



Faith Building Bridges

Affiliated event

International AIDS Conference

21 and 22 July 2018

Planetarium Gaasperplas, Kromwijkdreef 11, 1108 JA
Amsterdam, The Netherlands

www.iacfaith.org

CONCEPT



World Council
of Churches



Faith Building Bridges - Interfaith Affiliated Event

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“Churches and Places of Worship have credibility and they are grounded in communities. This offers them the opportunity to make a real difference in eliminating AIDS as a Public Health Threat by 2030. Yet, to make a real difference, faith communities must – Build Bridges – of dialogue, exchange, mutual understanding, respect and collaboration among themselves, and together with non-faith actors”.¹

Representatives of Faith-based organizations (FBOs), religious leaders, health-care providers, activists, scientists, policy makers and other stakeholders will gather in Amsterdam, the Netherlands, for an interfaith conference focusing on "Faith Building Bridges" on 21-22 July 2018.

Taking place at the Planetarium Gaasperplas in Amsterdam, the event will focus around how faith groups and leaders can, should and are building bridges to more effectively eliminate AIDS as a public health threat by 2030, with particular attention to people at the margins, including migrants, children, adolescents, people living with HIV/TB co-infection, and key population groups.

Building bridges means building partnerships and working in cooperation with many groups. "Faith Building Bridges" will offer opportunities for networking, exchange of experiences and capacity building, and it will identify actions for follow-up on the various issues discussed.

The leitmotif of the two days will be building bridges between and within faiths/religions as well as between faith/religion groups and other sectors, with a focus on four subthemes:

- increasing access;
- eliminating stigma and discrimination;
- promoting human rights; and
- building bridges.

"Faith Building Bridges" will create a space for dialogue and an opportunity to identify joint actions - among people living with HIV and representatives of key and marginalized populations, faith leaders, FBOs, United Nation (UN) representatives, and other stakeholders – to address some of the

¹ F. Merico, HIV Campaign Coordinator, World Council of Churches-Ecumenical Advocacy Alliance (WCC-EAA)



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challenges and emerging issues to the achievements of the 90-90-90 targets: 90% of people living with HIV know their status; 90% of those who know their status are on treatment; and 90% of those on treatment have their viral load suppressed.

Background

Churches and places of worship have credibility and they are grounded in communities. This offers them the opportunity to make a real difference in eliminating AIDS as a public health threat by 2030. Yet, to make a real difference, faith communities must – Build Bridges – of dialogue, exchange, mutual understanding, respect and collaboration among themselves, and together with non-faith actors.

“Faith Building Bridges” will be the 8th faith-centered pre-conference held before the International AIDS Conference, the first held in Bangkok in 2004. Under the coordination of the World Council of Churches – Ecumenical Advocacy Alliance (WCC-EAA), the faith-based response to HIV and AIDS has become more visible and integrated because of the increased engagement and coordination of faith-based representatives over the past International AIDS Conferences.

In 2016, over 250 people of faith gathered in Durban (South Africa) to network, reflect, build skills, advocate, and share about current challenges and good practices in the response to HIV at the interfaith pre-conference to AIDS 2016 (16-17 July 2016), under the theme, “Faith on the Fast Track”. The theme reflected the global UNAIDS strategy to ensure that AIDS is eliminated as a public health threat by 2030 and affirmed that faith-based initiatives have a vital role if we are to achieve the Fast Track targets. Three sub-themes guided the plenary sessions and workshops, focusing on areas where faith-based initiatives are especially important: reducing stigma and discrimination, including stigma within local faith communities, and stigma toward marginalized populations; increasing access, including community-based HIV services, and services for infants, children, and adolescents; defending human rights, including dealing with discriminatory laws and policies.

This year the interfaith preconference is taking forward these same themes, engaging with non-faith actors and partners to build bridges of collaboration as no single actor alone can control and ultimately end the HIV/AIDS pandemic.

Objectives

During the two days interfaith conference, we will discuss how faith communities, FBOs, faith leaders and other sectors can work together to translate universal principles and targets into concrete and sustainable actions and programs that respect people’s identity, beliefs and cultures. We will also try to address sensitive and emerging issues, by identifying together joint actions to get to a world with zero stigma and discrimination, zero new HIV infections, and zero HIV related deaths.

“Faith Building Bridges” has the following objectives:

- to identify existing bridges that have been built by FBOs/faith communities and others working to end the AIDS epidemic;
- to facilitate dialogue on chronic, sensitive and emerging challenges and initiate reflection on some possible solutions and ways forward;



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- to broaden the engagement of faith communities with people living with HIV, key populations and marginalized groups in response to HIV risk and vulnerability;
- to create a forum where FBOs, community members, advocates, policy/decision makers, and service providers meet and learn from each other;
- to unite participants on the messages to share in the main International AIDS Conference; and
- to build bridges of collaboration between faith groups and other sectors.

Main Sessions

Saturday 21 July

- 08:45-11:00 Faith Building Bridges: Opening and Plenary Session
- 11:30-13:00 Workshops Stream A
- 13:00-14:30 Lunch and Networking. Exhibit Painting for an Education
- 14:30-16:30: Workshops Streams B and C
- 17:00-18:15: The role of faith groups in ending TB: a major killer in people living with HIV

Sunday 22 July

- 09:30-12:30: Faith, People on the Move and HIV – the role of faith communities to increase access; eliminate stigma and discrimination; and promote human rights
- 12:45-14:00 Lunch and Networking
- 14:00-17:30: Children, Adolescents & HIV: Identification Strategies and Treatment Adherence Interventions in Faith Communities
- 17:30-18:15 Closing Ceremony and Way Forward



