



MMS Bulletin #130

Addressing Sexual Violence and HIV

Report on a ground-breaking meeting organized by IAS and OFID

Overcoming HIV in Conservative Social Settings

By Alissa Ferry

Today, the fastest growing HIV epidemics in the world can be found in two regions – the Middle East and North Africa (MENA) and Eastern Europe and Central Asia (EECA). While the driving forces behind these growing epidemics vary, there exist two major similarities between these regions. First, the HIV prevalence among the general population is low and the epidemic is concentrated disproportionately among specific vulnerable population groups like gay men and other men who have sex with men (MSM), people who inject drugs (PWID), sex workers (SW) and transgender people (TG) . Second, members of these population groups frequently face important barriers to access to prevention, treatment, care and support services, including legal obstacles and high levels of (often institutionalized) discrimination and stigma. In these regions, community leaders – religious, secular, or otherwise – have a fundamental role to play in helping overcome the HIV epidemic.



In April 2014, the International AIDS Society (IAS) and the OPEC Fund for International Development (OFID) convened a ground-breaking meeting on the theme “Overcoming HIV in Conservative Social Settings.” Thirty-two stakeholders from twenty-three countries, including religious leaders, scientists, civil society actors, people living with HIV, activists and members of the UN family, met for two days at the OFID headquarters in Vienna to discuss a way forward for the fight against HIV/AIDS in their communities.

About OFID’s special programme against HIV/AIDS

In 2001, OFID took steps to consolidate and strengthen its involvement in the global effort against HIV/AIDS by creating a special programme. As of May 31, 2014, nearly US\$85 million had been approved through the programme. Today, OFID is working with a broad coalition of strategic partners to fight the pandemic in over 100 countries. The institution’s interventions cover many areas, including awareness, prevention, testing and counselling, as well as care, treatment and support. You can learn more about OFID’s support towards HIV/AIDS eradication following this link.

What is a “conservative social setting”?

“Conservative” is a subjective term that, for this meeting, was applied broadly. Meeting organizers defined these settings as societies and communities where tradition, culture and religion have a profound impact on all aspects of life and have the potential to be used

negatively when applied to the fight against HIV. The term was not applied to a specific religion, region, or type of society, since conservative settings exist globally - from Libya to Russia, from the United States to Nigeria.

Religion and culture as tools for success

Religious and cultural leaders are key players in shaping societal norms and influencing public attitudes and national policies related to HIV/AIDS. By empowering and educating these leaders about the epidemic, it is possible to transform the discourse in a way that promotes a human rights-based approach to the AIDS response. Many participants in Vienna spoke of the importance of gaining the support of influential religious, cultural or traditional leaders, and how this support was instrumental to the success of their projects.

Religious and cultural leaders occupy a central position in society. As respected and trusted community members, they have a deep understanding of their community's needs and an ability to influence how those needs are met. Building a sustained, trusting collaboration with these leaders, HIV activists and professionals can help effect sustainable public health impact against HIV.

This potential has in fact been utilized with success by various institutions, including the United Nations Development Programme (UNDP). In 2004, UNDP pioneered a multi-faith network called CHAHAMA, which has become a space for dialogue for religious leaders throughout the Arab world and an opportunity to address stigma and taboos. While the work of this network was not confined to HIV/AIDS (it dealt with human rights issues more broadly) the success it has garnered with regards to health in the ten years since its launch has been palpable. Religious leaders in various countries, including Djibouti and Yemen, have worked with their governments to enact progressive laws protecting the rights of people living with HIV/AIDS (PLWH). CHAHAMA reports that Imams working with them have created programmes at their mosques and in their communities that provide sexuality education to young people and their parents. There have also been instances of seminary school teachers and priests training their students and parishioners on the importance of reducing stigma toward PLWH, and creating or leading support groups for those affected by the disease.

Status and needs of women

The needs of women and girls were also discussed at length in Vienna. The participants recognized the crucial need to address the low status of women and the high instances of gender-based violence in the context of the fight against HIV, especially in conservative social settings. Religious, cultural and traditional leaders have an important role to play in increasing the status of women in their communities. Cultural and religious norms have a high potential to both negatively and positively impact every aspect of women's lives. Many of the participants shared their experiences of working on women's empowerment programmes. Many focused on promoting more female-centered interpretations of religious and legal texts is to reduce women's socio-cultural vulnerability imposed by the dominant interpretations of the very documents that could empower them.

Women's ability to access safe and confidential health services, regardless of their sexual or marital status, was also discussed. Due to the difficulty faced by many women in accessing respectful sexual health services, many of them have turned to clinics geared toward MSM populations, as these are often seen as safer and more confidential options. The popularity of these clinics among this unexpected clientele has brought to light the critical need to provide safe options for women to independently take control of their sexual lives, perhaps through the creation of female-specific health centers or clinics.

Need for collaboration

In a follow-up meeting co-organized by OFID and the IAS at the AIDS 2014 conference in Melbourne, Australia in July 2014, participants from South Asia joined representatives from other regions to discuss their collaboration with local faith leaders. Specifically, they discussed the impact of the Hindu Leaders Caucus, which was organized in 2008 by Sri Sri Ravi Shankar, a renowned spiritual leader in India, in collaboration with UNAIDS. This caucus committed to incorporating HIV education and information into their work, religious training, as well as the training of future faith leaders. Sri Sri Ravi Shankar highlighted the importance of speaking openly about HIV, and of the damage that taboos can cause. *"Stigma around the disease can only be overcome if religious leaders speak about it openly."* He later expanded his work to include leaders from various faiths across India. His work continues to encourage religious and cultural leaders around India and the world to recognize the incredible power and subsequent responsibility they hold within the AIDS response.



[Call to Action for Overcoming HIV in Conservative Social Settings \(pdf\)](#)

While religious, cultural and traditional leaders have an important role to play in the AIDS response, especially with regards to stigma and discrimination in conservative social settings, they alone do not bear this responsibility. While they can influence legislation and public opinion, they cannot change them single-handedly. The Call to Action that resulted from the Vienna meeting recognized these realities and called for increased collaboration among the international community, national governments, scientists, civil society actors, and all other involved parties. It also recognized that while certain population groups are disproportionately affected by HIV/AIDS in many regions, they do not live in isolation - sex workers have clients; men who have sex with men are sometimes married; people who inject drugs are often parents and partners. Because of the complexities of the AIDS epidemic and of the various dynamics that affect the way it is viewed and addressed in society, the response must be inclusive and multi-faceted. All those who have a stake in the betterment of society must collaborate more closely to end the AIDS epidemic. While our differences may be apparent, we must recognize that we are all sides of the same coin.

About the IAS

The International AIDS Society (IAS) is the world's leading independent association of HIV professionals, with over 16,000 members from more than 170 countries working at all levels of the global response to AIDS. The IAS members include researchers from all disciplines, clinicians, public health and community practitioners on the frontlines of the epidemic, as well as policy and programme planners.

The IAS is custodian of the biennial International AIDS Conference, which was held in Melbourne, Australia, 20-25 July 2014 and lead organizer of the IAS Conference on HIV Pathogenesis, Treatment and Prevention, which will be held in Vancouver, British Columbia, Canada, 19-22 July 2015.

www.iasociety.org | www.aids2014.org | www.ias2015.org

Note

Text was changed on 3 December 2014.

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