

# Partnership with Faith-based Organizations

## UNAIDS Strategic Framework



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PARTNERSHIP WITH FAITH-BASED ORGANIZATIONS  
UNAIDS STRATEGIC FRAMEWORK

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# Terminology

## UNAIDS

UNAIDS, the Joint United Nations Programme on HIV/AIDS, brings together, in the global response to AIDS, the efforts and resources of 10 UN system organizations. The Cosponsors are ILO, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, WFP, WHO and the World Bank. This report uses the term UNAIDS to refer to the UNAIDS Secretariat and all 10 Cosponsors. The roles of the UNAIDS Secretariat and Cosponsors are articulated in a division of labour, which can be found on the UNAIDS website at <http://www.unaids.org/en/Cosponsors/DivisionOfLabour/default.asp>.

## UNAIDS Secretariat

The term ‘Secretariat’ is used to refer specifically to the UNAIDS Secretariat, which is based in Geneva and works in more than 75 countries worldwide.

## Partnerships

On one level, ‘partnership’ refers to everything that UNAIDS—as a joint UN programme—does. More specifically, a partnership is a structured and ongoing relationship between partners, in this case faith-based organizations and religious groups, to ensure delivery on commitments to universal access within the context of the AIDS response.

## Faith-based communities

Faith-based communities are diverse in their forms, structures and outreach. In UNAIDS’ experience, it is possible to distinguish these communities based on the way that they operate, at three main levels:

1. Informal social groups or local faith communities; for example: Local women’s groups or youth groups.
2. Formal worshipping communities with an organized hierarchy and leadership; for example: Major religious faith groupings (Hindus or Christians) and sub-divisions of organized religion (e.g. Sunni Islam, Theravada Buddhism or Catholic Christianity).
3. Independent faith-influenced non-governmental organizations; for example: Islamic Relief and Tear fund. These also include faith-linked networks such as the Ecumenical Advocacy Alliance, Caritas Internationalis, World Conference of Religions for Peace, and the International Network of Religious Leaders Living with HIV( INERELA+).

All three are important, but the latter provide most HIV-related services. It is also vital to understand the both intra- and inter-religious distinctions—for example, different denominations within the Christian Church, or the different strands within Islam, Buddhism and so on.

## **Faith-based organizations (FBOs)**

Faith-based organizations are defined as faith-influenced non-governmental organizations. They are often structured around development and/or relief service delivery programmes and are sometimes run simultaneously at the national, regional and international levels.

## **Religious leaders**

Religious leaders are national or global religious leaders who have important roles within faith communities, especially those with an organized hierarchy, and who are formally designated to represent these communities.

## **Local religious communities**

Local religious communities include informal and formal worshipping communities. Differences from faith-based organizations can be blurred, however, with many local faith communities running HIV-related activities or projects as an integral part of daily life.

Each UNAIDS Cosponsor may have reasons for its own specific terminology and engagement. For ease of reference in this framework, the term ‘faith-based organizations’ will generally cover the various categories listed above, except where indicated otherwise.

# 1. Introduction

Michel Sidibé, UNAIDS Executive Director, has called upon all partners to take increased action to achieve universal access:

*“I hope today you will be inspired by what universal access can achieve—and consider me the messenger, the broker, the person who helps get things moving. Universal access can only happen because of you. We count on you, the scientists discovering ever-more effective medicines and prevention tools. You, the policy shapers ever-more committed to creating the social conditions in which people and investments can be mobilized. You, the social and health workers with an increasingly sophisticated understanding of how to support people and families to take control of their lives. You, faith based leaders supporting communities around the world. You, the legal community protecting and promoting human rights. You, the business leaders full partners in the AIDS response. You, the mothers, with the strength of purpose and passion to protect the next generation. You, the next generation, the protagonists and activists who must play a central role in generating demand for prevention, treatment, care and support. You, members of civil society who will hold us all to account for reaching our universal access goals. We know what it takes—now we need your inspiration and action.”*

In a Statement to the United Nations (UN) Special General Assembly on HIV/AIDS, 25–27 June 2001, faith-based organizations (FBOs) expressed their commitment to join the global AIDS response and called upon the international community to expressly and concretely include them in the response:

“FBOs are joining many other actors in the global fight against this devastating pandemic and can offer our specific resources and strengths. At the same time we acknowledge that we have not always responded appropriately to the challenges posed by HIV/AIDS. We deeply regret instances where FBOs have contributed to stigma, fear and misinformation.

We are asking UNAIDS and other UN organizations to consider:

1. Involving FBOs in the planning, implementation and monitoring of HIV/AIDS programmes at local, national and international levels.
2. Calling on religious leaders wherever possible to make use of their moral and spiritual influence in all communities to decrease the vulnerability of people for responding to HIV/AIDS and to contribute to the highest level of care and support that is attainable.[...]

The FBOs represented at this Special General Assembly on HIV/AIDS realize that we cannot claim to speak for all world religions and religious organizations. But we wish to express our sincere commitment to continuing to work within our own communities for the dignity and rights of People Living with HIV/AIDS, for an attitude of care and solidarity that rejects all forms of stigma and discrimination, for an open atmosphere of dialogue in which the sensitive root causes of HIV/AIDS can be addressed and for a strong advocacy to mobilize all the necessary resources for an effective global response to the pandemic.”<sup>1</sup>

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1 Increased partnership between faith-based organizations, governments and inter-governmental organisations. Statement by faith-based organizations facilitated by the World Council of Churches for the UN Special General Assembly on HIV/AIDS, 25–27 June 2001.

It is not intended that this strategic framework speaks for all world religions and religious organizations, but it is hoped that it accurately captures the spirit of commitment and the call for greater collaboration expressed by many of the FBOs involved in developing this framework during 2008–2009.

This strategic framework is the result of stronger partnerships between UNAIDS and FBOs. It is also a demonstration of the commitment of UNAIDS to encourage strong partnerships between UNAIDS, FBOs, governments and other organizations.

UNAIDS–FBO partnerships are based on clear objectives, common values and measurable outcomes and are in accordance with UNAIDS’ strategic priorities outlined in:

- The 2007–2011 Strategic Framework for UNAIDS Support to Countries’ Efforts to Move towards Universal Access to HIV Prevention, Treatment, Care and Support;<sup>2</sup>
- The UNAIDS Unified Budget and Workplan,<sup>3</sup> which also provides the timeframe for this framework;
- The UNAIDS Outcome Framework 2009–2011.<sup>4</sup>

#### Box 1. UNAIDS Outcome Framework 2009–2011

1. We can reduce sexual transmission of HIV.
2. We can prevent mothers from dying and babies from becoming infected with HIV.
3. We can ensure that people living with HIV receive treatment.
4. We can prevent people living with HIV from dying of tuberculosis.
5. We can protect drug users from becoming infected with HIV.
6. We can remove punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS.
7. We can stop violence against women and girls.
8. We can empower young people to protect themselves from HIV.
9. We can enhance social protection for people affected by HIV.

## 1.1. Rationale

Many FBOs remain on the margins of national AIDS responses for a number of reasons. Staff of national AIDS programmes often can have misperceptions and prejudices:

- Ignorance of their work and its impact;
- Reluctance to engage with faith-based communities;
- The perceived complexity of working with FBOs;
- A lack of capacity among some faith communities to engage effectively with HIV-related issues;

2 Five UNAIDS strategic directions:

- Guiding the global agenda, increasing involvement and monitoring global progress;
  - Technical support and capacity-building to make the money work for universal access;
  - Promoting human rights, gender equality and reducing the vulnerability of populations at higher risk;
  - Re-emphasizing HIV prevention alongside treatment, care and support;
  - Strengthening harmonization and alignment to national priorities.
- [http://data.unaids.org/pub/InformationNote/2008/20081031\\_strategicframework\\_final\\_en.pdf](http://data.unaids.org/pub/InformationNote/2008/20081031_strategicframework_final_en.pdf).

3 <http://www.unaids.org/en/AboutUNAIDS/UBW/default.asp>.

4 [http://data.unaids.org/pub/BaseDocument/2009/JC1713\\_Joint\\_Action\\_en.pdf](http://data.unaids.org/pub/BaseDocument/2009/JC1713_Joint_Action_en.pdf).

A lack of capacity among some other partners to engage effectively with FBOs.

However, overwhelming evidence shows that FBOs have been, and are, major providers of HIV-related services. The World Health Organization (WHO) estimates that faith-based groups provide between 30% and 70% of all health care in Africa.<sup>5</sup> In some areas, faith-based hospitals or clinics are the only health-care facilities that exist. FBOs are also a major source of AIDS funding, particularly in some of the least developed countries, due to their capacity to fundraise from FBO networks in developed countries. For example, an African Religious Health Assets Programme and WHO report<sup>6</sup> found that FBOs were providing up to 40% of all HIV health care and treatment services in Zambia and Lesotho, much of it funded from faith-based communities outside Africa. Further mapping exercises have been conducted by the Catholic Religious Orders,<sup>7</sup> Anglican Communion<sup>8</sup> and Positive Muslims.<sup>9</sup>

While the evidence shows that FBOs are capable of providing a wide range of HIV-related services, including to populations that are underserved by governments and other service providers, they are unlikely to reach their full potential in supporting countries to achieve their universal access targets without increased support from governments and development agencies.

