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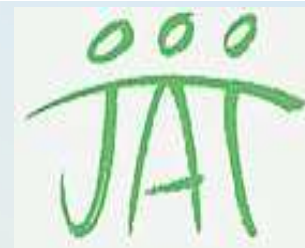


# Integrating sexual health, HIV/AIDS Prevention, Control and Patient Support in Faith Communities

Rachel Musomba  
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[www.nhivna.org](http://www.nhivna.org)





# Integrating sexual health ,HIV/AIDS Prevention, Control and Patient Support in Faith Communities



**FaithWorks**

*Improving health across London's faith communities*

[@2020faithworks](https://twitter.com/2020faithworks)  
[e-voice.org.uk/faithworks](https://www.e-voice.org.uk/faithworks)

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# FaithWorks – Background and Aim

- Funded by Fast Track Cities
  - Global initiative – towards Zero HIV transmission by 2030
  - Partnered with NHS in UK



- FaithWorks one of 12 projects across Greater London (April 2020 – March 2023)
- Collaboration – NAZ ,AAF, JAT

- **Aim Statement:**

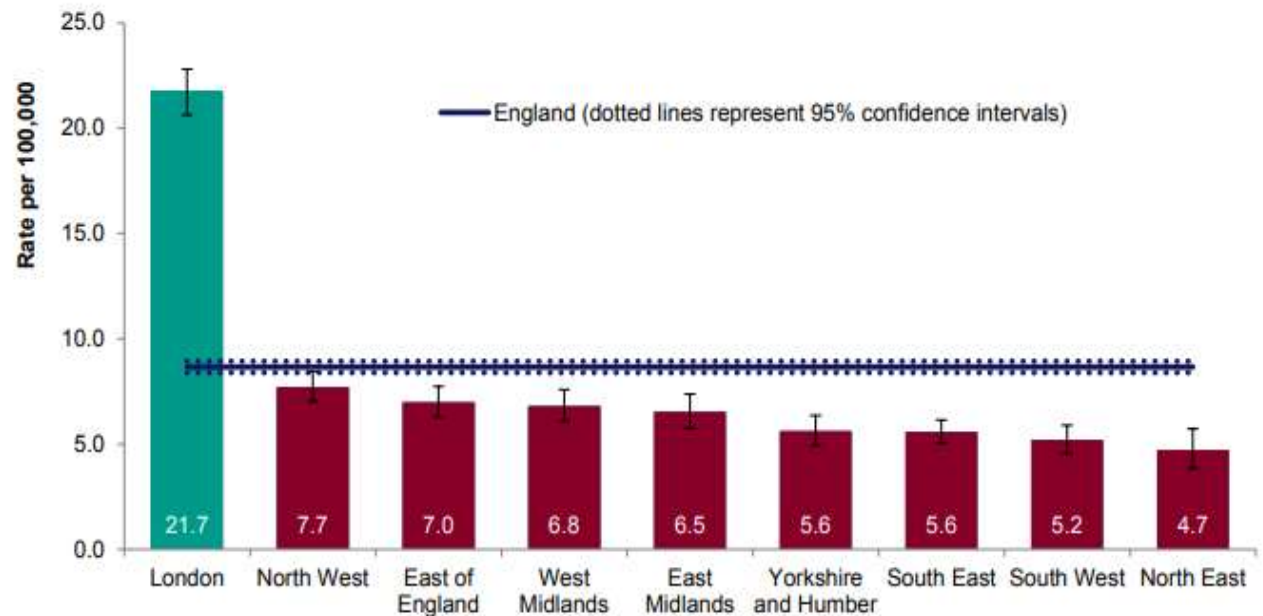
The project aimed at increasing faith leaders' knowledge and understanding of HIV in order to improve their communities'\* access to HIV education, prevention and testing, whilst also improving pastoral support for PLWHIV within their respective communities.

\* Black Christian / Black Muslim / Jewish

# HIV – Snapshot of current UK picture

- 100,000 people living with HIV in UK a 30% increase 2010
- Over 4,000 new diagnoses each year
- New diagnoses remain around 50% black community in the UK
- London is highest area of HIV infection

Figure 1: New HIV diagnoses per 100,000 population aged 15 years or older by PHE centre of residence, 2017



Source: Public Health England, HIV & AIDS New Diagnoses and Deaths (HANDD).