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Agenda Framework

| Saturday 21 June | | | | | | | Sunday 22 June | | | | | | |
|------------------|--|-----|-----|-----|-----|-----|----------------|---|--|--|-------|-------|------|
| 8:00 | Registration, networking Planetarium Lobby | | | | | | | | | | | | 8:00 |
| 8:30 | <i>08:00-08:45 (45min)</i> | | | | | | | | | | | | 8:30 |
| 9:00 | Faith Building Bridges: Opening and Plenary Session Planetarium Plenary Hall <i>08:45-11:00 (135min)</i> | | | | | | | Prayer service or welcome coffee Planetarium Lobby / Plenary Hall (30min) | | | | 9:00 | |
| 9:30 | | | | | | | | | | | 9:30 | | |
| 10:00 | | | | | | | | | | | 10:00 | | |
| 10:30 | | | | | | | | | | | 10:30 | | |
| 11:00 | Break <i>(30min)</i> | | | | | | | Faith, People on the Move and HIV the role of faith communities to increase access; eliminate stigma and discrimination; and promote human rights Planetarium Plenary Hall <i>09:30-12:45 (195min) including break</i> | | | | 11:00 | |
| 11:30 | Workshops Stream A (90min) | | | | | | 11:30 | | | | | | |
| 12:00 | A1 | A2 | A3 | A4 | A5 | A6 | 12:00 | | | | | | |
| 12:30 | | | | | | | 12:30 | | | | | | |
| 13:00 | Lunch Planetarium Restaurant <i>13:00-14:30 (90min)</i> | | | | | | | Lunch Planetarium Restaurant <i>12:30-14:00 (75min)</i> | | | | 13:00 | |
| 13:30 | | | | | | | | | | | | 13:30 | |
| 14:00 | | | | | | | | | | | | 14:00 | |
| 14:30 | Workshops Stream B (55min) | | | | | | | Children, Adolescents & HIV Identification Strategies and Treatment Adherence Interventions in Faith Communities Planetarium Plenary Hall <i>14:00-17:30 (210min) including break</i> | | | | 14:30 | |
| 15:00 | B7 | B8 | B9 | B10 | B11 | B12 | 15:00 | | | | | | |
| 15:30 | Workshops Stream C (55min) | | | | | | 15:30 | | | | | | |
| 16:00 | C13 | C14 | C15 | C16 | C17 | | 16:00 | | | | | | |
| 16:30 | Break <i>(30min)</i> | | | | | | | | | | | 16:30 | |
| 17:00 | The role of faith groups in ending TB: a major killer in people living with HIV <i>17:00-18:15 (75min)</i> | | | | | | | Closing Ceremony Planetarium Plenary Hall and Bridge <i>17:30-18:15 (45min)</i> | | | | 17:00 | |
| 17:30 | | | | | | | | | | | | | |
| 18:00 | Symbolic Action (15min) | | | | | | | | | | | 18:00 | |
| 18:30 | | | | | | | | | | | | 18:30 | |



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Faith Building Bridges: Opening and Plenary Session

08:45-11:00: (135 min) – Plenary Hall

“Faith Building Bridges” will set the scene of the two days interfaith affiliated event to IAC2018 and introduce participants to the themes of the interfaith preconference: increasing access; eliminating stigma and discrimination; promoting human rights; building bridges.

The purposes of the opening ceremony and plenary session are:

- to inform participants to the themes and structure of the interfaith preconference;
- to identify existing bridges that have been built by FBOs/faith communities and others working to end the AIDS epidemic;
- to introduce chronic and emerging challenges and initiate reflection on some possible solutions or ways forward;
- to reflect on how to build bridges of dialogue, exchange, mutual understanding, respect and collaboration among different religions, and between FBOs and other key stakeholders to increase access to prevention, testing, treatment, care and support; eliminate stigma and discrimination; and promote human rights.

Panellists and participants will reflect, engage and share on the following questions: What does building bridges mean for you and in your personal journey? How have faith communities and FBOs built bridges for a better response to HIV? What has worked and what are some of the challenges? What are some of the joint actions that you would suggest and/or commit to in order to overcome these challenges? What is your message to the participants of the interfaith preconference? What bridges should we build to address the chronic, sensitive and/or emerging issues in the HIV response? What as faith communities and FBOs should we do differently to Build Bridges – of dialogue, exchange, mutual understanding, respect and collaboration among ourselves and together with non-faith actors?



Faith Building Bridges: Workshops (streams A, B and C)

11:30-1600: (135 min) – various rooms, including lunch (13:00-14:30)

A diverse set of workshops that will speak to people from all faith traditions, and secular groups, as well as workshops involving participants with different levels of experience, from those new to International AIDS Conferences to those who have long been involved in the response and are looking for new insights into tackling deep-rooted challenges, will be running in parallel during three different moments of the Faith Building Bridges preconference on 21 July. Workshops in Stream A will be 90 minutes, while workshops in Streams B and C will be 55 minutes.

The workshops will contribute to the discussions on one or more of the conference sub-themes: increasing access; eliminating stigma and discrimination; promoting human rights; and building bridges.

11:30-13:00: Stream A (90min)

1. Positive Faith in Positive Churches

An introduction to 'Positive Faith' (PF): a new web-based resource that enables groups to speak about and respond to HIV in the light of faith. PF is 'open-access' and can be used across Christian traditions. PF comprises several short videos where Christian people living with HIV (PLWH) share their experience and reflect upon their faith. Short training guides show how PF can be used in churches by any group wanting to consider HIV in Christian perspective, without the need of 'an expert'. A further series of videos addressing topics such as stigma, treatment, healing and sexuality offer encouragement and hope to anyone diagnosed with HIV, in the language of faith. During the workshop participants will hear about how PF was developed in partnership with the UK government Public Health Agencies and the importance of taking a 'faith first' approach. We will enjoy a 'Positive Faith' mini-session using the resources, and end with a 'Q & A' with some of those who made the films.