## 1.2. How this strategic framework is organized

This strategic framework is an abridged version of the meeting report of the UNAIDS Religion and Faith-based Organization Working Group Strategy Development Meeting held in Geneva from 9 to 11 April 2008 and subsequent 18-month consultation process. The full report includes the background discussion paper, more detailed analysis and discussion of the roles and responsibilities, strengths and challenges of working with FBOs in the AIDS response, tables outlining partnership approaches, expected outcomes for each of the action areas, references and a participants list. The full report can be found at [www.unaids.org](http://www.unaids.org).

The strategic framework includes in Sections 2–4 the goal, objectives and guiding principles underlying the UN system's partnerships with FBOs, as well as the background to its development and scope and challenges in the future. Section 5 defines the roles and responsibilities in partnering of both participating UN agencies and FBOs. Section 6 provides a summary table outlining the core elements of the UNAIDS–FBO strategic framework, grouped in accordance with the nine action areas of the UNAIDS Outcome Framework, as well as expected outcomes and some suggested issues to be monitored and evaluated. A set of useful documents, references and information sources is provided for the reader.

Appendix 1, Priority Areas for UNAIDS Partnership with Faith-based Organizations, contains 10 detailed tables of partnership actions and outcomes that can be used as a further guide or

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5 African Religious Health Assets Programme. *Appreciating assets: the contribution of religion to universal access in Africa*. Cape Town, South Africa, African Religious Health Assets Programme, 2007. Available at <http://www.arhap.uct.ac.za/publications.php>.

6 Ibid.

7 Union of Superiors General Men, International Union of Superiors General Women. *In loving service*. Bologna, Italy, Editrice Missionaria Italiana, 2008. Available at [http://www.uisg.org/italian/AIDS2008/IN%20LOVING%20SERVICE%20INGLESE\\_X.pdf](http://www.uisg.org/italian/AIDS2008/IN%20LOVING%20SERVICE%20INGLESE_X.pdf).

8 *Anglicans working together on AIDS*. Available at <http://hiv aids.anglicancommunion.org/news/index.cfm/2007/11/28/Anglicans-Working-Together-on-AIDS>.

9 Muslims responding to AIDS: mapping Muslim organizational and religious responses. Positive Muslims in collaboration with UNAIDS, 2007.

menu to shape work planning. It is left to individual UNAIDS Secretariat country and regional offices, Cosponsors and FBOs to develop workplans in line with their organizational mandate and national priorities. Objectives, outcomes and indicators for individual workplans are to be determined by partners, in accordance with the specific areas of work. It is hoped that the more detailed tables of partnership action and outcomes will help to shape, but not dictate, these partnerships. It is important that UNAIDS partners with FBOs in their areas of strength and where they have a comparative advantage. It is not necessary that all groups address all issues.

## 2. Goal, objectives and guiding principles

### 2.1. Goal

The goal of the UNAIDS–FBO strategic framework is to encourage stronger partnerships between UNAIDS and FBOs in order to achieve universal access to HIV prevention, treatment, care and support, which includes the integration of FBOs in comprehensive national AIDS responses.

### 2.2. Objectives

The objectives of the UNAIDS–FBO strategic framework are to:

- Encourage global and national religious leaders to take supportive public action in the AIDS response.
- Create strong partnerships between UNAIDS and established FBOs working on HIV.
- Promote strengthened links, including coordination and oversight, with FBOs at the country level to ensure that there is an appropriate interface as part of a comprehensive national AIDS response.
- Strengthen the capacity of FBOs to work on HIV issues and the capacity of UNAIDS staff to work with FBOs.
- Target FBOs not yet working on HIV to include HIV-related activities in their work.
- Mobilize local faith communities to become involved in the local AIDS response.
- Identify and document examples of FBO good practice.

### 2.3. Guiding principles

Guiding principles for the Global response to AIDS are found in the Resolution adopted by the General Assembly 60/262, the Political Declaration on HIV/AIDS<sup>10</sup>

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10 Resolution adopted by the General Assembly 60/262, the Political Declaration on HIV/AIDS: “14. Recognize also that we now have the means to reverse the global pandemic and to avert millions of needless deaths, and that to be effective, we must deliver an intensified, much more urgent and comprehensive response, in partnership with the United Nations system, intergovernmental organizations, people living with HIV and vulnerable groups, medical, scientific and educational institutions, non-governmental organizations, the business sector, including generic and research-based pharmaceutical companies, trade unions, the media, parliamentarians, foundations, community organizations, faith-based organizations and traditional leaders;”

In addition UNAIDS partnerships are based upon the following guiding principles:

- People living with HIV must be leaders in the design, programming, implementation, research, monitoring and evaluation of all programmes and policies affecting their lives.
- Human-rights-based approaches, gender equality and the greater involvement of people living with HIV principle are the foundation of UNAIDS' partnership work.
- The value of partnerships must be measured by the extent to which they contribute to reducing the number of people becoming infected with HIV and to reducing the impact on those people living with or affected by HIV.
- The focus of partnerships must be on supporting national ownership, country-led approaches and accountability.
- Resources invested are aligned with and used to support national priorities and to benefit people living with or affected by HIV in the areas of prevention, care and support, treatment and impact mitigation.
- Partnerships must result in institutional and systems strengthening<sup>11</sup> (i.e. there must be commitment to strengthen the capacities of national institutions to provide leadership and coordination in order to achieve universal access targets).
- The best available scientific evidence and technical knowledge should inform the work of partnerships.

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11 Systems include both health systems and community systems.

## 3. Background, scope and audience

### 3.1. Background

FBOs have played an important part in effective global responses to AIDS over the past 20 years and can have a central part to play in the development and implementation of national AIDS programmes. Since the mid-1980s, involvement by FBOs in the AIDS response has included:

- HIV prevention education in schools, hospitals, clinics, temples, mosques and churches.
- HIV prevention among key populations at higher risk of HIV infection, for example sex workers and their clients, migrant workers and people who use drugs.
- The growth of networks of religious leaders affected by HIV, which have mobilized church leaders to respond to AIDS.
- Home-based care for HIV-positive people, particularly through mobilizing women's support groups and community volunteers, who often reach people in remote rural areas.
- Care and support for orphans and other vulnerable children, often in their own homes and communities and by their extended families.
- Hospital and clinical care, including diagnosis and treatment of opportunistic infections, voluntary counselling and testing, antiretroviral therapy, palliative care and prevention of mother-to-child transmission.
- Providing pastoral and spiritual care to people living with HIV and their loved ones, including to difficult to reach and key populations at higher risk.
- Advocacy to influence political decision-making processes, resource allocation and public policies and to increase access to antiretroviral drugs and services.

UNAIDS already collaborates with a wide range of larger FBOs, such as the World Conference for Religion and Peace, the Ecumenical Advocacy Alliance, the Tearfund, Caritas Internationalis, WorldVision, Positive Muslims, Islamic Relief, the Buddhist Sangha Metta Project, the Art of Living Foundation, the Interconfessional Committee on HIV/AIDS in the Russian Federation and the CHAHAMA Network (Muslim and Christian Religious Leaders in Response to HIV in the Arab Region). The potential impact of all these groups is large, for example Caritas Internationalis alone works with 163 national member organizations in more than 200 countries and territories.

This strategic FBO framework was developed to support and guide work already being undertaken globally, regionally and nationally by a diverse range of committed individuals and organizations. The UNAIDS–FBO strategic framework is the result of an 18-month consultation process between the UNAIDS Secretariat and Cosponsors, many FBOs, networks of people living with HIV, government representatives and technical experts during 2008–2009. The initial UNAIDS Religion and Faith-based Organization Working Group Strategy Development Meeting, held in Geneva from 9 to 11 April 2008, focused on 10 key areas of action: prevention; treatment; care and support; youth; children; people living with HIV; gender; key populations at higher risk; stigma and discrimination; and rights, dignity and justice. This meeting resulted in the establishment of a UNAIDS religion and FBO working group, which has helped to shape this framework. The final framework has been adjusted in line with the nine action areas of the UNAIDS Outcome Framework (see Box 1).

### 3.2. Scope

A joint UNAIDS and FBO strategic framework such as this cannot capture everything, in particular the spiritual understanding of people of faith. Nevertheless this framework is intended to provide a structure for the development of ongoing workplans and partnerships in response to AIDS by the UNAIDS Secretariat, Cosponsors and FBOs.

