

 reconciliation

HIV and AIDS Civil Society Networks and the Faith Sector

Lessons Learnt from
Strategic Engagement in
India, Dominican Republic,
Indonesia and Jamaica



The Project

Strategic Engagement of Civil Society Networks and Faith Actors in the HIV Response in Four Countries was a project implemented by the World Council of Churches (WCC), with the timely and excellent support of the Joint United Nations Program on HIV/AIDS (UNAIDS), from July to December 2022. WCC is extremely grateful for this support, which enabled the organisation to reach out to the most important actors in four countries to strengthen a unified and coherent HIV response.

This initiative facilitated dialogue between civil society networks, faith actors, and key national HIV stakeholders in the Dominican Republic, India, Indonesia, and Jamaica. The process brought together a total of 180 people in the four countries to meet and work together over three days. They also met online in preparatory and follow-up meetings.

The main objective was to use participatory methodologies to develop a **joint advocacy plan** (or to strengthen existing ones) for the sustainability of the HIV/AIDS response at the country level. WCC aimed to strengthen collaboration between country stakeholders through this process. In many places, the efforts of civil society groups, faith actors, and government offices are not sufficiently connected and

We are the communities living in the back, services do not reach people in the peripheries, and systems are very exclusive. Where did the money go? We have to expand our ideas about prevention. I tried to create churches that are inclusive for the LGBTI community.

—Participant in the Consultation in India

communicated. There is a huge need to coordinate, collaborate, be mutually accountable, and align efforts.

The consultations had strong participation of the most affected communities, namely networks of people living with HIV, as well as national councils of churches, inter-faith leaders, the National AIDS Program, the Ministry of Health, delegates of civil society networks in the Country Coordination Mechanism, and representatives of UNAIDS and other United Nations agencies.

***If you want to go fast go alone.
If you want to go far go together.***

—African Proverb





Even before the COVID-19 pandemic, HIV was slipping down the priority list of local and global development agendas. WCC, with great concern, aimed to refocus on the importance of HIV advocacy, promoting the investments that are needed and the actions that must be implemented.

The consultations were action-oriented, with a collaborative and participatory approach. Facilitators used a horizontal dialogue methodology, acknowledging the expertise of all stakeholders; facilitating collaboration between community leaders and faith leaders and government officers. In Jamaica and the Dominican Republic, networks of people living with HIV led the consultations. In India, it was led by the NGO Sector, and in Indonesia, the faith sector. The consultations took place in 2022: in India from 27–29 September, in Dominican Republic from 14–16 October, in Indonesia from 19–21 October and in Jamaica from 26–29 October.

We used the name “AIDS Back on the Agenda” for the consultations. This was inspired by the book *AIDS on the Agenda. Adapting Development and Humanitarian Programmes to Meet the Challenge of HIV/AIDS*.¹ The use of the term “AIDS” was intentional, to encourage discussing if AIDS has really ended in the four countries and globally. We found that AIDS, as the extreme condition caused by HIV, has, unfortunately, not disappeared. The last UNAIDS update released on World AIDS Day 2022² reports that, in 2021, 1.5 million people acquired HIV and 650 000 people died from AIDS-related diseases.

1. Sue Holden, *AIDS on the Agenda: Adapting Development and Humanitarian Programmes to Meet the Challenge of HIV/AIDS* (Bournemouth: Oxfam, 2003)
2. Executive summary — In Danger: UNAIDS Global AIDS Update 2022

We want to make the church a place to talk about HIV and human rights; we want to reconcile human rights to Christian theology.

—Participant in Jamaica

Lessons Learnt in the Four Countries

The need to sustain a strong HIV response. We emphasised the importance of sustaining a strong HIV response, particularly at this time when newer pandemics challenge the world and there is global exhaustion in dealing with HIV. We found that support for the HIV response is diminishing at a time when the efforts cannot be slackened. The HIV response has a lot to be proud of, especially concerning access to HIV medications, and three-quarters of all people living with HIV are on treatment. However, there is still a dependence on international cooperation, and stark inequalities are associated with HIV. Ten million women, men, and children living with HIV are yet to access treatment and care. Children, adolescents and young people living with HIV, and communities at risk of acquiring HIV experience the worst inequalities in access and

insufficient funding. The HIV epidemic challenges us with the issues we know, such as stigma and discrimination, which have become more subtle. In addition, there are emerging issues that require our joint collaboration, for example, ageing and HIV and migration and HIV.

Promoting new developments in science. The new developments should be used for the comprehensive response to HIV and the activities in the National HIV plans and the Global Fund grants. For example, the Undetectable=Untransmittable strategy is a powerful tool to eliminate HIV stigma, but it is not known sufficiently among the public. Another example is HIV self-testing and index-testing (testing of partners and close contacts of people living with HIV with the assistance of service providers). These good tools are not widely implemented. There is also limited acceptance of PrEP (Pre-exposure Prophylaxis), which, when taken as prescribed, is highly effective in preventing HIV transmission for those at higher risk of acquiring HIV.