Organizer: Vincent Manning (CAPS)

2. Towards a Common Voice - Interreligious Advocacy and Commitment to End AIDS

Towards a Common Voice is intended to be the first step of a consultative interreligious process that will lead to a strong voice of advocacy and commitment to end AIDS by a broad range of religious leaders. We will describe the background of the initiative and present a provisional first draft of the pledge that includes commitments for collective action to help end the AIDS epidemic. During the workshop, we will solicit feedback from participants. We will also discuss plans and solicit suggestions for promoting the Common Voice pledge, including securing endorsements from diverse religious leaders and organizations.

Organizers: David Barstow (EMPACT), Marsha Martin (GNBPH)

3. Curriculum for faith leaders and FBOs to work with key populations

The Interfaith Health Program of Emory University proposes a curriculum for religious leaders and representatives of faith-based organizations on effective practices for working with members of key



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population groups: people who inject drugs, men who have sex with men, sex workers, and young women. The curriculum material is based on research conducted with members of key populations across Kenya and their experiences with religion, stigma, and discrimination; as well as barriers to access HIV service. The curriculum will cover common experiences of stigma and discrimination among key populations at risk for HIV and four core components of religion (beliefs and practices, agency and power, relationship of religion to broader society, and relationships between FBOs and wider society) to discuss how faith leaders can build bridges to better reach key populations at risk for HIV.

Organizer: Emily Lemon, John Blevins (Emory University)

4. Application of Social Inclusion approaches and tools for equitable HIV prevention services at inter-faith health networks

Advances in global public health are attributed to increasing technology, economic opportunities and efforts to scale up proven solutions to people. Access, demand and utilization of critical health services are hampered by social exclusion, driven by unequal power relationships across - economic, political, social and cultural - and at individual, household, group, community, country and global levels with unequal access to resources, capabilities and rights. Addressing equity will mean reaching the most disadvantaged and making comparisons over time of health outcomes between disadvantaged and advantaged groups in a geographical region.

Participants will: 1) Gain understanding on the various form of social exclusion in health; 2) Identify practical ways social exclusion prevents vulnerable group from engaging in HIV/health programs; 3) Understand social exclusion principles, tools and strategies and 4) Learn how to design and measure social exclusion in HIV/health programs.

Target audience include people involved in the HIV response looking to incorporate social inclusion approaches in their work of building intra- or interfaith bridges, and critically assessing inter/intra-religious challenges in overcoming HIV. The session will be facilitated by experienced Global Health Practitioners through presentations and group activities on principles, and tools for measuring impact of social exclusion on HIV/health outcomes.

Organizers: Dennis Cherian, Gloria Ekpo (World Vision)

5. Faith Responses to HIV and AIDS: Learning from Queer Engagement with Faith

Faith response to HIV has been a world-wide phenomenon since the time when the virus was detected. In spite of the many positive responses across the world, it continues to play a crucial role in limiting access to prevention, care and support; and in addressing stigma and discrimination. Human sexuality and gender diversities, especially in relation to accepting people with diverse identities, are areas in which – building bridges – is more challenging. Much of the perceptions have been influenced by faith communities and their teachings, often moralistic and discriminatory. In the context of HIV and AIDS, sexuality is a crucial aspect to engage with; and perceptions among faith communities have an impact on the epidemic: this requires further research. Positive examples from faith engagement among the LGBTI+ communities can help engaging faith communities in a positive way, and can address the epidemic in a healthy way.

Organizers: Thomas Ninan (NCCI)



6. Setting the global research agenda on faith sector engagement for HIV service delivery

The faith sector is crucial in organizing community based services and achieving the UN Fast Track goals to ending AIDS. More research is needed to find the most effective and efficient strategies through which the faith sector can continue to contribute in achieving these goals. This research priority setting is aimed to set an inclusive global research agenda reflecting priority research questions from key international and national organizations and leading stakeholders at the intersection of HIV healthcare and religion. This workshop will create a platform to involve more stakeholders, reflect on priorities identified, and keep HIV on the (faith) agenda.

This years' pre-conference theme of building bridges entails building bridges between stakeholders, to join efforts in the fight against HIV. This research priority setting document aims at representing inputs from different fields and showing that collaborative action is key for an effective future approach. The workshop will have a world café setting to guarantee participants involvement.

Organizer: Martha Teijma (Desmond and Leah Tutu Legacy Foundation)

14:30-15:25: Stream B (55min)

7. Partnering with Communities of Faith in Malawi and Beyond to Reach Young Men for HIV Epidemic Control

Population-Based HIV Impact Assessments in Malawi and five African countries show lower uptake of HIV testing and lower viral load suppression for young men than young women. The potential of faith leaders to reach men is high, as 70%-90% of the populations in these countries regularly attend religious services.

In Malawi, the Global AIDS Interfaith Alliance (GAIA), in partnership with PEPFAR–Elizabeth Taylor AIDS Foundation, aimed to mobilize men, conduct testing, and link men to services. GAIA engaged religious and traditional leaders to create demand in school, church/mosque, community, and migrant work testing sites. From June 2014-February 2018, GAIA offered HIV testing through events in religious (20), school (54), community (31), and migrant work (4) sites. Among 2885 participants ages 20-44, 67% were men. Within this age group the proportion positive was 3%(n=1076), 6%(n=295), 6%(n=433), and 12%(n=129) in school, church/mosque, community, and migrant work sites. HIV prevalence among first-time testers was 7%, 7%, 8%, and 18% in school, church/mosque, community, and migrant work sites.