The number of new diagnoses will depend on accessibility of testing as well as infection and transmission.

Data: PHE England National Data Tables 2019



# Facts: The role of Faith Leaders'

*Pastoral support?*



*Health education?*

*Inclusivity?*



*Relationship guidance?*

*Relationship support?*



*Challenge?*

- 47% of the UK population identify as belonging to a faith community(Storm, 2011)
- Migrant communities are more likely to engage in risky sexual behaviors, less likely to attend screening programs
- They lack information in general, and specifically, in an appropriate language.

# Cause and Effect Analysis: Increasing HIV and Awareness Services within Faith Communities

Facilities /  
Access

Need to attend clinic? (Esp. GUM)

If testing within communal setting:

- Confidentiality?
- H&S considerations?
- 'Public perception'? / PR?

Faith leaders  
driving HIV  
awareness and  
support in  
communities

## LACK OF INTEGRATION – Faith Comm & Health Prov.

- Misinformation
- Lack of communication
- 'It's not our role'
- Faith settings 'not included in process'

## Support for PLWHIV?

- 'Not medical organisation'
- Ostracised? Self-imposed?
- Communal attitudes
- Lack of explicit messaging

## Fear-related Stigma Discrimination / Judgement

## 'THEOLOGY':

- Prohibition?
- Homophobia
- Non-discussion of:
  - Sex
  - Sexuality
  - Drug Use

## FEAR:

- Of causing controversy
  - Own position / perception
- Of HIV itself
- Hangover of original campaigns?

## IGNORANCE:

- Current Stats
- Of relevance to all communities and age groups (i.e. 'only affects young people?')
- Younger people unaware (didn't experience original epidemic and campaigns)

## SETTINGS?

- Mosques / Churches / Synagogues
- Community Groups
- Youth organisations

## INFLUENCE OF COMMUNAL LEADERSHIP STRUCTURES:

- Gatekeepers
- In individual settings
- Across communities
- Across denominations

Communities

Individuals



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**Community Champion model**

**Support for PLWHIV?**

- 'Not medical organisation'
- Ostracised? Self-imposed?
- Communal attitudes
- Lack of explicit messaging

***The spiritual support  
I need isn't always  
there for me...***

***I've experienced the  
rejection and stigma  
within my  
community...***

***I want to help  
change the attitudes  
of Faith Leaders***

***We so need to  
educate our  
communities...***

***Faith leaders are  
ignorant...***

***I want to break the  
stigma and  
prejudice that still  
exists in my  
community...***

# Faith leaders- Round table outcomes

**CHRISTIAN BACKGROUND -**  
LWHIV requires spiritual support - not always there within faith community

**Believe in mission of FTC - ZERO Transmission by 2030**

**Want to break the stigma and prejudice that still exists**

**Really want to bring about change in society - get people to access services more readily and quickly**

**Experience of working in HIV field - particularly prevention**

**BAME communities connect readily with faith leaders: Therefore faith leaders can have a big impact**

**This kind of work WORKS!**

**'The ball is in my court!'**

**Most people in my church don't have enough information about HIV and living with HIV**

**I've experienced the impact of giving knowledge - especially personal experience and testimony**

**I've experienced the rejection and stigma in my community. This is still the case in too many places.**

**I want to be involved in charge of changing the attitudes of faith leaders in my community**

**We so need to educate our communities.**

**Faith should be the first point of support for PLWHIV.**

**I want to provide the support that I know people need.**

**Faith Leaders are ignorant!**



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# Faith Leaders vs PLWHIV

## Forums Outcomes

Acceptance of HIV within community

Conflict with religious teaching

Lack of HIV champions

Establish varied focus groups in communal settings:

- To establish evidence for approach
- To understand barriers from leaders' perspective
- To understand community member's perspective (from various age-ranges)
- To trial design and delivery of education and awareness programme