The framework is not about how the UN system can help FBOs, but rather about how UNAIDS and the faith-based community can work better to achieve joint goals and build commitment and shared ownership of the partnership with a common resolve to achieve results in achieving universal access. As partnerships imply roles and responsibilities for all partners, the strategic framework outlines the respective roles and responsibilities of UNAIDS and FBOs. Furthermore, it is:

- A guidance note for UNAIDS Secretariat and Cosponsor staff for their engagement with FBOs.
- An advocacy tool to encourage greater FBO engagement in the AIDS response.
- A challenge to donors and governments to recognize FBOs as legitimate and important civil society partners in the AIDS response, to ensure their inclusion and to provide appropriate levels of funding.
- A challenge to FBOs and UNAIDS to ensure mutual respect and to work to agreed principles and standards.

Partnering between UNAIDS and FBOs is an evolutionary process. The strategic framework neither attempts to provide details on how to partner with FBOs nor is it prescriptive in how each of the Cosponsors and the UNAIDS Secretariat are to action partnering with FBOs in line with their respective mandates and workplans. However, the strategic framework does provide a basis on which the UNAIDS Secretariat, Cosponsors and FBOs can develop partnerships, workplans, pilot projects and programmes in support of universal access and with which to document the results.

### 3.3. Audience

This strategic framework is tailored to a number of audiences, namely:

- UNAIDS Secretariat and Cosponsor staff;
- HIV-related FBOs;
- FBOs not yet working on HIV;
- Nongovernmental organizations and networks of people living with HIV and key populations at higher risk;
- Donors;
- Governments.

## 4. Challenges and the way forward

Many religious communities have found HIV-related issues challenging, particularly HIV prevention, as it touches on sensitive areas such as morality and religious standards for 'holy living'. There have also been polarized public debates over issues such as condom promotion, which have exacerbated tensions and prejudices.

The world religions share many common values, for example compassion for the sick and vulnerable, belief in the importance of faithfulness in marriage and the rights of the most marginalized. At the same time prejudice is common among FBOs and between FBOs, governments, international organizations and other AIDS actors.

Public positions, statements and responses of some FBOs have ranged, on occasion, from the unhelpful to the deeply harmful or hurtful, increasing rather than diminishing HIV-related stigma. Responses from other organizations, however, have at times been equally negative, reactively dismissing much of the good work done by FBOs. Some decision-makers may fear that FBOs may use HIV work as an opportunity to promote their own faith or will be judgemental; others worry that FBOs may lack the capacity or skill to run high-quality programmes. However, the evidence shows that many FBOs run high-quality HIV programmes.

It is time to move beyond these prejudices and positions of mistrust to create partnerships based on mutual trust and respect and with joint commitments to achieving universal access targets. There is a lot of common ground between how other organizations and FBOs respond to AIDS; for example, service delivery is often similar. With education and dialogue, attitudes are changing, and there is a new openness among other actors to engage with FBOs. Sharing goals and activities will help to build mutual trust. This process of dialogue is also helping FBOs to move towards agreed 'do no harm' standards of practice. In all these processes, the work of FBOs must be documented and be promoted as examples of good practice.

The issue of funding has been of concern to FBOs. Public funding of other organizations and FBOs should be transparent, with consistent criteria applied. It is important to ensure that there is no bias for or against FBOs in funding, which can be monitored by funding decision patterns and through partnership agreements.

In the context of universal access, strengthened UNAIDS–FBO partnerships will: increase community mobilization; support more people to come forward for HIV testing; increase access to HIV prevention and treatment, including prevention of mother-to-child transmission and tuberculosis/HIV services; improve the quality of life for people living with HIV; increase the level of support for women and orphans and other vulnerable children; address violence against women and girls; strengthen social protection, care and support for families and key populations at higher risk of HIV infection; and reduce stigma, ignorance and fear through building trust. Partnerships will also assist in integrating the activities of FBOs into national AIDS programmes and strategies, thus strengthening the national AIDS response.

## 5. Roles and responsibilities

### 5.1. Roles of faith-based organizations

The roles of FBOs in HIV-related partnerships with UNAIDS include:

- Working to end marginalization and HIV-related stigma and discrimination.
- Including people living with HIV in the design, programming, implementation, research, monitoring and evaluation of programmes and in decision-making processes.
- Advocating for universal access to HIV prevention, treatment, care and support services.
- Respecting all human beings as equally worthy of health, dignity and care, regardless of whether they share the same faith, values or lifestyle choices as people of any particular faith.
- Providing services in an open and transparent manner, according to agreed criteria for the handling of finances, serving the community, and monitoring and evaluation.
- Providing services based on evidence-informed practices consistent with the FBO's own faith and values.
- Refraining from attempts to discredit or undermine evidence-informed practices of other actors in the AIDS response.

### 5.2. Roles of UNAIDS

The roles of UNAIDS in HIV-related partnerships with FBOs include:

- Working to end stigma, prejudice and discrimination in the AIDS response, including a reluctance to partner with FBOs.
- Involving different FBOs in the development of strategy and policy guidelines.
- Involving different FBOs in major decision-making processes and reference groups.
- Advocating for the integration of FBOs in national AIDS responses.
- Advocating, with donors and governments, for planning, implementation and funding decisions to be made in an open and transparent way according to published criteria.
- Advocating for FBOs and other organizations to be appropriately funded so that they can play a role commensurate with their capacities in supporting the development, implementation, monitoring and evaluation of national AIDS plans.
- Partnering with FBOs in an open and transparent way, respecting their faith as fundamental to their values and activities.
- Monitoring and evaluating civil society programmes in accordance with previously agreed criteria, respecting scientific evidence and the faith and values of FBOs.
- Promoting local community ownership of HIV-related prevention, treatment access, care and support initiatives.
- Leveraging partnerships with other actors in the context of UN reform.
- Refraining from attempting to discredit or undermine religious belief.

### **5.3. Responsibilities of UNAIDS and faith-based organizations**

The responsibilities of UNAIDS and faith-based organizations include:

- Defining the aims and objectives of the partnership.
- Developing and agreeing upon principles (see section 2.3) and a process for working together, which includes:
  - ▶ Ongoing communication;
  - ▶ The inclusion of partners in decision-making processes;
  - ▶ Identifying and implementing activities;
  - ▶ Monitoring and evaluating activities, including collecting baseline data, where applicable;
  - ▶ Disseminating the outcomes of activities;
  - ▶ Establishing a clear exit strategy for terminating the partnership, when appropriate.
- Promoting the value of the partnership to others.

## 6. Summary UNAIDS–FBO strategic framework

<b>Goal</b>	The goal of the UNAIDS–FBO strategic framework is to encourage stronger partnerships between UNAIDS and FBOs in order to achieve universal access to HIV prevention, treatment, care and support, which includes the integration of FBOs into comprehensive national AIDS responses.		
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• Encourage global and national religious leaders to take supportive public action in the AIDS response.</li> <li>• Create strong partnerships between UNAIDS and established FBOs working on HIV.</li> <li>• Promote strengthened links, including coordination and oversight, with FBOs at the country level in order to ensure that there is an appropriate interface as part of a comprehensive national AIDS response.</li> <li>• Strengthen the capacity of FBOs to work on HIV issues and the capacity of UNAIDS staff to work with FBOs.</li> <li>• Target FBOs not yet working on HIV to include HIV-related activities in their work.</li> <li>• Mobilize local faith communities to become involved in the local AIDS response.</li> <li>• Identify and document examples of FBO good practice.</li> </ul>		
<b>Inputs</b>	<b>Actions</b>	<b>Outputs</b>	<b>Issues to monitor and evaluate</b>
<p>UNAIDS Secretariat and Cosponsor staff focal points for work with FBOs.</p> <p>UNAIDS country and regional partnership advisers' time spent on engaging FBOs in national responses.</p> <p>UNAIDS and Cosponsor budget allocation to FBO-related work on HIV.</p> <p>UNAIDS Secretariat and Cosponsor publications/ toolkits for FBOs or working with FBOs.</p> <p>UNAIDS Secretariat and Cosponsor days of technical support provided to FBOs.</p>	<p><b>Reducing sexual transmission of HIV.</b></p> <ol style="list-style-type: none"> <li>1. UNAIDS partners give priority to facilitation of dialogue between national AIDS authorities, religious leaders, FBOs, local faith communities and networks of people living with HIV on comprehensive approaches to HIV prevention.</li> <li>2. UNAIDS partners support FBOs to strengthen their technical capacity to 'know your epidemic', provide HIV prevention services and increase their monitoring and evaluation capacities in line with national monitoring and evaluation guidelines, with specific focus on HIV prevention in local communities.</li> </ol> <p><b>Preventing mothers from dying and babies from becoming infected with HIV.</b></p> <p><b>Ensuring that people living with HIV receive treatment.</b></p> <p><b>Preventing people living with HIV from dying of tuberculosis.</b></p> <ol style="list-style-type: none"> <li>3. The UNAIDS Secretariat and Cosponsoring agencies recognize and partner with FBOs towards universal access efforts: providing greater access to technical assistance to FBOs for proposal development and scale-up, including grant management and implementation of comprehensive prevention of mother-to-child transmission, antiretroviral therapy and tuberculosis services.</li> <li>4. UN/FBO partnerships engage religious leaders to support the inclusion of FBO hospitals and clinics in national AIDS planning processes, funding plans for treatment scale-up and including data from FBO health services in national reporting mechanisms.</li> </ol>	<ul style="list-style-type: none"> <li>• Comprehensive prevention services for HIV embraced and promoted by religious leaders.</li> <li>• Comprehensive approaches to HIV prevention, education and service delivery are included by FBOs in HIV action and implementation plans.</li> <li>• HIV prevention is accepted as a duty or role of local faith communities. Comprehensive HIV prevention education and services, or referral, are made available by local faith communities.</li> <li>• Strengthened advocacy by religious leaders for universal prevention of mother-to-child transmission.</li> <li>• Treatment: religious leaders advocate for the inclusion of FBO HIV service delivery projects, hospitals and clinics in the national plans, including allocation of funding and technical support to FBOs to scale up service delivery.</li> <li>• Treatment: FBO-run and -managed health services well integrated into national universal access and health systems strengthening actions plans and budget allocations.</li> <li>• Treatment literacy in local faith communities strengthened, including literacy on adherence, and local faith communities active in treatment support.</li> <li>• Strengthened capacity of FBO health service providers to scale up HIV treatment for all age groups, including for prevention of mother-to-child transmission, treatment for infants and children, tuberculosis/ HIV care and training and retaining staff.</li> </ul>	<ul style="list-style-type: none"> <li>• UNAIDS/ FBO technical consultations on HIV prevention held.</li> <li>• FBOs provided with technical support to develop comprehensive HIV prevention programmes.</li> <li>• Evidence of FBOs appropriately referring people to health facilities providing comprehensive HIV services.</li> <li>• Countries where FBO-run and -managed health facilities are providing tuberculosis/ HIV, prevention of mother-to-child transmission and antiretroviral therapy services.</li> <li>• Countries where FBO-run and -managed health service facilities are included in national HIV plans and monitoring and evaluation frameworks.</li> <li>• Countries where FBO-run and -managed health facilities are provided with technical support on HIV, prevention of mother-to-child transmission and tuberculosis/HIV treatment.</li> <li>• Countries where FBOs are provided with technical support on grant proposal development.</li> </ul>