In conclusion, the GAIA interfaith model mobilized community-based demand and uptake of HIV testing. Leveraging FBO potential to mobilize religious social capital can help advance epidemic control

Organizer: Susan Hillis (CDC/ONDIEH/NCIPC)



8. Needs assessment of the clinical knowledge and skills of HIV service providers at CHAK health facilities

The Interfaith Health Program of Emory University proposes a workshop on findings from a needs assessment conducted with the Christian Health Association of Kenya (CHAK) to evaluate the clinical knowledge and skills of HIV clinical providers who work with key populations in CHAK health facilities. As of 2017, CHAK HIV/AIDS treatment and prevention program served 61,704 clients in 54 health facilities in 18 Kenyan counties. 112 clinical providers completed the needs assessment online or with hard copies of the questionnaire. The largest knowledge gaps among the respondents were found in three clinical service areas: lubricant use for male SW and MSM; post-abortion care and family planning recommendations for young women at risk; and what is included in human rights-based approach to treatment and care for key populations. In addition to addressing these gaps, attention should be given to: 1) building capacity in HIV clinical services; 2) adapting the questionnaire to assess providers in other high burden counties; and 3) sharing results of the assessment with HIV coordinating bodies and other entities. The findings from this assessment confirm the need for knowledge and skills building in all HIV clinical service areas for providers giving care to key and priority populations.

Organizer: Ahoua Kone and Mimi Kiser (Emory University)

9. Bi-directional learning for African-American faith communities

In the United States communities, congregations and HIV researchers have worked with key populations to understand faith cultures, respect for clerical approaches to social determinants, inclusion and sexuality while building HIV vaccine and prevention scientific literacy. A case study of a multi-year successful program, topics explored, and operating principles will be shared, including common interest topics that can be explored to build conversational bridges. The teaching team guided programs in six cities to bridge key population community members, clergy and clinicians.

Participants will be provided with a menu of discussion topics to consider when engaging clergy and leaders from diverse religious backgrounds in HIV science and faith.

Participants will participate in conversations which invite dialog on assumptions regarding sexuality and HIV stigma beliefs held by scientists and faith leaders.

Utilizing an informational panel and teach back discussion four presenters will explore how HIV vaccine clinical research in overrepresented populations requires strong, long-term relationships with communities. Noting that dedicated resources to support the science of community engagement demand sustained presence of clinical trial leadership in dialog with faith leaders that begins with a period of intentional rewarded dialog.

Organizer: S. Wakefield (HIV Vaccine Trials Network - HVTN)

10. Faith and Support: Religion as a Tool for Peer Counselling

This workshop will explore the role that faith plays in supporting people living with HIV and AIDS. Faith and religion are critical source of strength for many people living with HIV. They are the bedrock for finding meaning in life and can be instrumental in promoting healing and well-being. This workshop is mainly addressed to young people. It will be structured in three parts: Faith and



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religion – a tool for peer counselling; Sharing of personal experiences on faith, religion and HIV; and Group discussion and recommendations.

Organizer: Edmund Owusu and Liako Lekhooa – Oude Lansink (Shiva) in collaboration with the Amsterdam Youth Force

11. Equipping people of faith to improve access to medicines

Equitable access to medicines for everyone is both a human right and an expression of human dignity from a faith based perspective. Indeed, the Lancet Commission report, 'Essential Medicines for Universal Health Coverage', asserts, "essential medicines should be at the centre of our vision for global health, affecting, as they do, the lives and human dignity of people worldwide". In HIV, despite considerable progress made in increasing access to antiretroviral treatment, around 16m people living with HIV (43%) are not yet receiving even first-line treatment. In addition, many of those with co-infections such as Hepatitis C (>2m people) struggle to access the new direct acting antivirals: "the initial prices set by companies are very high and likely to make access to these drugs difficult even in high income countries" (WHO).

Faith leaders are often in a privileged position to influence governments and mobilise their constituencies on improving access to medicines, but frequently lack the skills and tools to be able to do so. This practical workshop will facilitate learning on the key issues and barriers to treatment access and will start to equip people of faith to be able to advocate for access to medicines in their own countries/organisations.

Organizer: David Deakin (Chasing Zero)

12. Repairing the Broken Bridge: Gender, Gender based Violence and HIV

One of the "broken bridges" that harms our progress in addressing HIV is the vulnerability of women to both HIV transmission and sexual and gender-based violence.

Sadly, unhealthy faith narratives have added to these vulnerabilities.

In this workshop, participants will together explore:

- vulnerabilities, power relationships and faith narratives increasing vulnerabilities;
- particular religious texts that have been used in ways that added to vulnerabilities;
- ways in which people of faith can work towards changing these power relationships and narratives;
- Thursdays in Black as a movement for change.

Organizers: Lyn van Rooyen (Independent NPO Consultant), Linda Mafu (Global Fund), Toni Kruger-Ayebazibwe (GIN)

15:35-16:30: Stream C (55min)

13. Pilgrimage through Dialogue

"LGBTIQ+ people in what GIN calls 'Key Affected Contexts' – contexts where violence and power collude with religious and cultural values to marginalise LGBTIQ+ people - realize that religious

fundamentalism, patriarchy, and heteronormativity bring stigma, shame and forced secrecy to the lives of LGBTIQ+ individual, regardless of whether they are a person of faith or not. Religious leaders are often at the forefront of teaching negatively about sexuality which in turn produces or condones violence against LGBTIQ+ people and the retaining or strengthening of anti-homosexuality legislation.

However, many religious leaders base their teachings and rhetoric on a lack of knowledge, on preconceived ideas of LGBTIQ+ people. Many have never knowingly encountered LGBTIQ+ people, or have only encountered LGBTIQ+ people as opponents of religious faith and tradition. There have not been enough opportunities for mutually respectful dialogue, or for encounters with LGBTIQ+ people who are themselves religious.