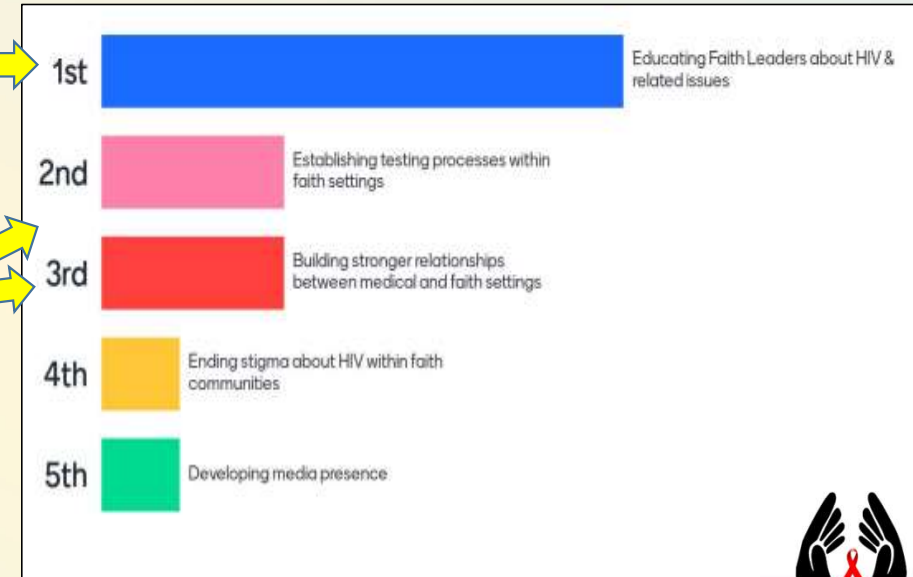
Establish group of PLWHIV:

- Shape service provision
- Willing to share testimony
- Input into education development

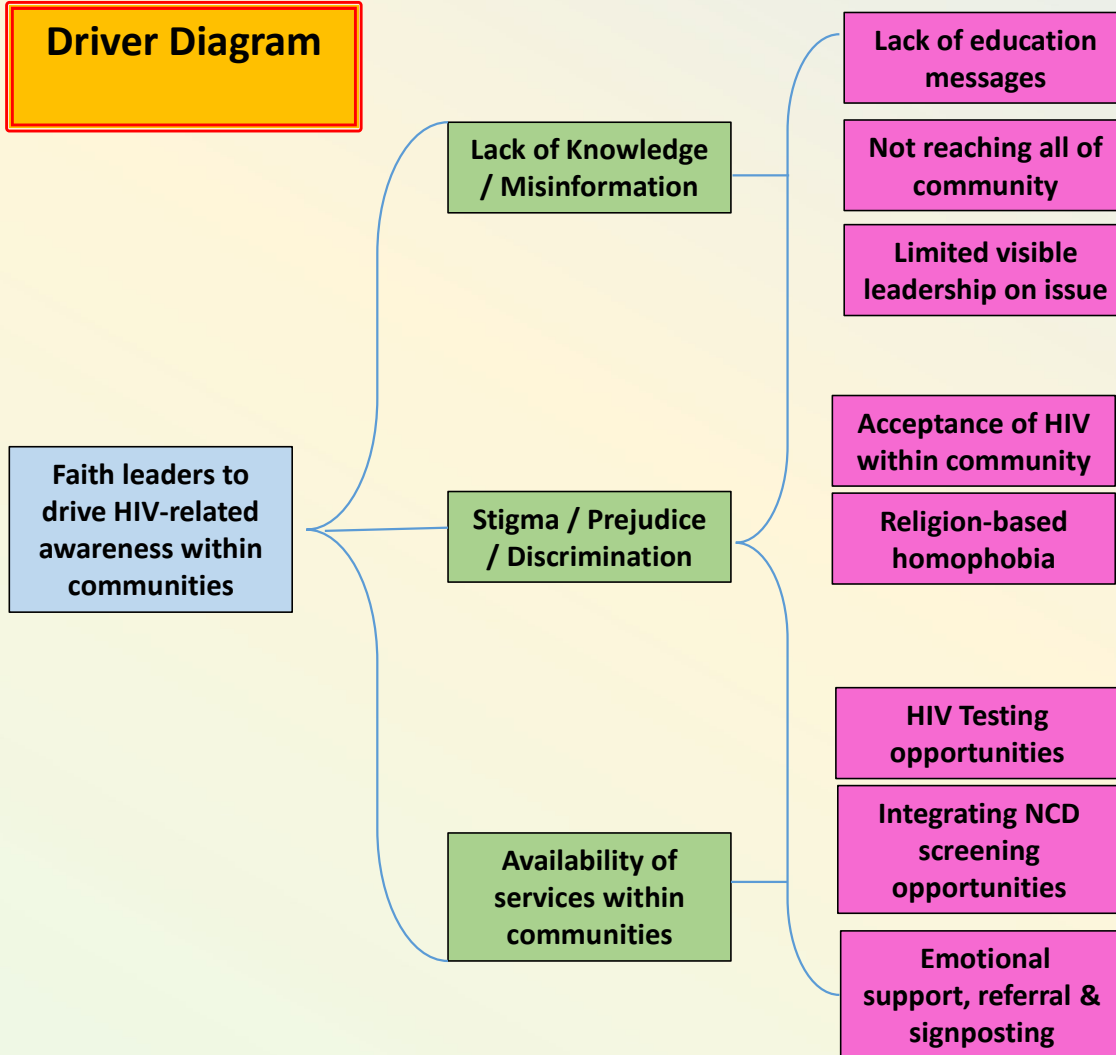
### Faith Leaders:



