6
APPROACH TO REGIONAL RELIGIOUS LEADERS.....	7
TOOLS TO AID RELIGIOUS LEADERS	7
Muslim Kit.....	7
Christian Kit.....	8
EGYPTIAN RELIGIOUS LEADERS REACHING OUT	10
Support for PLHA.....	11
Misconceptions about HIV/AIDS.....	11
LESSONS LEARNED	13
RECOMMENDATIONS.....	14

Acronyms

FHI	Family Health International
GDP	Gross Domestic Product
IMPACT	Implementing AIDS Prevention and Care Project
MENA	Middle East and North Africa
MOHP	Ministry of Health and Population
NAP	National AIDS Program
PLHA	People living with HIV/AIDS
UNAIDS	Joint United Nations Program on HIV/AIDS
USAID	United States Agency for International Development
UNDP	United Nations Development Program

Introduction

The Middle East and North Africa region is posed on the brink of crisis in terms of the battle against the spread of HIV/AIDS. While the region as a whole currently has a low rate of infection, there is no guarantee that this rate can be maintained in the absence of an effective response. The social stigma attached to HIV/AIDS encourages people infected with the virus to hide their status and discourages people at risk from being tested, combining to make this a critical moment in determining the outcome of the region's response. Due to the unique cultural makeup of the region, religious leaders are essential actors in a successful response to HIV/AIDS as they have legitimacy and a durable presence in local communities. These religious leaders are uniquely positioned to play an influential role in changing the community's perception of HIV/AIDS. These leaders are optimal actors in increasing awareness of means of transmission, avoiding stigma and discrimination against people living with HIV/AIDS (PLHA) and helping to ensure that patients receive appropriate care and treatment. They are also well positioned to influence public attitudes and national policies related to HIV/AIDS. As an expression of their intention to do just that, 80 regional religious leaders signed the Cairo Declaration in December 2004 during the Regional Religious Leaders Colloquium, held in Cairo. The colloquium, implemented by Family Health International (FHI/IMPACT), with support from USAID, in close collaboration with UNDP and UNAIDS, under the auspices of the General Secretariat of the League of Arab States, produced valuable tools for awareness raising, including religion-specific kits to help religious leaders constructively contribute to the response to HIV/AIDS, as well as reaching a consensus among regional religious leaders as stated in the Cairo Declaration, "We, the Muslim and Christian leaders, working in the field of HIV/AIDS in the Arab world... face the imminent danger of the HIV/AIDS epidemic and have a great responsibility and duty that demands urgent action." Following the regional meeting, several workshops were conducted in Egypt to give Egyptian religious leaders from Upper and Lower Egypt the tools they need to contribute to the response to HIV/AIDS in Egypt. These workshops were facilitated by high-ranking religious leaders who were adequately trained in HIV/AIDS. The Egyptian leaders trained in these workshops were asked to develop a work plan of proposed activities that would include religious meetings, awareness raising sessions in schools and universities, incorporating HIV/AIDS messages in Friday speeches or Sunday sermons, and radio and TV interviews to convey gained knowledge to the general public.

Methodology

Because each of the two major religions in the region (Islam and Christianity) has an internal organization and leadership structure, religious leaders of each community

were approached in a manner specifically tailored to them with an aim to unite the two in a common purpose. First an internal consensus was built within each religious community through a limited selected open-minded, but recognized, group of resource persons. Then, the two communities were united — for a larger inter-religion dialogue and stand — to shift the religious message from the “punishment” perspective to the “positive values” view, encouraging prevention, care and compassion.

Building upon the intention expressed in the Cairo Declaration and utilizing two Religious Leaders Against AIDS Kits (one specifically for Muslim leaders and the other for Christian leaders), workshops were held in Cairo and Ain El Sokhna to train religious leaders from Upper and Lower Egypt. These leaders went on to give speeches and conduct seminars, meetings, and congregations for the general public in their respective areas. FHI/IMPACT sponsored four large meetings in Minia and Alexandria targeting youth, women, adults and the elderly. These meetings were facilitated by trained religious leaders in collaboration with a Ministry of Health and Population (MOHP) representative and AIDS focal point in each governorate.