GIN-SSOGIE and partners have developed a workshop process to prepare LGBTIQ+ people of faith to participate in meaningful and inclusive dialogue with religious leaders. We will offer some ideas about best practises in creating mutually respectful dialogue, an exercise from the manual and invite discussion, and comments that might further enhance the process, especially in faith traditions other than Christianity. The manual is currently framed with the Christian tradition, but GIN-SSOGIE aims to adapt it to other religious traditions over time.

Organizer: Toni Kruger-Ayebazibwe, Pierre Buckley (GIN-SSOGIE)

14. Using scripture vis-a-vis comprehensive sexuality & HIV education in Liberia and Tanzania

This workshop will examine contextual bible studies used in conjunction with both the SAVE Toolkit and the Our Whole Lives sexuality training material. Topics covered will include SGBC, sexuality, homophobia, HIV testing and gender equality. Contextual bible studies and video will be used to lead the discussion. One of the outcomes is a strong call for HIV testing in faith communities and by faith leaders.

Organizer: JP Mokgethi-Heath (Church of Sweden)

15. Overcoming religious barriers to HIV testing and treatment; and stigma and discrimination towards youth living with HIV

This session will offer two workshops each of 30 minutes: the first workshop will help to build the capacity of faith communities to overcome barriers to HIV testing and treatment; the second will help to identify ways to address stigma and discrimination towards youth living with HIV.

The debate will demonstrate how to build concrete bridges between youth and religious leaders by bringing together voices trained on sexual and reproductive health issues. A youth ambassador and the Director International Offices of Cordaid will facilitate a discussion between six youth and four religious leaders. Youth will start the debate by voicing frustrations frequently expressed by youth. The audience will then participate in the debate, voting on which points of discussion they would like to hear more about from the panellists. Open questions from the public will be sought. This will be opportunity to discover differences between religions and between countries even amongst religious leaders of the same faith. Youth leaders will raise challenging questions and share with religious leaders what they expect from them. Religious leaders will express their struggles and



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choices between messages of morality, hope and grace. Together, they will demonstrate how they can build bridges to conduct constructive discussions and actions

Panellists are from DR Congo, Central-African Republic and Cameroon and will speak in English and French.

Organizer: Christina de Vries (Cordaid) and Ms. Geertje van Mensvoort, Cordaid Health Unit; Ms. Mariette Pouto-Piri, Youth ambassador Central-African Republic

16. How FBOs and faith communities can help eliminating stigma and discrimination: best practices from Nepal, DRC and Nigeria

Stigma and discrimination against people living with HIV has been identified as a barrier towards effective response to HIV including access to services.

This workshop will offer FBOs best practices of engaging with religious leaders and people of faith to eliminate stigma and discrimination in places of worship, faith communities and in health-care settings.

Suyog Dhakal from Sakriya Sath will explore the bridges that faith can create for minimizing HIV and SRHR vulnerability and share how the dissemination of HIV and SRHR related messages for behaviour change has impacted stigma and discrimination in Nepal.

Nkatha Njeru from the African Christian Health Association Platform (ACHAP) will share about ACHAP work to create demand and increase retention for HIV services by engaging health care workers (HCWs) in Nigeria and DRC on HIV protocols and stigma and discrimination in health care settings.

At the conclusion of the session, participants will be able to:

1. Describe how stigma and discrimination negatively impact the care and rights of people living with HIV;
2. Define the action steps in their facility to support the enforcement of protocols and code of conduct (including the patient charter) that enhance patient rights and obligations;
3. Define the action steps in their facility to implement protocols and code of conduct that enhance the protection of health workers from occupational exposure to HIV;
4. Identify some strategies religious leaders could use to end stigma and discrimination against people living with the HIV/AIDS.

Organizers: Suyog Dhakal (Sakriya Sath); Nkatha Njeru (ACHAP)

17. Innovative approaches to increase access to HIV testing services for hard-to-reach population: how to build bridges to increase access and uptake of HIV services by men in Homabay and Siaya Counties

During this workshop WHO will propose strategies to overcome challenges for HIV testing services provision; present WHO innovative approaches to increase access to HIV testing services for hard-to-



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reach population such as key population, men, high risk adolescents, etc; and share essential HIV counselling messages.

Rev Jane Ng'an'ga from INERELA+ Kenya will present some of the activities implemented by INERELA+ Kenya and UNAIDS, with the support of WCC-EAA, to build bridges between faith leaders and men to increase access and uptake of HIV services by men in Homabay and Siaya Counties in Kenya.

This workshop has the following objectives:

1. Formulate new strategies to build bridges to address the main religious, cultural, structural and gender equality-related issues at community-level affecting uptake of, and access to HIV services, particularly testing services by men.
2. Design programs to build the capacity of religious and cultural leaders and develop targeted messages to guide and influence health-seeking behaviour of men
3. Evaluate existing strategies, policies and programs to address stigma and discrimination in faith communities
4. Present WHO innovative approaches to increase access to HIV testing services for hard-to-reach population.

Organizer: Busisiwe Msimanga - Radebe (WHO) and Jane Ng'an'ga (INERELA+ Kenya)

The Role of Faith Groups in Ending TB

A major killer in people living with HIV (90min)

17:00-18:15:(75min) – Plenary Hall

“Each day 4800 people die of TB. Yet TB is preventable, treatable and curable”.

This session will present the issue of tuberculosis (TB) as it impacts communities affected by HIV and AIDS. TB is an airborne bacterial infection. It is preventable and curable, and yet it remains the single biggest killer of people living with HIV (PLHIV). Stigma and myths about the disease hamper the response and cause more suffering. Young children living with HIV are especially vulnerable, and TB risk persists even for those taking ART. New approaches to TB diagnosis and preventive treatment now give us a chance to save many more lives from TB. However, communities are not well-informed about the issue and faith communities could play a much more active role in educating about TB and breaking down stigma. In this session we will explore the issue of TB and the role faith communities can play in ending the disease.