### Community Champions:



# Driver Diagram



More education and training programmes to be delivered and embedded within clergy-training:

- U=U
- PrEP
- STI's

Deliver educational workshops within communities

Request coverage/presence in group forums/online/publicity

Enhance 'Round-Table' conference of faith leaders

Ensure voices of PLWHIV get direct to faith leaders:

- Distribute voice testimonies through allies
- Embed within education programmes

Deliver HIV screening and testing in faith settings

Onboard partners such as NHS and other health care providers to deliver health checks e.g., BP and HR readings ,weight and height – BMI, cholesterol and blood sugar readings

Generate evidence based information about HIV screening and testing from faith leaders or testers using voice recordings, surveys or questionnaires

Build link with Faith leaders and other social networks– for continued HIV emotional support ,referral and diseases management

# Training for Faith leaders and faith communities

- We designed training material to suit all religions
- Provided leaflet and relevant reading material
- Organised training seminars

## Get HIV Tested

- A **self testing kit** ordered online and done at home will normally give a result in around 15 minutes, depending on the kit.
- A **blood sample (serology)** taken at a **testing centre** will be sent to a lab, with results ready within a day or up to a week later.
- Through **postal testing** – a **saliva sample**, the lab will normally contact you a week or so later with your result.

BioSure HIV test – result in five minutes

## Improved treatments = improved outcomes

- Anti-Retroviral treatments are very successful in suppressing the virus
- With regular treatment virus can become 'undetectable'
- Undetectable = Untransmittable
- Therefore, diagnosis and treatment is essential

UNDETECTABLE = UNTRANSMITTABLE

PUBLIC HEALTH AND HIV VIRAL LOAD SUPPRESSION

UNAIDS Programme Literature confirming U=U

### Project fliers and banners

#### FAITHWORKS-UK

"There is still a lot of resistance to discussing HIV and sexual health with in faith organisations. We're empowering faith leaders to talk openly about HIV and normalise HIV in faith settings."

**What we do best**

- Faith leaders
- Engagement
- People
- People

**What we have achieved**

- 100+ faith leaders engaged
- 80+ engagement events
- 3000+ people attended
- 200+ people tested

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#### Faith leaders' role in addressing HIV

Thursday 9 September 2 - 4pm

The Food Chain, Acorn House, 314-320 Gray's Inn Rd, WC1X 8DP

(Enhance on Swinton Road)