Inputs	Actions	Outputs	Issues to monitor and evaluate
	<p><b>Protecting drug users from becoming infected with HIV.</b></p> <p>5. UNAIDS prioritizes partnerships with FBOs and community organizations of key populations, including people who use drugs, to identify approaches for effective engagement of key populations at higher risk of HIV infection in AIDS responses at all levels, especially HIV prevention, and shares these models widely for further application</p> <p><b>Removing punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS.</b></p> <p>6. UNAIDS/FBO partnerships support the engagement of religious leaders in national and local policy processes, including advocacy on stigma and discrimination, and support the development and inclusion of curricula on HIV stigma and discrimination in faith-run schools and training/preparation programmes for religious leaders.</p> <p>7. UNAIDS include religious leaders and human rights advocates/ lawyers from faith communities in UNAIDS-led HIV-related activities, including reference groups and action to address the criminalization of HIV transmission.</p> <p><b>Stopping violence against women and girls.</b></p> <p>8. UNAIDS/FBO partnerships support initiatives enabling religious leaders, FBOs and local communities to engage men in addressing gender dynamics with regard to HIV prevention, violence against women and girls, treatment and care.</p>	<ul style="list-style-type: none"> <li>• Strengthened advocacy by religious leaders for protection of human rights and equitable access to HIV prevention, treatment, care and support services for key populations at higher risk of HIV infection: men who have sex with men, people who use drugs or people who engage in sex work, prisoners, etc.</li> <li>• Partnerships established between UNAIDS, FBOs and community organizations of key populations.</li> <li>• Religious leaders use the channels of advocacy that they and their communities pursue to address, for example, poverty, conflict, forced migration, unjust legislation and other human rights abuses, to highlight justice and human rights concerns related to HIV, including challenging criminalization of HIV transmission.</li> <li>• A rights-based approach to HIV programming, including active engagement in advocacy to reduce criminalization of HIV transmission, is promoted by FBOs.</li> <li>• Local faith communities take a public stand against HIV-related stigma and discrimination and for the rights of people living with HIV as well as those most vulnerable to HIV infection.</li> <li>• Religious leaders and FBOs actively engage in advocacy and programmatic action to eliminate stigma and discrimination in faith and local communities.</li> <li>• Religious leaders speak out publicly against acts of gender-based violence (violence against women and girls, men who have sex with men and transgender people).</li> <li>• FBOs actively participate in, and lead national initiatives to address, gender issues, gender-based violence and violence against women and girls relating to HIV.</li> <li>• Zero tolerance of violence against women and girls and gender-based violence in local faith communities promoted and modelled.</li> </ul>	<ul style="list-style-type: none"> <li>• Countries where FBO-run and -managed health facilities are in receipt of funding through the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) or national AIDS budgets for HIV-related service provision.</li> <li>• FBOs engaged in HIV prevention activities with people who use drugs.</li> <li>• Statements by religious leaders supporting universal access/ speaking out against HIV-related stigma and discrimination, violence against women and girls, gender-based violence and criminalization of HIV transmission*.</li> <li>• FBO representatives involved in UNAIDS human rights consultations.</li> </ul> <p>See * above. Countries where FBOs are active in national initiatives to address violence against women and girls.</p>

Inputs	Actions	Outputs	Issues to monitor and evaluate
	<p><b>Empowering young people to protect themselves from HIV.</b></p> <p>9. UN/FBO partnerships develop capacities for transferring comprehensive and correct knowledge and skills to youth and between youth, which effectively contribute to HIV prevention and care, for example peer education and training of trainers programmes.</p> <p><b>Enhancing social protection for people affected by HIV</b></p> <p>10. UNAIDS/FBO partnerships develop comprehensive care and support programmes with and for people living with HIV, including social protection, spiritual support and enhanced care for orphans and other vulnerable children.</p> <p>11. Children: UN/FBO partnerships prioritize the full inclusion of FBOs in national governance, strategic planning, policy- and decision-making bodies, coordination and implementation of plans and monitoring and evaluation of national AIDS responses for orphans and other vulnerable children.</p> <p><b>Cross-cutting issues—broaden and strengthen engagement with communities, civil society and networks of people living with HIV at all levels of the response</b></p> <p>12. UNAIDS supports collaboration between networks of people living with HIV and faith communities on HIV action and advocacy.</p>	<ul style="list-style-type: none"> <li>• Young people living with HIV take active leaderships roles in FBOs and local faith communities in comprehensive HIV prevention programmes.</li> <li>• Youth-led initiatives are developed and supported by FBOs and local faith communities on issues of HIV, sex, sexuality, gender inequality, drug use and other causes of vulnerability.</li> <li>• FBOs working with vulnerable families strengthened, including families affected by HIV, by developing and providing a range of family support services and social protection programmes supporting families and friends caring for people living with HIV and orphans and other vulnerable children in communities.</li> <li>• Sustained and expanded comprehensive HIV care and support programmes are acknowledged and encouraged by religious leaders.</li> <li>• Religious leaders encourage, promote and create space for people living with HIV to advocate, act and participate within the faith community.</li> <li>• FBO initiatives to build the capacity of individuals and organizations of people living with HIV to take a lead in HIV action at all levels are strengthened.</li> <li>• Local faith communities provide a safe environment for people living with HIV and their families to openly express their HIV status, people living with HIV are fully involved in local faith communities, including care and support and referral for comprehensive services for HIV.</li> <li>• Local faith communities advocate for and demonstrate rights and respectful, inclusive relationships with people living with HIV, their families and communities.</li> </ul>	<ul style="list-style-type: none"> <li>• Young people in faith communities aged 15–24 able to both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.</li> <li>• Young people openly living with HIV in leadership roles in FBO HIV programmes.</li> <li>• Countries where FBOs are in receipt of national funding to provide social protection, care and support services to families living with HIV.</li> <li>• Consultations between UNAIDS, FBOs and people living with HIV on HIV-related issues held.</li> </ul>
<p><b>Means of verification:</b></p> <ul style="list-style-type: none"> <li>• Secretariat and Cosponsor FBO focal point annual reports.</li> <li>• UNAIDS country annual country coordinator surveys.</li> <li>• National strategic plans.</li> <li>• Global Fund successful proposals.</li> <li>• UNGASS national reports.</li> <li>• Media screening of statements by religious leaders.</li> <li>• Best practice publications produced by UNAIDS Secretariat and Cosponsors.</li> </ul>			
<p><b>Assumptions:</b></p> <ul style="list-style-type: none"> <li>• UNAIDS Secretariat and Cosponsors will continue to recognize and value the importance of FBO contributions to the AIDS response.</li> <li>• UNAIDS Secretariat and Cosponsors continue to allocate financial and human resources to partnership with FBOs in the AIDS response.</li> <li>• FBOs continue to focus on HIV as a priority for action.</li> <li>• FBOs continue to access funding to support HIV-related programming.</li> </ul>			

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# Appendix 1.