The challenge of HIV prevention. For effective HIV prevention, we need to understand and include all people living with HIV and all affected populations in all their diversity. Our approach has to be integral and include social protection and poverty reduction initiatives. Working more effectively on HIV prevention requires understanding all the dimensions of human sexuality, mental health, and the inequalities that drive the epidemic.

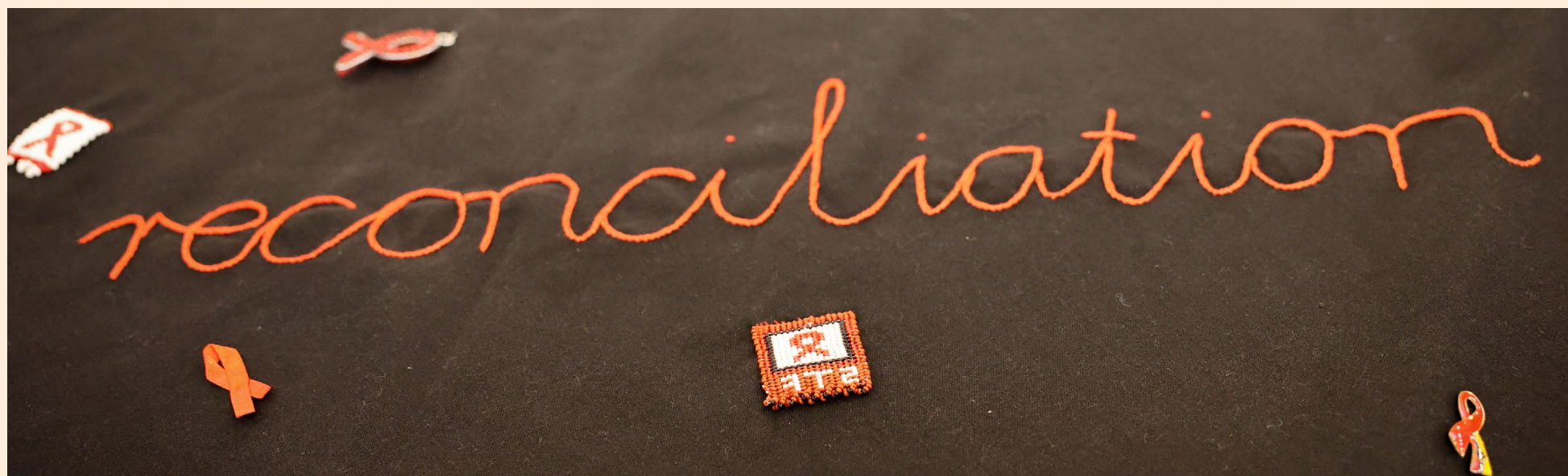
The need for more resources. We need to mobilize international support but also national funding, including in Middle-Income Countries. We need alignment and coordination between different actors at the country level. Currently, the Country Coordination Mechanism (CCM) is a unique place for dialogue between communities, government, and other actors. However, this space needs trust and mutual accountability.

People living with HIV have medications for the next three months but not food for the next three days.

—Participant in Dominican Republic

Strengthening partnerships. One of the participants said that “*shalom*” (peace) between civil society and faith actors has been broken, and this relationship needs healing. The healing implies an understanding and acceptance of all affected populations. The HIV epidemic has changed, as has the actors in the response, including the faith sector. Therefore, this is the time for a joint response to HIV.

Strengthening the role and voice of faith-based organizations. We learned about the huge actual and possible future role of faith-based organizations. Some of these actors own hospitals and provide direct care and support for communities that the public sector cannot reach alone. There is potential to increase the role of faith-based organizations, especially in relation to the Country Dialogue process that leads to the development of grant proposals for the Global Fund, the implementation of activities, and of projects as Principal Recipients. In addition, the HIV response would benefit from a permanent voice of the faith communities among the membership in the Country Coordination Mechanism.



The Way Forward

The main actors in these countries have a Joint Advocacy Plan that aims to respond to the gaps and to reposition HIV in the public agenda. The priorities and solutions of those plans were established by the stakeholders at the country level, deciding what issues to prioritize and what actions are the most effective.

The World Council of Churches will have online follow-up activities with the four countries and conduct similar consultations in other countries in collaboration with UNAIDS and other partners.

More joint initiatives between the civil society networks and faith actors should be studied and shared, especially the ones linked to the implementation of projects of the Global Fund and participation in the Country Coordination Mechanisms.

This is an opportunity to know each other and work together, to move quickly in the response to HIV. We are talking but are we speaking the same language?

—Participant in Indonesia



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