Objectives

The objective of the enlistment of religious leaders in the response to HIV/AIDS is to increase awareness of the ways the virus is spread, encourage safe sex practices, reduce the stigma attached to HIV/AIDS and PLHA, eliminate discrimination against PLHA and reinforce the religious values found in both religions that focus on fidelity, avoiding adultery and promoting compassion for the sick and suffering. Religious leaders were chosen specifically for their wide reaching impact and their deep penetration into society. Religious leaders in the region play a vital role in shaping social values and norms.

Findings

Building upon principles inherent in the religious beliefs of the population, religious leaders can influence their constituencies' knowledge of methods of transmission and prevention of HIV/AIDS, as well as helping alleviate the stigma attached to the infection, and encouraging compassion in dealing with PLHA.

The religious leaders involved in the capacity-building activities reacted in a positive manner, becoming committed and devoted to aiding in the effective response to HIV/AIDS. The activities made them aware of their vital role in the fight against HIV/AIDS. Once they gained knowledge about the disease and had their misconceptions clarified, the audiences to whom these leaders spoke were willing to share and interact as well as being enthusiastic about the role they could play in fighting the disease.

HIV in the Middle East and North Africa (MENA) Region

While the MENA region has a relatively low prevalence of HIV/AIDS, unless action is taken to ensure a continued low rate, the coming decades could see a dramatic increase in infection. Strict social taboos prevent frank discussion of methods of prevention and fear of social stigma stands in the way of testing and medical treatment. Lack of study of groups most at risk of infection (those engaging in socially unacceptable or illegal behavior) may be masking a hidden epidemic. Unemployment, poverty, conflict, illiteracy and the lack of medical services make the region fertile ground for the spread of the virus.

While the conservative social norms common in the region have kept the rates of infection down, they may also be responsible for the lack of methods of prevention, which are important because, despite the social norms, some people do engage in high-risk behavior. Ignorance about methods of transmission and erroneous beliefs about who is at risk contribute to the spread of the disease. Women are especially at risk due to gender inequality, which prevents them from insisting upon HIV testing for their husbands, negotiating safer sex, obtaining information and receiving health care. Women are also more susceptible because the vaginal surface is larger and more vulnerable to infection than the penis.

The stigma attached to HIV/AIDS is one of the major obstacles to HIV/AIDS prevention, as those most at risk fear that getting tested will result in their lifestyle being revealed. To avoid stigma and discrimination, many at risk individuals do not get tested and, even if they do get tested, will not reveal their HIV positive status, putting others at risk.

To date, the response to HIV on a regional level has been lacking due to the perception that the population as a whole is at low risk due to conservative social values. According to a World Bank study¹ of nine Arab countries, the current level of response to the epidemic will result in a fall in gross domestic product (GDP) of 30–40% over the coming years, leaving those countries under the poverty line. The UNAIDS Fact Sheet for 2006 puts the number of people living with HIV in the region at 440,000 in 2005 with an estimated 68,000 new infections in the same year.

¹ Jenkins, C. and Robalino, D.A., 2003, *The Cost of Inaction*.

Important Role of Religious Leaders

Participation of religious leaders in the response to HIV/AIDS is particularly important because much of the stigma currently attached to the virus is a result of commonly dispensed religious messages. Because, in most people's minds, the virus is tied to behavior that is religiously condemned, HIV has been equated with "a curse," and those who live with it have been viewed as "sinners." Mosques and churches tend to point a finger at people living with HIV, instead of adopting a caring and compassionate response. From there, a huge problem has arisen. While religious people/leaders have the capacity to work hard to help decrease the disease, some are actually adding to the stigma and discrimination associated with it. For this reason, the message to religious leaders has to be carefully shaped and based in terms and concepts that are clearly present in the precepts of religion.

A deeper look into the religious texts and original practices shows that there are many values and positive aspects that can be positioned as entry points to deal with HIV and its social dimensions; these include: respect for life, compassion, reduction of vulnerability, caring without judgment, solidarity, responsibility, education through good example, and respect for women's choice regarding marriage.

Family is also central in religious teachings, and often addressing the needs of children affected by HIV/AIDS is the easiest way for religious leaders to take part in creating a unified and positive message to end the discrimination and stigma that surrounds HIV/AIDS.