## Priority areas for UNAIDS partnership with faith-based organizations

### Prevention

We can reduce sexual transmission of HIV

#### 1. Prioritized strategic approaches to UN/FBO partnership action on HIV prevention

1. UN partners give priority to facilitation of dialogue between religious leaders, FBOs, local faith communities and networks of people living with HIV on comprehensive approaches to HIV prevention.
2. Involvement of religious leaders and FBOs in planning and implementation of multisectoral prevention strategies in partnership with other sectors and traditional leaders.
3. UNAIDS partners with FBOs to achieve equitable universal access to comprehensive HIV prevention information and services:
  - o UN/FBO partnerships promote discussion of the comprehensive UNAIDS HIV prevention framework in FBOs and local faith communities—UN agencies promote a comprehensive evidence-informed response equally among FBOs and other civil society actors. No room for an ‘anything only’ approach;
  - o UN/FBO partnerships with religious leaders focus on values-based (human rights, shared responsibility) HIV prevention and care approaches that can be supported by technical resources.
4. UN/FBO partnerships support FBOs to strengthen their technical capacity to ‘know your epidemic’, provide HIV prevention services and increase their monitoring and evaluation capacities, with specific focus on HIV prevention in local communities:
  - o Provide technical support through FBOs, learning opportunities and information for local faith communities to build capacity for an expanded response to HIV prevention by local faith communities;
  - o Promote faith-to-faith learning and capacity development on HIV prevention (e.g. exchanges of resources between faiths and interfaith dialogue).
5. Support theological reflection on HIV prevention and the publication of resource materials for faith communities on HIV prevention.
6. Encourage religious leaders to promote and support the inclusion of HIV prevention and care training into religious training institutions.
7. Support dialogue and mechanisms to ensure local faith communities’ prevention interests and initiatives are linked to national and regional religious structures, strands and denominations.

UNAIDS principle outcome 4a, key output 1 and key output 5

#### Outputs

##### Global and national religious leaders

- Comprehensive prevention services for HIV embraced and promoted by religious leaders.
- The right to health and health care is promoted by religious leaders as a universal right consistent with most, if not all, religious teaching. (Religious leaders refrain from comments or actions that compromise the provision of comprehensive HIV prevention services, in particular condom distribution, as a part of national HIV programming.)
- Community dialogue on values and HIV prevention promoted by religious leaders.
- Strengthened advocacy by religious leaders for improved access to antenatal care, including voluntary HIV testing during pregnancy and prevention of mother-to-child transmission (and assisted delivery as a mechanism towards reducing maternal mortality, reducing HIV transmission from mother to child and thereby further strengthening the family unit).

##### FBOs

- Comprehensive approaches to HIV prevention, education and service delivery are included by FBOs in HIV action and implementation plans.
- Comprehensive local services for HIV prevention, including positive prevention services, are provided by FBOs. (Wherever possible, condom distribution should be included as a part of HIV prevention services. Where this is not possible, FBOs are to provide referral to other service providers for this service.)
- Universal HIV testing of pregnant women, and provision of antiretroviral drugs for prophylaxis/treatment as needed, are included by FBO health service providers. (Ensuring appropriate follow-up of HIV-exposed children, including referral for early HIV testing and co-trimoxazole prophylaxis.)
- Local faith community conversations on HIV prevention are facilitated by FBOs.

##### Local religious leaders and faith communities

- HIV prevention is accepted as a duty or role of local faith communities. Comprehensive HIV prevention education and services or referral is made available by local faith communities.
- Voluntary counselling and testing services regularly utilized by local faith communities and greater access and referrals to comprehensive HIV-related services within and connected to their communities are promoted. Couple counselling and testing are also promoted.
- Local faith communities have deeper understanding of ‘respect for life’ in the context of HIV and provide safe spaces to those living with and affected by HIV and to consider vulnerability.

# Treatment

Treatment—We can ensure that people living with HIV receive treatment. We can prevent people living with HIV from dying of tuberculosis

## 2. Prioritized strategic approaches to UN/FBO partnership action on treatment

1. UN/FBO partnerships engage religious leaders in support of FBO inclusion in national AIDS planning processes and funding plans for treatment scale-up.
2. UN and FBO partners coordinate jointly with national governments to define approaches to decentralization and expansion of treatment services, including FBO hospitals and clinics. Include data from FBO health services in national reporting mechanisms.
3. UNAIDS Secretariat and Cosponsoring agencies recognize and partner with FBOs towards universal access efforts. Provide greater access to technical assistance to FBOs for proposal development on treatment scale-up, grant management and implementation of comprehensive HIV and tuberculosis services:
  - a. UNAIDS/WHO provide religious leaders and FBOs with treatment guidelines and assists religious leaders and FBOs to understand the decisions about and consequences of HIV treatment;
  - b. Support FBO-based and FBO-related health service systems to include services for HIV in the range of services offered, where appropriate.
4. UN/FBO partnership with religious leaders focus on advocacy for universal access, holding governments accountable for their promises and funding commitments on AIDS (and pharmaceutical companies on fair drug pricing).
5. UN/FBO partnerships focus on building understanding and support among religious leaders for FBO grant management and project implementation action on HIV.
6. Religious leaders engage in national-level policy discussions (particularly where religious organizations are providing health care to women and children and in remote locations).
7. UN/FBO partnerships work with local faith communities to support treatment adherence.
8. UN/FBO partnerships support facilitation of opportunities for conversation and knowledge-sharing between local treatment service providers, including traditional healers, and local faith communities on treatment issues. Adherence and support to families, etc.
9. Promote the involvement of local faith communities in strengthening mutual appreciation between traditional healers and biomedical practitioners.
10. Support people living with HIV peer counselling and leadership in the local faith communities.

UNAIDS principal outcome 4a, key outputs 2, 3, 4 and 6.

## Outputs

### Global and national religious leaders

Strengthened advocacy by religious leaders for:

- Universal access to prevention, treatment, care and support for people living with HIV, including infants and children, by 2010.
- The inclusion of FBO HIV service delivery projects, hospitals and clinics into national plans, including allocation of funding and technical support to FBOs to scale up service delivery.
- Increased funding for HIV work to ensure adequate funding for universal access.
- Services to provide prevention of mother-to-child transmission and HIV testing of sick children, particularly in areas where antenatal HIV prevalence exceeds 5%. (Including referral or provision of HIV testing of pregnant women and sick children and provision of basic care, including antiretroviral prophylaxis and prophylaxis against opportunistic infections.)

### FBOs

- FBO-run and -managed health services well integrated into national universal access and health systems strengthening plans' actions and budget allocations.
- Strengthened capacity of FBO health service providers to scale up HIV treatment for all age groups, including prevention of mother-to-child transmission and for infants and children, tuberculosis/HIV care and to train and retain staff.
- Interventions for the prevention of HIV transmission in FBO-run and -managed health-care settings scaled-up.

### Local religious leaders and faith communities

- Increased engagement of local faith communities in awareness-raising about local treatment services for HIV, advocacy for improved services, referral and accompaniment of members and local neighbours to treatment facilities.
- Treatment literacy in local faith communities strengthened, including literacy on adherence, and are active in treatment support.
- Access to treatment for HIV-related illnesses promoted by local religious leaders and members actively encouraged to seek medical care.

## Care and support

We can enhance social protection for people affected by HIV

### 3. Prioritized strategic approaches to UN/FBO partnership action on care and support

1. Partnerships increase capacity of FBOs to participate in national planning processes, prepare project proposals and access funding for implementation of comprehensive care programmes, including for orphans and other vulnerable children.
2. Partnerships develop comprehensive care and support programmes with and for people living with HIV, including spiritual support, and enhanced care for orphans and other vulnerable children:
  - a. Partnerships engage and work with religious leaders to promote appropriate family and community-based care. Religious leaders and FBOs are supported to provide value-ethics-based approaches to treatment, care and support (e.g. Decent Care, WHO, 2008);
  - b. Partnerships develop comprehensive family support, social protection services and programmes and strengthened alternative care options;
  - c. Partnerships increase the capacity of FBOs to support family and community care.
3. Support human and technical capacity-building processes, including care-for-the-carer and burnout prevention initiatives for carers via religious structures and government-related multisectoral approaches:
  - a. UN/FBO partnerships work with religious leaders to encourage messages of hope and encouragement for sustained and expanded comprehensive care and support programmes.
4. Partnerships explore with FBOs and local faith communities their role in supporting families living with HIV and in enhancing care for orphans and other vulnerable children:
  - a. Partner with religious groups, FBOs and local faith communities to promote best practices in alternative care;
  - b. Work through FBOs to promote good models of expanded care, support and prevention for all, including children and youth;
  - c. UN/FBO partnerships work together to raise public awareness around issues involving institutional care.
5. Partner with religious groups, FBOs and local faith communities to provide programmes and resources for better nutrition for people living with HIV and their families and caregivers in local communities.
6. As an element of national measurement of impact and response, document local faith communities' care responses.