The specific objectives of this session are:

- To describe TB risk and TB stigma as it faces people living with HIV (PLHIV);
- To describe three key innovations to prevent and diagnose TB that PLHIV must have access to in order to stop TB;
- To describe ways faith communities can help break down stigma and lack of information about TB and advocate for people-centred approaches to the disease;
- To identify actions by FBOs and faith leaders to prevent and end TB.

Speakers will include representatives from FBOs, Civil Society Organization, UNAIDS and the Stop TB Partnership.

Background

TB and its drug-resistant forms constitute a global health crisis. TB is airborne and causes the most deaths worldwide of any single communicable disease. While preventable and curable, TB is among the top ten causes of child mortality globally. From 2000 to 2015, TB claimed 33 million lives. It is estimated that by 2030, a further 28 million lives may be lost² if we do not urgently act to change the situation.

Tuberculosis is a “marginalized” disease; most of the TB drugs were developed more than forty years ago. Even if TB is preventable, treatable and curable, it has not mobilized the political will necessary to halt its spread. Communities have a limited knowledge and understanding of this disease. Indeed, people affected by TB face discrimination fuelled by the ignorance, myths and stigma about tuberculosis. TB is often associated with factors that can themselves create stigma, such as: HIV, poverty, drug and alcohol abuse, homelessness, a history of prison and refugee status.³

² <https://theprint.in/opinion/understanding-the-worlds-problem-with-tuberculosis-editorial/61421/>

³ <https://www.tbalert.org/about-tb/global-tb-challenges/stigma-myths/>



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According to the World Health Organization (WHO), roughly one-third of the world's population is infected with tuberculosis bacilli, with a new infection occurring every second. Of those with latent tuberculosis, one in 10 will go on to get active disease. Latent TB is more likely to advance to TB disease in people with HIV than in people without HIV. TB disease may also cause HIV to worsen.

It is estimated that 374,000 people living with both TB and HIV died in 2016. This is in addition to the 1.3 million people who died from TB alone.

The situation in children is shocking. In 2015, 240,000 children died of TB, which is 660 deaths every day, including 40,000 TB deaths among children living with HIV. Eighty per cent of child TB deaths occur in children younger than five. At least 1 million children fall ill with tuberculosis every year and researchers estimate that as many as 67 million children are infected with TB (latent TB) and are therefore at risk of developing the disease in the future.⁴

On 26 September 2018, the United Nations General Assembly will hold a high-level meeting on the fight against tuberculosis, under the theme “United to end tuberculosis: an urgent global response to a global epidemic”. At the high-level meeting, United Nations member states will meet to negotiate and adopt a Political Declaration on Ending TB. This event is an enormous opportunity to build political will to end TB, and it is very important that the discussions include churches, faith communities and related institutions, for making sure that each government is represented at the highest level. Religious leaders and faith communities have an opportunity to speak out and demand action is taken by their governments and by the international community.⁵ Faith communities must be engaged and act to help ensure a meaningful outcome. As people of faith, we need to make sure that our communities are informed and equipped to stop the spread of TB and the unnecessary suffering and deaths. We must identify concrete actions to increase access; eliminate stigma and discrimination; promote human rights; and build bridges of collaboration with and in support of people with TB.

⁴ <https://blog.oikoumene.org/posts/time-for-religious-leaders-to-speak-out-no-child-should-die-of-tb>

⁵ <https://blog.oikoumene.org/posts/time-for-religious-leaders-to-speak-out-no-child-should-die-of-tb>



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Faith Building Bridges

Affiliated event, International AIDS Conference

21 and 22 July 2018

www.iacfaith.org

Planetarium Gaasperplas, Kromwijkdreef 11, 1108 JA Amsterdam

Joint Interfaith and Catholic pre-conferences

Faith, People on the Move and HIV

The role of faith communities to increase access; eliminate stigma and discrimination; promote the human rights of migrants⁶; and building bridges

09:00-12:30: (incl. coffee break) (210min) – Plenary Hall

On occasion of the 8th Interfaith Conference to the International AIDS Conference, the World Council of Churches – Ecumenical Advocacy Alliance (WCC-EAA), Caritas Internationalis, the Catholic HIV and AIDS Network (CHAN), the International Catholic Migration Commission (ICMC) and UNAIDS will host a session on *Faith, People on the Move and HIV* to mobilize action by faith communities and faith leaders for a better response to HIV in the context of migration. Participants will be invited to reflect on what role might churches, faith communities and leaders play today, in partnerships with other sectors, in broadening and deepening understanding of migration and HIV to work against stigma and discrimination; increase access to prevention, testing, treatment, care and support; promote the human rights of people on the margins within the migration context; and to build bridges among faith groups and other sectors to better tackle some of the migration challenges.

This session will be grounded around the interfaith pre-conference sub-themes: increasing access; eliminating stigma and discrimination; promoting human rights; building bridges.

“Faith Building Bridges” will create a space for dialogue among migrants, people living with HIV, faith leaders, FBOs, UN representatives, and other stakeholders, to broaden the engagement of faith communities with and in support of different types of marginalized groups in the migration context,

⁶ Migrant is any person who is moving or has moved across an international border or within a State away from his/her habitual place of residence, regardless of (1) the person’s legal status; (2) whether the movement is voluntary or involuntary; (3) what the causes for the movement are; or (4) what the length of the stay is. <https://www.iom.int/key-migration-terms>

such as: women, children, including boys, trafficked people and victims of sexual abuse and violence, people with disabilities and other key populations.

Associations and groups of migrants, and those who serve and accompany them in advocacy efforts, will be active participants in the dialogue and will help to shape concrete joint follow-up actions.