Religious leaders are essential actors in a successful response to HIV/AIDS in Arab countries. They contribute to the shaping of social values and norms, which are critical to ending stigma and discrimination related to HIV/AIDS, and can influence public attitudes and national policies related to the epidemic.

By giving religious leaders the tools they need to dispense a tolerant and productive message that is, at the same time, in keeping with their religious views, a disseminating process can be started that has great potential to penetrate all layers of society.

Approach to Regional Religious Leaders

In order to enlist the aid of regional religious leaders in the response to HIV/AIDS, FHI/IMPACT, with support from USAID, in close collaboration with UNDP and UNAIDS, under the auspices of the General Secretariat of the League of Arab States held the Regional Religious Leaders Colloquium in Cairo from December 11-13, 2004. At this colloquium, more than 80 Arab religious leaders unanimously agreed to respond to HIV/AIDS by signing the Cairo Declaration after much heated and constructive discussion.

To prevent the transmission of HIV/AIDS, the religious leaders acknowledged “the medical call for the use of different prevention means to reduce the harm to oneself and others.” The religious leaders also emphasized the importance of reaching out to vulnerable and high-risk groups and “ask(ed) that treatment and rehabilitation programs be developed.” The religious leaders also went on to emphasize the need “to abolish all forms of discrimination...and stigmatization of people living with HIV/AIDS.”

High-level religious leaders from around the Arab world, including Sheikh Al-Azhar Mohamed Sayed Tantawi, Sheikh Dr. Yusuf Al-Qaradawi, Mufti Ali Goma’a of Egypt and Bishop Yoanes on behalf of Pope Shenouda III, attended the groundbreaking event.

In addition to reaching a consensus on the regional question of HIV/AIDS response, the colloquium also served as a springboard to discuss vital issues related to HIV/AIDS and resulted in the compilation of religion-specific kits on HIV/AIDS awareness.

Tools to Aid Religious Leaders

To meet the need for accurate information in a form acceptable to the social and religious climate, religion-specific information kits were created for religious leaders to use in responding to HIV/AIDS. The messages contained in these religious kits are firmly based on verses from the Qur’an and Bible and emphasize the importance of compassion and knowledge.

Muslim Kit

The following is a breakdown of the messages contained in the kit designed for Muslims.

Chapter One: A Message to Religious Leaders

HIV/AIDS poses a threat to the MENA region and religious leaders have an important role to play in breaking the barrier of silence. The role of religious leaders is to raise people’s awareness of the risks of disease and the risks of certain sexual behaviors. The kit emphasizes that everyone has a right to knowledge without restriction. The

importance of fidelity and the risk of AIDS are essential messages that religious leaders should stress. Speeches should be tailored to the audience. *Fatwa* (decision in Islamic law) changes with time and depends on culture, but there should be a focus on prohibiting adultery, which leads to AIDS. Religious leaders working in prisons should treat prisoners and the diseased with mercy to help them change their behavior.

Chapter Two: An Address to Young People

The message to youth emphasizes that each person is an individual and responsible for himself and should take steps to prevent contracting HIV/AIDS. It also stresses what it means on the individual level to be stigmatized and discriminated against. AIDS is a fatal disease that is as important as other diseases, with two fold effects: physical consequences and consequences concerning a person's relationship to God.

Chapter Three: An Address to the Community

God highly esteems human beings and has created everything for them. Patients should be treated with love and care. They should not be isolated or judged. Media personnel should focus on care of these patients and raising awareness of the modes of transmission.

Chapter Four: An Address to PLHA

People carrying the virus should never give up hope. They should try to continue to live a productive life, take the appropriate medication and receive regular medical attention. They also have a responsibility to their wives or husbands and children as well as those around them to inform them of and protect them from the virus. Whether the infected person contracted the disease through high-risk behavior or by blood transfusion, faith in God and prayer can help sustain him/her.

Christian Kit

Chapter One: A Message to Religious Leaders

The chapter points out that around 500,000 PLHA live in the MENA region and clarifies the modes of transmission. It also stresses the importance of information and prevention measures. Religious leaders are encouraged to pray to receive strength to help people in need, particularly PLHA and key populations. Religious leaders are encouraged to approach PLHA and not to wait for other stakeholders to support them.