#### Faith leaders' role in addressing HIV

Thursday 9 September 2 - 4pm

Refreshments provided

#### FAITHWORKS-UK FAST-TRACK CITIES

HIV VIRTUAL SEMINARS

Dates across: 3rd February - 4th March 2021

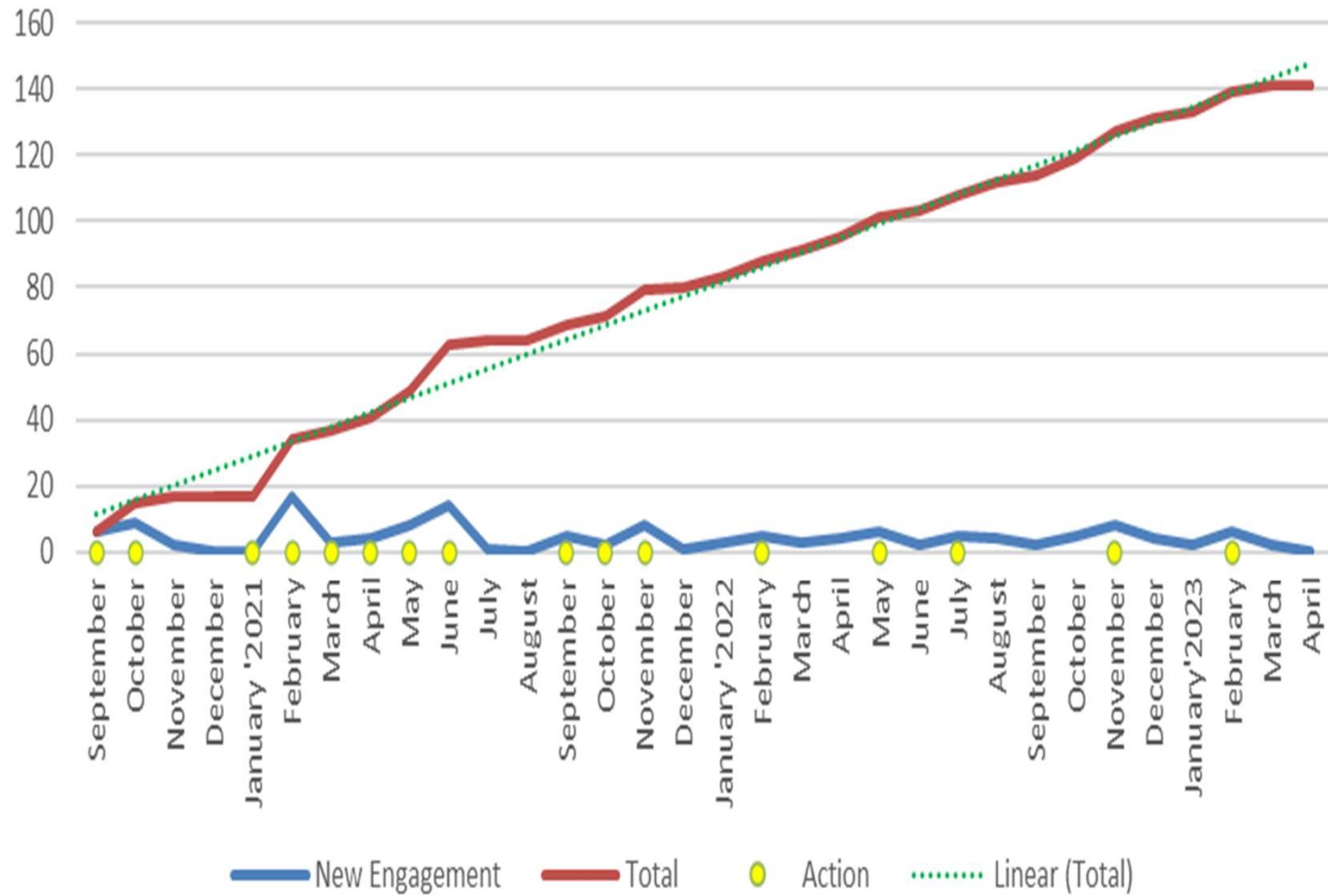
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The COVID pandemic is a global challenge. However, HIV is still also a global pandemic. We are also committed to ensure that vulnerable members of our community are not abandoned due to physical or spiritual.

