



## Asia Regional Consultation on Strengthening Interfaith Actions in HIV Response

### Background Information Note

**Date:** 21-22 September 2021

**Venue:** Online (Zoom)

The Asia-Pacific region has seen tremendous economic and social progress over the last 50 years, as average income levels have more than tripled and life expectancy has increased from 46 to 75 years. However, in the light of heightened inequality, keeping the old paradigm of simply prioritising economic growth at all costs is neither feasible nor desirable. The region is now at crossroads, and it must go beyond growth to holistically pursue well-being through a change in mind-set and policymaking (worldbank.org).

The region is home to an estimated 5.8 million people living with HIV in 2019 (UNAIDS Report, 2020). China, India, and Indonesia account for almost three-quarters of the total number of people living with HIV in the region. In 2019, 300,000 people became infected with HIV in the region. Three-quarters of these infections occurred among key populations and their partners.

Risk behaviour such as multiple sex partners and low rates of condom use among men who have sex with men (MSM) and transgender people needs to be addressed, otherwise it will contribute to the escalation of HIV cases in the region. By 2020, almost 50 percent of all new infections in Asia were predominantly among men who have sex with men, according to the UN Commission on AIDS in Asia. Also, of concern are growing epidemics among people who inject drugs in some countries, coupled with shrinking harm reduction services, reflecting an increasingly hostile environment to drug users.

Without supportive national policy environments, many people living with, and most affected by HIV, continue to experience stigma and discrimination that prevents them from accessing prevention, treatment, and care. Throughout the region, poverty, low literacy, outbound migration, tourism, internal displacement, disasters, poor infrastructure of healthcare systems, population size, and social and cultural values have hampered the response to HIV. Challenging laws and addressing harmful social, sexual, and gender norms that increase the vulnerability of key populations to HIV are vital for effective HIV responses across the region.

The presence of stigma and discrimination is a major critical factor for the national and regional approach to HIV prevention in the Asia-Pacific region. Stigma and discrimination are observed in healthcare facilities, within families, employment, educational institutions, and religious institutions, and as a response, many countries have developed anti-discrimination policies and formed interfaith networks.

Faith-based organisations (FBOs) have historically played an important role in delivering health and social services. Religion is a key element of community organisation and social structures worldwide. In Asia, most people identify themselves as members of a faith community. Their faith shapes their perceptions of themselves and of others. It conditions how they respond to their neighbours and affects how they interact with people living with HIV – the majority of whom are themselves members of a faith



community. The networking and leadership capacities of FBOs represent a strong potential asset if used as part of a comprehensive response to HIV and AIDS, nationally, regionally, and globally. The capacity of FBOs to deliver care, treatment, and support in most rural areas and the poorest neighbourhoods should be maximized. The work that faith-based communities and organisations do is essential in confronting the HIV epidemic with a sustainable and efficient response.

With this, the Christian Conference of Asia (CCA) through its Action Together in Combating HIV and AIDS in Asia (ATCHAA) programme continues to equip its member churches and councils together with other interfaith organizations to respond effectively to HIV and AIDS issues. Interfaith collaboration within communities is critical in creating a harmonious environment that will foster inclusivity and acceptance that will challenge the major barrier of stigma especially in a diverse Asian context. The role of government, international agencies like UNAIDS, regional interfaith networks and country level interfaith networks, civil society organisations (CSOs), NGOs and faith-based organisations are more important for the collective action in HIV prevention, care, support, and treatment programme in Asia. The network and partnership is a potent force in HIV and AIDS advocacy, influencing policy level changes, reframing the law and service delivery.

## Objectives

- To have a relevant and contextual theological understanding of HIV and AIDS
- To define common strategies on the role of faith and faith-based institutions in responding to HIV and AIDS including prevention, promotion of health, reduce stigma and discrimination, enhance care and support and advocacy at all levels
- To revitalise regional and national interfaith organisations in Asia
- To equip interfaith facilitators for HIV response in Asia
- To create an inclusive and welcoming space for PLHIV in interfaith communities
- To strengthen interfaith HIV and AIDS advocacy
- To advocate for accessibility of service in time of pandemic

## Expected Outcome

- Facilitators are trained to assess and make action plans within their faith communities
- Exchange of Learning on various models of good interfaith practices in the region
- Advocacy and networking among interfaith organisations and partner organizations
- Updated knowledge on HIV and AIDS and related issues especially during COVID-19 Pandemic
- Participants have better theological understand on HIV and AIDS

## Methodology

1. Appreciative Inquiry
2. Theological Reflections
3. Presentations and workshops
4. Discussion on Faith perspectives to HIV and AIDS
5. Presentation of best practices from an interfaith perspective
6. Community assessment of level of involvement
7. Focused-group discussions