Chapter Two: A Message of Hope to HIV+ve persons

While people living with HIV experience psychological stress, illness can make people closer to God. It is crucial never to lose hope. Religious groups can help and support them while they themselves can deliver messages of spiritual worth and value to other people. Religious leaders should always pray for God's help and support for them.

Chapter Three: A Message of Hope to AIDS Patients

This is a different stage than people living with HIV. In this stage the person needs to know that God and Jesus feel her/his pain. God feels what a person living with AIDS feels. He/she needs to have faith in God. Some living with AIDS may feel ashamed and embarrassed regarding what people think about them and for this reason they may hide their status. Assuring God's forgiveness and compassion to all is important.

Chapter Four: A Message of Hope to the Families of PLHA

People surrounding PLHA need support for themselves while they need to be able to support their loved ones. It is not only a matter of relating compassion - support also needs to be practical. People close to PLHA may think HIV is a punishment from God due to a sin committed. This is not correct. Religious leaders are encouraged to pray for PLHA in churches and homes.

Chapter Five: A Message of Hope to Communities

This chapter emphasizes that members of a community need to know that PLHA are among them who need support, love and help. Members of the community shouldn't be afraid of transmission once they learn the actual modes of transmission. People shouldn't reject or isolate PLHA. People have to learn from God how to be close to everyone in need. People need help to understand what HIV/AIDS is. PLHA should not be deprived of communion. HIV cannot be transmitted through the cups or the bread of communion.

Chapter Six: A Message to Christian Ministers to Reach Out to Key Populations

Ministers have a responsibility towards key populations and those at higher risk. They should be sensitive even to people who sin. Churches must approach people where they are and not wait for people to approach the Church. The message on abstinence should be combined with messages on how to avoid HIV risk behavior. Ministers and priests should never judge people.

Chapter Seven: A Message to Youth Warning Against AIDS

This section emphasizes the importance and value of each individual and appeals to youth to protect themselves against HIV/AIDS. Those considering engaging in high risk behavior should be warned of the possible consequences and well informed on how to protect themselves against HIV/AIDS. Those already engaged in such behavior should be encouraged to consider ways to liberate themselves from it, including asking for help from God.

Egyptian Religious Leaders Reaching Out

Coming out of the regional colloquium, Egyptian religious leaders took the knowledge they had gained and passed it on to local religious leaders. During the Egyptian Religious Leaders Workshop held in Cairo from December 6-7, 2005, 55 Egyptian religious leaders from Upper and Lower Egypt committed to combatting HIV/AIDS through their spiritual and supportive roles.

The workshop was conceptualized by FHI and the UNDP as a part of their effort to build the capacity of Egyptian religious leaders to combat HIV. Although the prevalence of HIV/AIDS is known to be low in Egypt, as it is in the rest of the MENA region, FHI believes that religious leaders can play an indispensable role in raising awareness of the Egyptian population regarding HIV/AIDS transmission, prevention, and high-risk behaviors in an effort to keep rates low. Invoking verses from the Qur'an or Bible that focus on prohibiting extramarital sex, the importance of fidelity, committing to spouses and the idea that disease is a calamity not a stigma have been found to be far more effective than other media channels in changing behaviors.

The overarching goal of the training workshop was to improve participants' understanding of HIV/AIDS: how it is transmitted, high-risk behaviors, modes of prevention and the role of condom use, and on developing a draft work plan for the coming year, listing activities they will carry out.

The training was highly interactive, combining formal lectures, small group discussions, exercises, and brainstorming sessions. The lectures were presented to both Muslim and Christian leaders. For the group discussions and brainstorming sessions, Muslims and Christians were separated to facilitate identification of religious verses to support their speeches and to develop appropriate activities to convey their messages. Efforts were made by the facilitators to involve all participants in the discussions. When required, facilitators met separately with small groups to further clarify issues.

A major achievement of the training was that it helped participants to identify the gaps in their HIV/AIDS knowledge and topics they discuss in religious sessions and helped to identify ways of filling the gaps. During the training, each sheikh/priest was asked to develop a draft plan of activities to combat HIV/AIDS in their respective districts. Recommendations were also made regarding the religious kits incorporating verses of the Qur'an and the Bible relevant to HIV/AIDS by Muslims and Christians respectively. Revised plans were to be sent to the UNDP and FHI/Cairo offices for follow-up. Each participant received electronic copies of the presentations and other useful background materials.