Background

Nowadays, large number of people is on the move: about 258 million people are international migrants⁷ and some 740 million internal migrants.⁸ There are 65.6 million forcibly displaced people worldwide; 22.5 million of them are refugees and 10 million are stateless.⁹ Around the world, a person is displaced every three seconds, forced from their homes by violence, war and persecution.¹⁰ In addition, it is estimated that there are some 21 million survivors of human trafficking in the world, many of whom find themselves in migratory situations.¹¹

Migration¹² can place people in situations of higher risk of vulnerability to HIV, and has been identified in certain regions as an independent risk factor for HIV. In many countries, migrants, and in particular, migrants in irregular situations, face complex obstacles, such as a lack of access to health-care services or social protections. In addition, social exclusion leaves migrants highly vulnerable to HIV. However, migration does not equal HIV vulnerability and existing HIV policies and programmes targeting migrants may contribute to stigma and discrimination. At the same time, efforts must be made to reduce barriers to health services, for the benefit of migrants, their communities and the global response to HIV.

Objectives

The objectives of the *People on the Move and HIV* session at the “Faith Building Bridges” preconference are:

- to assess progress in global, national, and local efforts to identify and analyze challenges in promoting the human rights of all migrants, in particular in relation to their health needs and access to quality health care;
- to present FBOs good practices and interventions on migration and HIV, including highlighting the value of patient-centered spiritual support in the accompaniment of migrants;
- to identify advocacy activities by faith leaders and communities that could contribute to the fulfilment of the 2016 Political Declaration on HIV/AIDS for people on the move;

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http://www.un.org/en/development/desa/population/migration/publications/migrationreport/docs/MigrationReport2017_Highlights.pdf

⁸ UNAIDS The GAP report 2014 <http://www.unaids.org/en/resources/documents/2014/Migrants>

⁹ UNHCR <http://www.unhcr.org/globaltrends2016/> Global Trends, Forced Displacement in 2016

¹⁰ <https://www.weforum.org/agenda/2017/06/there-are-now-more-refugees-than-the-entire-population-of-the-uk/>

¹¹ Report on Human Trafficking, World’s Children Report, 2017, https://www.worldschildren.org/trafficking-guide?gclid=Cj0KCQjw2pXXBRD5ARIsAIYoEbcWhInT40XUaGLm1S6pbCYkN5Nt5PM9I3BmAUbnYUKpssLUM-2dgrkaAtJ6EALw_wcB

¹² Migration - The movement of a person or a group of persons, either across an international border, or within a State. It is a population movement, encompassing any kind of movement of people, whatever its length, composition and causes; it includes migration of refugees, displaced persons, economic migrants, and persons moving for other purposes, including family reunification. <https://www.iom.int/key-migration-terms>



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- To galvanize greater and more coordinated action by faith-based organizations in support of the global compacts on migration and refugees;
- to strengthen interventions of FBOs that target mobile populations who face increased risk of HIV infection, such as women, children, including boys, trafficked people, victims of violence and abuse, undocumented migrants, people on the move in humanitarian crises, disabled people, and other key populations among migrants and refugees.
- To create awareness of the importance to address the complex issues related to migration and HIV within and by the faith community, and to challenge barriers to such attention and action;
- To “demystify” assumptions and stereotypes about migrants and HIV, addressing the lack of correct and adequate information as well as stigma and discrimination, in order to achieve a more effective response to HIV.

This meeting will set the scene in preparation of a larger migration and HIV event that is planned to take place before the end of 2018 under the auspice of the PEPFAR/UNAIDS Faith Initiative.



Children, Adolescents & HIV

Identification Strategies and Treatment Adherence Interventions in

Faith Communities

14:00-17:30: (210min) – Plenary Hall

“In the world an infant is infected with HIV every 3 minutes”

“2000 young people become infected with HIV each day”

In 2016, PEPFAR, UNAIDS and partners launched *Start Free, Stay Free and AIDS Free*¹³, a collaborative framework to accelerate the end of the AIDS epidemic among children, adolescents and young women by 2020. *Start Free, Stay Free and AIDS Free* embraces the goals adopted by the United Nations Member States in the 2016 Political Declaration on Ending AIDS¹⁴ - that there should be, “special emphasis on providing 1.6 million children (0-14 years of age) with antiretroviral therapy by 2018 and that children, adolescents and adults living with HIV know their status and are immediately offered and sustained on affordable and accessible quality treatment to ensure viral load suppression and underscore in this regard the urgency of closing the testing gap”. This target for children 0-14 represents a near doubling of the number of children estimated to have obtained HIV treatment in 2016¹⁵. In addition, *Start Free, Stay Free and AIDS Free* sets ambitious targets for adolescents: provide 1.2 million adolescents (aged 15-19) living with HIV with antiretroviral therapy by 2018; provide 1 million adolescents (aged 15-19) with HIV treatment by 2020.

What are Faith-Based Organizations (FBOs) doing to make these targets a reality? What is the faith community doing to ensure that all children and adolescents living with HIV know their status; that are immediately offered and sustained on optimal formulations of antiretrovirals (ARVs); and to ensure treatment adherence and viral load suppression? What should we do more or differently? Are there innovative case finding strategies by FBOs or in places of worship that should be replicated and scaled up? What are some models and lessons learned by faith communities to enhance treatment adherence and that are showing good results in viral load suppression? What kind of bridges are needed among faith groups, and between FBOs and other sectors to quickly identify children and adolescents and link them to and support them in treatment?

These are some of the questions that we will be discussing together during the Children, Adolescents and HIV Session **“Identification Strategies and Treatment Adherence Interventions in Faith Communities”** on 22 July 2018 (14:00 to 17:30 at the Amsterdam Planetarium) on occasion of the Interfaith Affiliated Event, Faith Building Bridges.