UNAIDS principal outcome 4c, key output 1, and principal outcome 4a, key output 4, and principal outcome 2, key output 6.

### Outputs

#### Global and national religious leaders

- Sustained, expanded comprehensive HIV care and support programmes are acknowledged and encouraged by religious leaders.
- Advocacy by religious leaders strengthened both in the North and the South for approaches that strengthen and support families affected by HIV to care for children (rather than encouraging and funding the proliferation of orphanages as a primary response).
- Ethics/values and evidence-informed models and approaches to treatment, care and support are promoted by religious leaders.

#### FBOs

- Resources increased and technical support scaled-up for FBO-run and -managed, comprehensive, quality HIV care (including for orphans and other vulnerable children and prevention of mother-to-child transmission services).
- FBOs working with vulnerable families strengthened, including families affected by HIV, by developing and providing a range of family support services and social protection programmes (including compassionate palliative care, death with dignity, support for surviving family and partners, expanded through home- and neighbourhood-based care and prevention services, as an integral part of the continuum of HIV initiatives and services).
- FBO-run and -managed income generation, microfinance and food sustainability initiatives for vulnerable families, especially women- and child-led families, strengthened, family poverty reduced.
- FBO supported alternative care options strengthened (i.e. kinship care, foster care and domestic adoption) so that institutional care is the last resort and a temporary solution for children.

#### Local religious leaders and faith communities

- Person- and family-centred holistic care is valued, documented, utilized and developed in local faith communities. Local faith communities participate and advocate with local service providers for access to quality care for people living with HIV and expanded care and support for children and youth living with HIV and for orphans and other vulnerable children.
- Local faith communities are actively engaged in providing care, supporting families and friends, and caring for people living with HIV.
- Local faith communities actively support people living with HIV who are at the end stage of life to die with dignity and provide support to surviving family.
- Local faith communities' advocacy strengthened for family and community support services as well as alternative care options such as kinship care and foster care and local adoption.

# Youth

<p>We can empower young people to protect themselves from HIV</p>	<p><b>4. Prioritized strategic approaches to UN/FBO partnership action on working with youth</b></p> <ol style="list-style-type: none"> <li>1. UN/FBO partnerships work to ensure that young people, including young people of faith living with HIV, are a part of national governance, policy setting, planning, decision-making bodies and monitoring and evaluation processes on HIV.</li> <li>2. UN/FBO partnerships develop capacities for transferring knowledge and skills to youth and between youth that effectively contribute to HIV prevention and care—for example, peer education and training of trainers programmes:       <ol style="list-style-type: none"> <li>a. Support positive youth networks to connect inclusively with FBOs and local faith communities;</li> <li>b. Support the development of comprehensive HIV prevention, education and sexuality curricula for youth in faith-run schools and institutions.</li> </ol> </li> <li>3. UN/FBO partnerships support the capacity of young religious leaders and youth leaders in FBOs to talk about HIV and sexual relationships, consistent with core faith values of compassion, respect for life and acceptance.</li> <li>4. UNAIDS partners with existing youth-led initiatives linked to FBOs in recognition of youth leadership in life skills development that is embedded in a values and relationship-based approach.</li> <li>5. Empower youth leadership, including allocating financial resources for youth-led initiatives on HIV within FBOs and local faith communities.</li> <li>6. Promote pilot initiatives for marginalized youth in FBOs and local faith communities.</li> <li>7. UN/FBO partnerships work with local faith communities to prepare emerging religious leaders, including male and female religious leaders in training, as peer educators around sex, sexuality, gender inequity, risk behaviour, including drug use, and relationships.</li> <li>8. Create space for dialogue between youth and religious leaders to share experiences and to promote knowledge exchanges and shared learning.</li> <li>9. UN/FBO partnerships' engagement of religious leaders and youth in dialogue and reflection on faith and practice around transgenerational sex and various forms of sexual abuse as drivers of the epidemic.</li> <li>10. Promote space for youth in local faith communities to talk about and work together around HIV.</li> </ol> <p>UNAIDS principal outcome 4c, key output 2.</p>	<p><b>Outputs</b></p> <p><b>Global and national religious leaders</b></p> <ul style="list-style-type: none"> <li>• Young people are encouraged, motivated and engaged in the response to AIDS by religious leaders.</li> <li>• Leadership capacity of young leaders is developed by religious leaders, especially young people living with HIV.</li> <li>• The capacity of younger religious leaders and students in religious training institutions is developed to address the socioeconomic, cultural and social drivers of the epidemic.</li> <li>• Sex education that is factually/scientifically accurate, comprehensive and informed by the values held dear by their community is promoted and provided by religious leaders in a respectful and supportive manner for young people within their schools and other networks.</li> </ul> <p><b>FBOs</b></p> <ul style="list-style-type: none"> <li>• Policies to exclude young people living with HIV from religious training institutions are revised or revisited.</li> <li>• Young people living with HIV take active leaderships roles in FBOs and local faith communities.</li> <li>• Contributions by young people (especially those living with HIV) to FBOs' HIV programme planning, governance, prevention and care services, leadership and the future security of families and communities living with HIV are strengthened.</li> <li>• FBOs work with young people and adolescents living with HIV to identify and respond to their special needs. Likewise, comprehensive health services and information provided by faith communities serve the needs of young people, including young people living with HIV.</li> </ul> <p><b>Local religious leaders and faith communities</b></p> <ul style="list-style-type: none"> <li>• Youth-led initiatives are developed and supported by local faith communities on issues of HIV, sex, sexuality, gender inequity, drug use and other causes of vulnerability.</li> <li>• Young leaders of households and communities in high-prevalence locations are acknowledged and supported as an integral element of the national response.</li> </ul>
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## Children and orphans

We can prevent mothers from dying and babies from becoming infected with HIV, including care and support for orphans and other vulnerable children

### 5. Prioritized strategic approaches to UN/FBO partnership action on children and orphans and other vulnerable children

- 1) UN/FBO partnerships prioritize the full inclusion of FBOs in national governance, strategic planning, policy- and decision-making bodies, implementation plans and monitoring and evaluation of national AIDS responses for orphans and other vulnerable children.
- 2) Identify and document examples of good practice by FBOs so that religious leaders and local faith communities can understand and promote universal HIV prevention, treatment and care services for orphans and other vulnerable children and promote broad uptake of prevention of mother-to-child transmission programmes:
  - a) Identify beliefs and congregational activities that support comprehensive HIV prevention, treatment and care for mothers and children;
  - b) Identify and document examples of good practice by FBOs so that religious leaders understand and promote how knowledge and life skills within FBO activities can prevent HIV;
  - c) Identify and implement examples of good practice by FBOs so that religious leaders understand and support programmes whereby FBOs work in effective collaboration with health workers for the support of children on antiretroviral therapy and child-headed households, using beliefs and congregational activities;
  - d) Identify and implement examples of good practice by FBOs that have reduced stigma and improved child protection, with zero tolerance for any form of child abuse, improved school attendance/performance and improved the physical, emotional and spiritual well-being of children.
- 3) UN/FBO partnerships learn from, train and implement effective FBO/health worker programmes for promoting universal HIV prevention, treatment and care initiatives for orphans and other vulnerable children and promote broad uptake of prevention of mother-to-child transmission activities:
  - a) UN/FBO partnerships learn from, train and implement effective FBO programmes that have enhanced knowledge of the development of life skills;
  - b) UN/FBO partnerships learn from, train and implement effective programmes of FBO/health worker collaboration for the support of prevention of mother-to-child transmission and children on antiretroviral therapy;
  - c) UN/FBO partnerships learn from, train and implement effective programmes that have reduced stigma and improved child protection, with zero tolerance for any form of child abuse, improved school attendance and performance and improved the physical, emotional and spiritual well-being of children, especially vulnerable children.
- 4) UN/FBO partnerships support local faith communities' plans and resources, implement and monitor the local programmes of local faith communities/health worker collaborations for promoting universal HIV prevention, treatment and care initiatives for orphans and other vulnerable children and promote a broad uptake of prevention of mother-to-child transmission services.
  - a) Local faith communities plan, acquire resources, implement and monitor local faith communities' programmes for the enhancement of knowledge and the development of life skills for the prevention of HIV;
  - b) Local faith communities plan, acquire resources, implement and monitor local faith communities/health worker programmes for the support of children on antiretroviral therapy;
  - c) Local faith communities plan, acquire resources, implement and monitor programmes for the reduction of stigma, improving child protection, with zero tolerance for any form of child abuse, improving school attendance and performance and improving the physical, emotional and spiritual well-being of children.