Daily evaluations were completed by all participants. The participants rated different aspects of the workshop and compilation of these results showed that:

- Participants found the training workshop very useful.

- Participants were happy with the facilitation of the workshop.
- Participants found the issues discussed highly relevant to their needs.
- Participants gained in-depth understanding of the content from the training workshop.

Participants also reported appreciating the opportunity to interact with each other and learn from one another's experiences.

Support for PLHA

Two people living with HIV were invited to present their testimonies to the participants. The people living with HIV told the participants about their lives, fears and hopes and highlighted struggles where they experience stigma and discrimination from their community, family or through work. They also talked about interaction with religious leaders, both positive and negative. They asserted that religious leaders can play a crucial role. They felt that religious leaders should stress that youth should avoid sex before marriage and drugs; that HIV is not transmitted by casual contact; and that HIV is not God's punishment, it is like any other disease. During the discussion it also became evident that those affected by HIV/AIDS suffer from discrimination and stigmatization, with one participant remarking, "Some people in my surroundings rejected me, for example, sellers in supermarkets who refused to do business with me, when they learned about my HIV status." The religious leaders' response was very positive and sympathetic. They exchanged contact info with PLHA and offered all possible means of support.

Misconceptions about HIV/AIDS

The following misconceptions were raised by participants and clarified in relation to the presentation: AIDS is not caused by HIV; HIV was man created; AIDS originated from polio vaccines; HIV is transmitted by mosquitoes; condoms are not effective against HIV; and that only groups at greater risk are vulnerable to HIV.

Fears

Participants expressed certain fears related to the process and outcome of the workshop including: that plans and ideas developed during the workshop would not be implemented afterwards; inadequate response from society to the religious efforts; lack of focus in discussions of the group during the workshop; fear of a clash of opinions on religious law in relation to divorce and marriage; fear of a clash of opinions related to the rights of PLHA; fear that the issues that would go against religious teachings would be presented as nonnegotiable human rights issues; fear that interaction among participants would be passive; fear that the time allowed would not be sufficient to cover all sessions as reflected in the agenda; and fear that unfamiliar terminology would dominate discussions. This workshop was followed by several workshops in Cairo and Ain Sokhna to train others and reinforce gained knowledge and follow up with previously trained individuals, from whom, prominent individuals were selected. FHI/IMPACT sponsored four large meetings, two in Minia and two in Alexandria, one for Muslims and one for Christians in each location. The meetings targeted youth, women, adults and the elderly, with the Minia meetings attended by 237 (132 Muslim and 95 Christian) members of the community and the Alexandria meetings hosting 187 (104 Muslim and 83 Christian) members of the community.

Religious Leaders in Response to HIV/AIDS

These meetings were facilitated by trained religious leaders in collaboration with a MOHP representative and AIDS focal point in each governorate.

Lessons Learned

The efforts made to this point to incorporate religious leaders in the response to HIV/AIDS have been largely productive and promising. The important role these leaders play in society allows them to have a large impact on their constituency. Once HIV/AIDS messages were couched in terms religiously acceptable, religious leaders expressed strong intentions of imparting these messages to the people that they come in contact with, hereby spreading vital information on methods of transmission and methods of prevention, as well as convictions as to the importance of avoiding stigma and discrimination in dealing with people affected by the virus.

The partnership with UNDP was successful and a positive step in eliminating duplication of efforts to avoid wasted resources.

Recommendations

Continued capacity building of religious leaders would be a positive step in ensuring that people receive the appropriate information concerning HIV/AIDS. Dissemination of this information is vital in maintaining the currently low rate of HIV/AIDS in the region as it combats the stigma and discrimination that PLHA currently experience, which often prevents them from revealing their status and from getting treatment.

Additional efforts with religious leaders would ensure increased awareness and would affect the community as a whole since community members respond most positively to religious leaders, in contrast to other media that might carry the same message.

As the HIV/AIDS response moves from a regional level to a country and then grass root level, political support is ensured and sustainability increases as the vital information needed for an effective response penetrates to all levels of society and is seen as originating from a reliable source.

Continued awareness and support should also be provided to PLHA and their families.