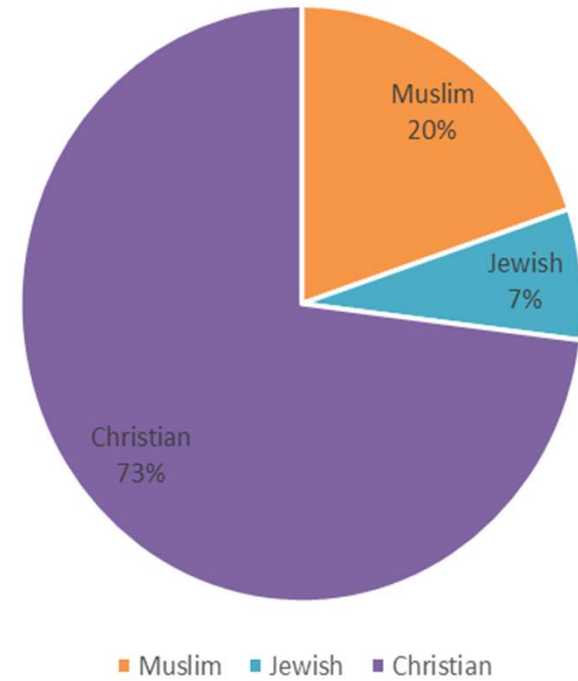
Dr. Shaban Khan, HIV and Sexual Health Communities

[Click Here to Sign Up](#)

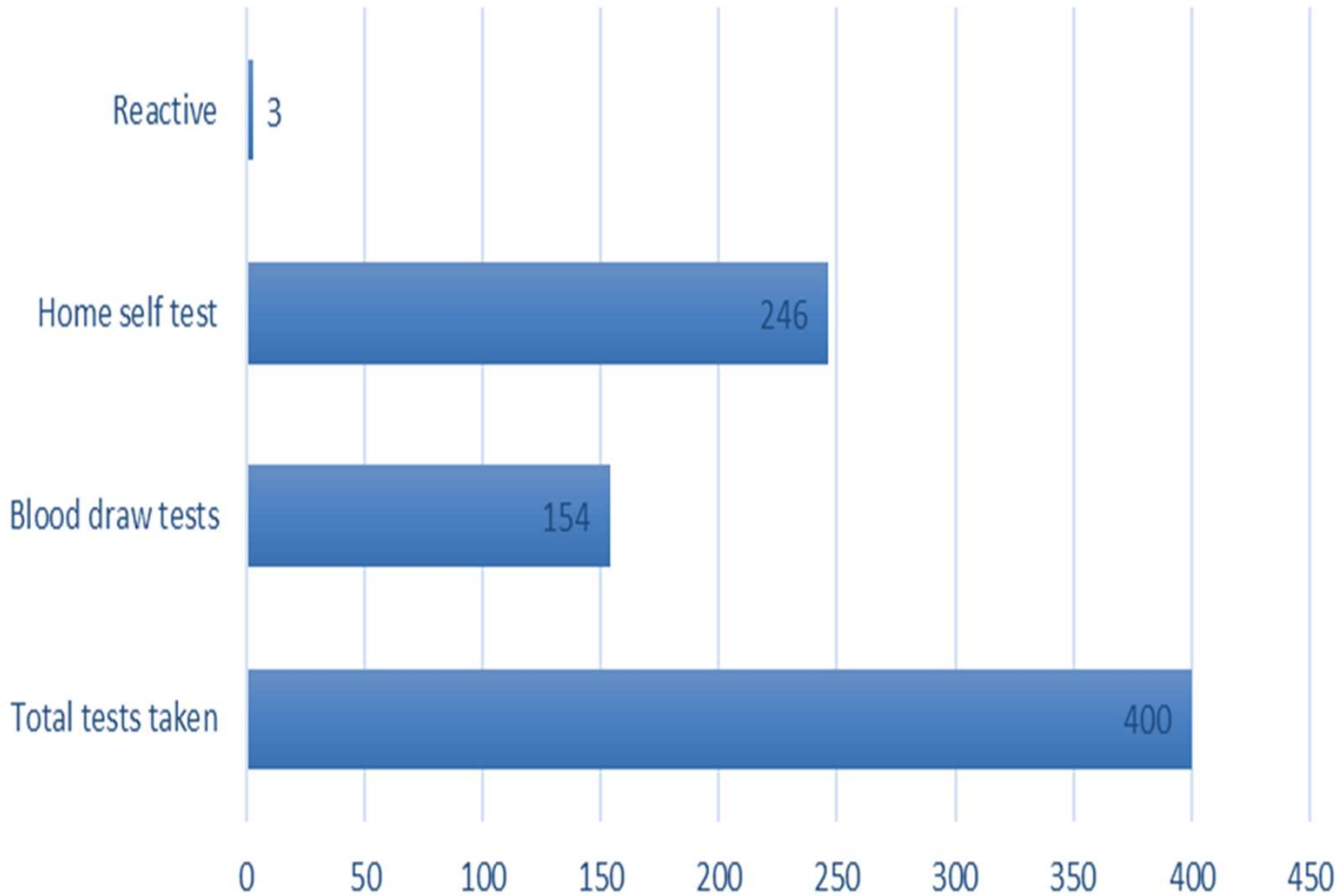
## Reaching New Faith Leaders - By Month