¹³ <https://free.unaids.org/>

¹⁴ <http://www.unaids.org/en/resources/documents/2016/2016-political-declaration-HIV-AIDS>

¹⁵ Member States also agreed to “Work towards ensuring that at least 81 per cent of the number of children and young adolescents (1.4 million children under the age of 15) are on treatment in 2020, in Asia and the Pacific reaching 95,000, in Eastern and Southern Africa reaching 690,000, in the Middle East and North Africa reaching 8,000, in Western and Central Africa reaching 340,000, in Eastern Europe and Central Asia reaching 7,600, in Latin America and the Caribbean reaching 17,000, and in Western and Central Europe and North America reaching 1,300, ensuring equal access to treatment for girls and boys”. <http://www.unaids.org/en/resources/documents/2016/2016-political-declaration-HIV-AIDS>



Background

Identify and Diagnose Children and Adolescents living with HIV

UNAIDS estimates that 2.1 million children (0-14) are currently living with HIV; less than half of them (919 000 out of 2.1 million) was receiving treatment in 2016¹⁶. The situation is far worse in West and Central Africa, where less than a quarter of the children in need access life-saving treatment. Urgent action to diagnose and initiate them on therapy is required. Indeed, infants and young children have a high risk of morbidity and mortality. Half of infants living with HIV die before their second birthday if they do not receive treatment. Targeted strategies are needed to identify infants and young children, as well as older children and adolescents. Disaggregated data from countries are showing the changing age distribution of HIV, with fewer children under the age of five and a growing proportion aged 10 – 14 years. In addition, globally in 2016, 610 000 young people between the ages of 15 and 24 years were newly infected with HIV; of those, 260 000 were adolescents between the ages of 15 and 19 years, with the majority being girls. The number of children starting on ARVs and living into their adolescence is increasing. The 15 to 24 years group is mainly composed by those who contracted HIV at birth or through breastmilk.

Accelerated scale up of targeted testing approaches to find asymptomatic, sick, and hard-to-reach infants, children and adolescents are urgently needed.

Treatment Adherence and Viral Load Suppression in Children and Adolescents

Efforts to achieve and maintain optimal adherence to antiretroviral therapy are essential to ensuring viral suppression, good long-term health outcomes, and survival for children, adolescents and young people. Evidence-based strategies to improve adherence among children and adolescents living with HIV are therefore a critical part of the response to the epidemic. Better formulations are required for children and adolescents living with HIV, and better service delivery methods are needed to retain them on treatment through adolescence and to adulthood. Indeed, to ensure positive health outcomes, achieve viral suppression, reduce the likelihood of HIV-related mortality, and drug resistance, patients must be highly adherent to ART regimens¹⁷. However, in spite of the increased number of people accessing treatment, HIV remains the second leading cause of death among adolescents globally.

Some interventions to improve antiretroviral therapy adherence among adolescents in low- and middle-income countries include: individual or peer group adherence counseling, mobile health (mHealth) interventions, and community- and home-based care and support. However, among children and adolescents, current evidence is both scarce and lacking in its quality. There is an urgent need to develop, document and replicate targeted and differentiated treatment strategies to improve adherence among children and adolescents, including by and in faith communities.

Objectives

The success of elimination of mother-to-child transmission (eMTCT) programs and the scale up of ART programs has made it more challenging to find sick, asymptomatic, and hard-to-reach infants,

¹⁶ <http://www.unaids.org/en/resources/documents/2018/start-free-stay-free-aids-free-2017-progress-report>

¹⁷ Taking at least 95% of all ART doses is widely regarded as a standard benchmark for adequate adherence.



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children and adolescents, as well as infants and children who are newly infected. Targeted, maybe even innovative identification strategies that can be adapted to the changing nature of the epidemic are needed. A significant increase in effort is required and FBOs must identify, document and scale up case finding intervention strategies that can support such efforts and change. In addition, in order to foster an environment that is favorable to testing and treatment to all, the positive engagement of faith leaders in reducing stigma and discrimination towards all people living with HIV, including children and adolescents, must be supported, based on the best scientific evidence and human rights. FBOs and faith communities' interventions to improve antiretroviral therapy adherence among children and adolescents must be showcased and sustained. Finally, strengthening partnerships among faith communities and other key actors, and aligning FBOs' interventions with national HIV plans can help to accelerate access to prevention, testing and treatment of children and adolescents, and guarantee better health outcomes.

The specific objectives of the Children, Adolescents and HIV Session "Identification Strategies and Treatment Adherence Interventions in Faith Communities" are to:

- Present case finding intervention strategies by FBOs and in places of worship to find sick, asymptomatic, and hard-to-reach infants, children and adolescents;
- Identify FBOs' evidence-based intervention strategies that have potential to be scaled-up or adapted to identify infants, children and adolescents living with HIV in places of worship and by FBOs;
- Identify ways in which such interventions could be supported and sustained;
- Identify FBOs and faith communities' interventions to improve antiretroviral therapy adherence among children and adolescents, in particular those directly involving adolescents living with HIV and engaging church groups;
- Present examples of FBOs service delivery methods to children and adolescents that are enhancing retention on treatment;
- Design joint activities for transformative collaboration between FBOs with other Civil Society organizations, donors, governments, international partners and other key stakeholders;
- Strengthen partnerships among different faith groups to end AIDS in children.

Closing Ceremony

17:30-18:15 (45min) – Plenary Hall

A summary of the two days interfaith conference, including highlights, recommendations and actions for follow up will be presented during the closing ceremony. The symbolic gesture of "building a bridge" will sign the end of the event.

Resource Documents

Resource documents and presentations: <https://seafle.ecucenter.org/d/66f4742088024e6982cb/>

Evaluation

Evaluation of Faith Building Bridges: <https://www.surveygizmo.com/s3/4463710/Faith-Building-Bridges-Evaluation>

Organizations of the Global Organizing Committee (GOC)