UNAIDS principal outcome 4c, key output 1.

### Outputs

#### Global and national religious leaders

Strengthened advocacy by religious leaders for:

- Universal prevention of mother-to-child transmission of HIV (including comprehensive testing, treatment and care for both parents).
- Child rights and support to families and child-led households and social protection initiatives to support orphans and other vulnerable children in extended family and community settings—keeping children in families.
- Improved knowledge and life skills for children for the prevention of HIV:
  - Religious leaders use their beliefs and congregational activities to enhance support by FBOs for families.
  - Improving capacity for HIV prevention, treatment and care.
- Improved support of children on antiretroviral therapy, including drug provision, and training on paediatric antiretroviral therapy for health workers, psychosocial support, especially around adherence, disclosure and nutritional support.
- Reduction of stigma, zero tolerance of child abuse, improved school attendance and increased physical, emotional and spiritual well-being of children living with and affected by HIV, including orphans and other vulnerable children.

#### FBOs

- FBOs' support to national health-care service provision strengthened—ensuring universal prevention of mother-to-child transmission services (including comprehensive testing, treatment and care for both parents).
- FBOs' activities result in improved knowledge and life skills among children for the prevention of HIV.
- FBOs' activities result in improved support for families and children on antiretroviral therapy, including provision and training on antiretroviral therapy for children and psychosocial support, especially around adherence, disclosure and nutritional support.
- FBOs' support to families and child-headed households, while reducing stigma and eradicating child abuse, is strengthened (improving school attendance and increasing the physical, emotional and spiritual well-being of children living with and affected by HIV, including orphans and vulnerable children).

#### Local religious leaders and local faith communities

- Local faith communities are competent and active in programmes ensuring universal prevention of mother-to-child transmission of HIV.
- Local faith communities are competent and active in improving knowledge and life skills among children for the prevention of HIV.
- Local faith communities are competent and active in improving support of children on antiretroviral therapy, in collaboration with health workers.
- Local faith communities are active in reducing stigma and in decreasing levels of child abuse.

# People living with HIV

Stand by people living with HIV

## 6. Prioritized strategic approaches to UN/FBO partnership action with people living with HIV

- 1) Encourage networks of religious Leaders living with and affected by HIV to form, expand and positively influence local faith communities.
- 2) Support collaboration between networks of people living with HIV and faith communities on HIV action and advocacy.
- 3) Create a safe environment for meaningful engagement and dialogue between religious leaders and people living with HIV:
  - a) Support opportunities for face-to-face meetings between people living with HIV, their families and neighbours, and religious leaders, FBOs and local faith communities.
- 4) Assist FBOs to establish and strengthen the capacity of community-based support groups of people living with HIV, often linked with local faith communities:
  - a) Assist FBOs to develop the leadership capacity of staff living with HIV;
  - b) Broker partnerships between FBOs with organizational capacity-building strengths and organizations of people living with HIV with strengths in advocacy and the greater involvement of people living with HIV for mutual learning.
- 5) Provide guidance, support and training to religious leaders in appropriate and supportive pastoral responses for people living with HIV.
- 6) Enable learning from experience and models of good practice. Support the documentation of evidence and good practice, including that related to the implementation of the greater involvement of people living with HIV, by local faith communities.
- 7) Support the monitoring and evaluation of national responses, including local faith community responses relevant to people living with HIV, their families and communities.

UNAIDS principal outcome 1a, key output 4, and principal outcome 2, key output 4 and principal outcome 3, key output 2

## Outputs

### Global and national religious leaders

- Religious leaders encourage, promote and create space for people living with HIV to advocate, act and participate within the faith community:
  - Religious leaders partner with people living with HIV in advocacy and action on HIV and are prepared to 'break the silence';
  - Religious leaders are publicly seen to collaborate with people living with HIV in education initiatives relating to HIV prevention and anti-HIV stigma and discrimination initiatives, leading to a reduction of stigma and discrimination in society.
- Strong networks of religious leaders living with HIV leading AIDS responses and advocacy efforts developed, strong partnerships between networks of people living with HIV and faith communities developed.
- Strategies of inclusion and non-discrimination towards people living with HIV are promoted by religious leaders in all employment policies and other processes of appointing people to key roles within faith communities.
- Guidance and support for the challenges of living positively with HIV are provided by religious leaders and, where appropriate, support for those dying of AIDS-related illnesses to die with dignity.

### FBOs

- People living with HIV in leadership roles in FBOs in local and other community initiatives are strengthened and supported (in governance, service planning, delivery and monitoring for the ultimate well-being of those living with and affected by HIV).
- FBO initiatives to build the capacity of individuals and organizations of people living with HIV to take a lead in HIV action at all levels are strengthened.

### Local faith communities and local religious leaders

- Local faith communities provide a safe environment for people living with HIV and their families to openly express their faith commitment and the integral role it plays in their lives, people living with HIV are fully engaged in the life of local faith communities.
- Local faith communities provide a safe environment for people living with HIV and their families to openly express their HIV status, people living with HIV are fully involved in local faith communities, including care and support and referral for comprehensive services for HIV.
- Community awareness and understanding of HIV transmission is increased, leading to individual personal risk assessments resulting in decreased fear and social acceptance of people living with HIV.

# Gender

We can stop violence against women and girls

## 7. Prioritized strategic approaches to UN/FBO partnership action on gender

- 1) UNAIDS to support religious leaders and FBO engagement in the development of national AIDS and gender plans and cross-sectoral initiatives to address gender inequities, violence against women and girls and gender-based violence:
  - a) Support religious leaders and FBO engagement in national and international advocacy initiatives around gender inequality, violence against women and girls, gender-based violence and human trafficking.
- 2) Increased support for initiatives enabling religious leaders, FBOs and local communities to engage men in addressing gender dynamics in regard to HIV prevention, violence against women and girls, treatment and care (with an associated impact on livelihood and familial stability).
- 3) Support religious structures and FBOs to develop gender policies and programmes for both employment and advocacy.
- 4) UN/FBO partnerships strengthened to combat human trafficking—support to FBO initiatives to address trafficking:
  - a) Support to FBO initiatives addressing human trafficking to document best practices, standards and guidelines.
- 5) Partnerships create space for conversations between:
  - a) Women scholars, gender relations advocates and male religious leaders to address harmful cultural practices and gender-based violence;
  - b) People of different genders and religious leaders/FBOs;
  - c) Women in the religious community and health-care workers;
  - d) Different communities to facilitate change and for empowerment of both women and men in relation to gender equality and HIV prevention, compassion and care.
- 6) Support theological reflection on human sexuality, gender and HIV prevention.
- 7) Support curriculum development on human sexuality, life skills, gender and HIV prevention for faith schools, universities and educational institutions for religious leaders.
- 8) Develop partnerships with religious leaders and religious structures to support and nurture leadership, in various forms, by women in the faith-based response to AIDS.
- 9) Support affirmative programmes with a reserve of funds for women-led initiatives.

UNAIDS principal outcome 3, key outputs 1 and 4, and principal outcome 4c, key outputs 3.

## Outputs

### Global and national religious leaders

- Strengthen advocacy by religious leaders for, and actions to model, equality and/or non-discrimination towards people living with HIV, both within their faith communities and organizational structures and within the wider society in which they are located.
- Religious leaders address the practical sociocultural–physiological vulnerability of women to HIV and challenge cultural traditions and taboos that put women at risk, for example early marriage, sexual cleansing, female genital mutilation.
- Strengthened advocacy by male religious leaders for equity in gender relations in the context of justice and prevention of HIV transmission, including keeping girls in school and keeping schools safe.
- Religious leaders speak out publicly against acts of gender-based violence (towards women, men who have sex with men and transgender people). A zero tolerance approach to gender-based violence in religious communities is promoted by religious leaders, including action to change societal norms around gender-based violence.
- Religious leaders and FBOs engage in theological reflections on sexuality, gender and HIV prevention. Teaching on sexuality and gender included in the curricula of schools and religious training institutions.

### FBOs

- FBO programmes and responses to AIDS include actions to address gender inequality and gender-based violence.
- FBOs actively participate in and lead national initiatives to address gender issues and gender-based violence relating to HIV.
- FBOs place the issue of gender-based mutual respect and mutual dignity on school curricula and in ongoing congregation/FBO community formation and occupational/marriage guidance.

### Local religious leaders and faith communities

- Increased participation by local faith communities in HIV programmes and initiatives addressing gender dynamics and gender-based violence.
- Greater understanding of gender relations in local faith communities, with corresponding action to address gender-related vulnerability, inequality and inequity.
- Zero tolerance of gender-based violence in local faith communities promoted and modelled.
- Increased support by local communities for women-led HIV initiatives, especially those led by women living with HIV.
- Increased support by local communities for engaging men in addressing local gender dynamics in regard to HIV prevention, treatment and care and gender-based violence.