## Religion(%) of Faith leaders



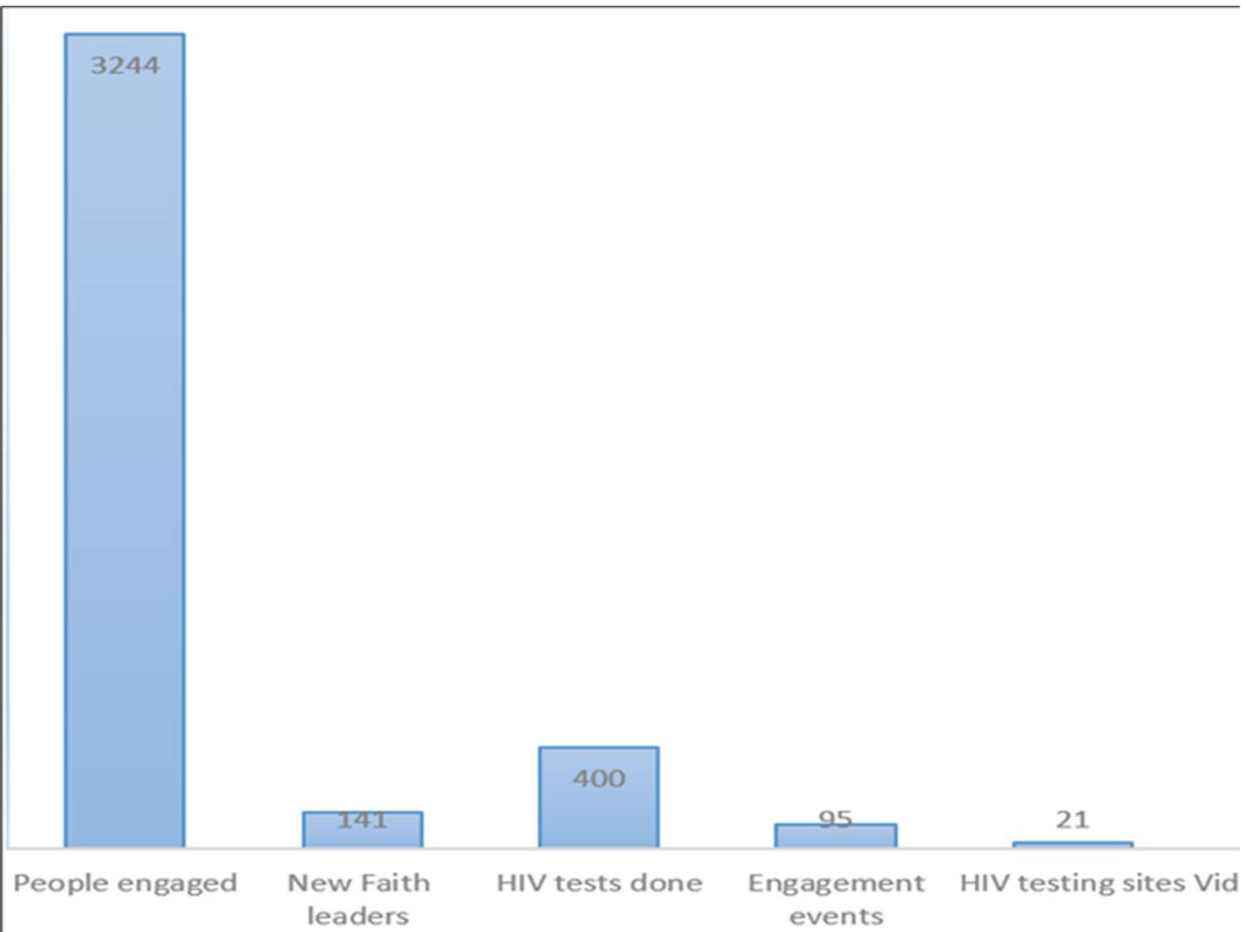
## Number of HIV Tests taken in Faith settings