## Key populations

<b>We can protect drug users from becoming infected with HIV</b>	<p><b>8. Prioritized strategic approaches to UN/FBO partnership action on work with those at higher risk of HIV infection/marginalized communities</b></p> <ol style="list-style-type: none"> <li>1. UNAIDS prioritizes partnerships with FBOs and community organizations of key populations, including people who use drugs, to identify approaches for effective engagement of key populations at higher risk of HIV infection in AIDS responses at all levels, especially HIV prevention, and share these models widely for further application.</li> <li>2. UN/FBO collaboration on research on the response of FBOs to AIDS among and with marginalized groups.</li> <li>3. UN/FBO partnerships foster language and attitudes that promote, respect and enable acceptance while acknowledging discrepancies between core doctrines/beliefs and the reality of people's lives and experiences on the margins of society.</li> <li>4. UN/FBO partnerships to foster space for dialogue among marginalized persons, groups and religious leaders.</li> <li>5. Support facilitation of dialogue and action to address vulnerability, the root causes of marginalization and marginalized communities with religious leaders, FBOs and local faith communities.</li> <li>6. Support theological reflection on marginalization, justice, human rights and religious belief, specifically about the poorest and most marginalized in society.</li> <li>7. Support religious training institutions in the development of a curriculum for motivating AIDS responses, including elements on marginalization and vulnerability.</li> <li>8. Disseminate accessible information on the impact of the epidemic in marginalized communities within local faith communities.</li> </ol> <p>UNAIDS principal outcome 3, key outputs 2 and 3.</p>	<p><b>Outputs</b></p> <p><b>Global and national religious leaders</b></p> <ul style="list-style-type: none"> <li>• Strengthened advocacy by religious leaders for the inherent dignity of all human beings regardless of their marginalization, including action to demonstrate acceptance.</li> <li>• Strengthened advocacy by religious leaders for the protection of human rights and equitable access to HIV prevention, treatment, care and support services for marginalized populations.</li> <li>• Scaled-up understanding of, outreach to and relationships with marginalized individuals and groups by religious leaders, speaking out against acts of violence and discrimination towards key populations at higher risk of HIV.</li> <li>• Religious leaders model integration and leadership development of people from marginalized communities in faith communities.</li> <li>• Religious leaders use their position as teachers (and their influence on the curricula of religious schools and training institutions for religious leaders) to promote inclusion and respect for the dignity of each and all and to condemn judgementalism and discrimination.</li> </ul> <p><b>FBOs</b></p> <ul style="list-style-type: none"> <li>• People from marginalized communities actively engaged in FBO governance, project leadership and planning implementation.</li> <li>• FBOs engage in advocacy for the protection of human rights and equitable access to HIV prevention, treatment, care and support services for marginalized groups.</li> <li>• Improved access for marginalized groups to prevention, care and treatment services provided by FBOs and inclusion in local faith community initiatives.</li> </ul> <p><b>Local religious leaders and faith communities</b></p> <ul style="list-style-type: none"> <li>• Increased participation and leadership by people from marginalized communities in local faith communities' HIV initiatives and programmes.</li> <li>• Greater understanding within local faith communities of marginalized communities and of the root causes of vulnerability.</li> <li>• Local faith communities identify and reach out to marginalized communities, developing HIV initiatives together.</li> </ul>
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## Stigma and discrimination

We can remove punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS

### 9. Prioritized strategic approaches to UN/FBO partnership action on stigma and discrimination

- 1) Facilitate the engagement of religious leaders in national and local policy processes and advocacy on stigma and discrimination; collaborate with religious leaders to establish workplace policies on HIV for faith organizations and structures.
- 2) UN/FBO partnerships develop capacity, skills and knowledge transfer between FBOs, religious leaders and local faith communities to understand HIV vulnerability and work towards eliminating HIV transmission, stigma and discrimination in faith and local communities.
- 3) UN/FBO partnerships collaborate with people living with HIV to explore and research the common values and foundations underlying faith responses to AIDS.
- 4) Support consultations and learning experiences of religious leaders to identify policies and practices in harmony with faith traditions and that enhance HIV prevention, treatment, care and support.
- 5) Support theological reflection on HIV-related stigma and discrimination. Support the development and inclusion of curricula on HIV stigma and discrimination into faith-run schools and training/preparation programmes for religious leaders.
- 6) Support mutual sensitization processes of religious leaders with people living with HIV, affected families, children and communities.
- 7) Promote the use of the Stigma Index tool among people living with HIV in local faith communities.
- 8) Support influential local people of faith to speak openly about their own experience/risk of HIV transmission, how they are affected and their status.

UNAIDS principal outcome 3, key output 2.

### Outputs

#### Global and national religious leaders

- Strengthened advocacy for, and action by, religious leaders to promote the rights of marginalized populations, including people living with HIV, and their inclusion in national AIDS responses and faith communities.
- To address stigma, religious leaders promote and model inclusion of people living with HIV using appropriate language and provide opportunities for the leadership development of people living with HIV that dispels stigma.
- Religious leaders educate and model for congregations and communities the use of non-stigmatizing language and non-discriminating behaviour towards people living with HIV and key populations at higher risk of HIV.

#### FBOs

- FBOs actively engaged in advocacy and programmatic action to eliminate stigma and discrimination in faith and local communities.
- Activities to address stigma and discrimination and to promote positive values of inclusion by FBOs strengthened.

#### Local religious leaders and faith communities

- People living with HIV leadership roles in local faith communities strengthened.
- People living with HIV and their families welcomed in local faith communities and together plan and act for care and prevention.
- Local faith communities take a public stand against HIV-related stigma and discrimination and for the rights of people living with HIV as well as those most vulnerable to HIV infection.
- Religious leaders, local faith communities and people living with HIV speak openly and together about their own experiences of risk and vulnerability.

## Human rights, dignity and justice

We can remove punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS

### 10. Prioritized strategic approaches to UN/FBO partnership action on human rights, dignity and justice

- 1) Include religious leaders and human rights advocates/lawyers from faith communities in UN-led HIV-related activities, including the human rights reference group and action to address the criminalization of HIV transmission.
- 2) UN Secretariat and Cosponsors work closely with FBOs on the HIV-related human rights agenda at all levels.
- 3) Create awareness among religious leaders, FBOs and local faith communities of legal frameworks, the need for reform and the critically important value of local action and experience for informing the reform process.
- 4) Support theological reflection on human rights, dignity and justice in relation to HIV.
- 5) UN/FBO partnerships support formation of the curriculum for religious leaders related to HIV and human rights in the context of faith communities and the wider community, FBOs and partnership development of religious leaders.
- 6) UN/FBO partnerships foster space for dialogue among various constituencies leading to joint action (e.g. people living with HIV, theologians, human rights and community development advocates and actors, UN, governments, populations at higher risk).
- 7) Build bridges between religious leaders, FBOs, local faith communities and human rights advocates at all levels and community development processes.

UNAIDS principal outcome 3, key outputs 1, 2 and 3.

### Outputs

#### Global and national religious leaders

- Discourse and action on faith-related foundations of human rights, inclusive of community responsibility, dignity, compassion and respect for life, inclusion and justice is supported and promoted by religious leaders.
- Religious messaging in relation to HIV inherently and explicitly reflects the value of the present life and future of all communities.
- Religious leaders become adept and able to challenge systems and society on the values and ethics of the care, treatment and support of people living with HIV, including challenging the criminalization of HIV transmission.
- Religious leaders use the channels of advocacy that they and their communities pursue to address, for example, poverty, conflict, forced migration, unjust legislation and other human rights abuses, to highlight justice and human rights concerns related to HIV, including challenging the criminalization of HIV transmission.
- Strengthened advocacy by religious leaders around structural factors leading to a 'brain drain' of the health-care human resources from countries with high levels of HIV.

#### FBOs

- A rights-based approach to HIV programming, including active engagement in advocacy to end the criminalization of HIV transmission, promoted by FBOs.
- FBOs with capacity in legal support and advocacy for rights are integrated into national HIV action planning and advocacy efforts.
- FBOs with capacity in legal support and advocacy for rights are actively involved in supporting people living with HIV, for example the criminalization of HIV transmission, property disputes and disinheritance of people living with HIV.

#### Local religious leaders and faith communities

- Local faith communities advocate for and demonstrate the rights of and respectful, inclusive relationships with people living with HIV and their families and communities.
- Local faith communities and people living with HIV reflect and act together on shared faith foundations and HIV principles such as human dignity, respect for life, justice, inclusion and compassion.
- Local faith communities call for accountability on institutional, national and international HIV intervention and support promises.
- Local faith communities and local religious leaders speak about and act on the social drivers of the epidemic (e.g. violence, gender equity, poverty, cultural practices).





UNAIDS – 20 avenue Appia  
1211 Geneva 27 – Switzerland  
Telephone: (+41) 22 791 36 66  
Fax: (+41) 22 791 48 35  
E-mail: [distribution@unaids.org](mailto:distribution@unaids.org)  
Internet: <http://www.unaids.org>

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