### Referral and linkage into care

- All people who tested HIV positive were given their results and posttest counselling.
- 3 Reactive were referred appropriately.
- People seeking additional sexual health screening and questions were referred to Post Health sexual health Clinic

# Overall Project Outcomes



- Education information available to at least 141 faith leaders
- Health massaging U=U ,PrEP , STI's
- HIV testing conducted in at least 21 faith settings
- An average of at least 20% uptake of tests in each setting
- Onboard partners to deliver HIV/NCD screening such as BP and HR readings ,weight and height – BMI, cholesterol& blood sugar readings to those at risk from developing diabetes during the testing events
- Referral and appropriately signpost to other services
- Generating evidence ; videos , pictures





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FaithWorks – Case-Study

## HIV Training and Testing in Central London

**Context:** Following initial discussions with Church leaders

*Presentation to community, both in attendance and online, about HIV transmission, testing and U=U.*

*HIV testing undertaken in confidential and private area.*



*Colleagues from Everyone Health provided screening for blood sugar levels, BMI and hypertension.*





FaithWorks – Case-Study

## HIV Training and Testing in South London

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**Context:** *Initial discussions with Church leaders following demand and uptake, we were requested to repeat session,*

Photos and other information:

*HIV group counselling and consent undertaken in confidential and private area.*

*Health screening for blood sugar levels, BMI and hypertension provided by Croydon BME Forum*





*Presentation to  
community about HIV  
transmission, testing and  
U=U.*

13<sup>th</sup> Feb 2022





29th May 2022

**CATHOLIC CHURCH**  
Our Lady of the Annunciation, Addiscombe

<b>SUNDAY MASSES</b> Vigil 6pm (Saturday), 8.30am, 10.00am, 12 noon	<b>HOLY DAYS</b> Vigil 7.30pm, 7.00am, 10.00am
<b>WEEKDAY MASSES</b> Monday - Saturday 10.00am	<b>SACRAMENT OF RECONCILIATION</b> Saturday 9.30 - 9.50am, 5.00 - 5.30pm
<b>BAPTISMS &amp; MARRIAGES BY ARRANGEMENT</b>	

**"Do not be afraid; you have won God's favour."**

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*Presentation to  
community about HIV  
transmission, testing and  
U=U.*





# Lambeth country show







Face to face meeting with Ms Ame community HIV advocate

Identify and 'lobby' individuals in non-traditional leadership roles; e.g. community 'influencers' across generations

Meeting the Mayor of Lambeth  
Councillor Pauline George







Pictures from the summit – 24th April 2023 by the Royal College of General Practitioners.

# Recommendations

- Public health and healthcare systems should leverage relationships built with faith settings during the Covid pandemic to influence HIV and sexual health education and maximise chances to provide culturally sensitive delivery.
- HIV and sexual health should be embedded into clergy training.
- Collaboration with other health care professionals to provide a range of tests such as diabetes, hypertension, BMI, kidney tests together with HIV testing reduces HIV stigma whilst normalising the discussion around HIV/AIDs.
- Amplifying the voices of Faith leaders, particularly those of people with lived HIV experiences brings about social change by highlighting the gaps in the care provided to those living with HIV and the work that must be done towards ending new HIV infections.
- More funding is required to reach more people

# Conclusion

- At this time of severely constrained finance for local government and the NHS it is essential that we do all we can to harness the skills and assets in our local communities to improve health and wellbeing.
- Faith groups make an important contribution to this work through their commitment to service, both with their own members and with wider communities
- In particular, faith groups are often able to utilise the enthusiasm of their members as volunteers. Also, some faith groups have members who face health inequalities through a higher risk of some diseases or through difficulties in accessing healthcare. These groups are, therefore, well placed to have an active role in tackling health problems in the communities they serve.



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*Thank you*

