



PEPFAR-UNAIDS Faith Initiative: Strengthening Faith Community Partnerships for Fast Track



We stand at a critical juncture in our effort to achieve an end to the AIDS epidemic. The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the Joint United Nations Programme for HIV/AIDS (UNAIDS) have made great strides in building capacity, strengthening health and community systems, and ensuring that life-saving medications are getting to those in need. PEPFAR is currently supporting life-saving treatment for over 7.7 million men, women, and children in its partner countries, and UNAIDS announced that over 15 million people are on treatment globally as of March 2015 – but millions more lives are at stake.

In 2014, UNAIDS released *Fast-Track: Ending the AIDS Epidemic by 2030*.¹ The strategy outlines ambitious 90-90-90 targets—whereby 90% of people living with HIV know their HIV status, 90% of people who know their HIV status are accessing treatment and 90% of people on treatment have suppressed viral loads. Countries are now adopting 90-90-90 goals as their own, and FBO service provision will be critical to achieving these goals. Similarly, PEPFAR has laid out an ambitious agenda in *PEPFAR 3.0: Controlling the Epidemic: Delivering on the Promise of an AIDS-free Generation*. *PEPFAR 3.0* includes five action agendas related to impact, efficiency, sustainability, partnership, and human rights, as it relies on clear data to shift PEPFAR's program priorities in an effort to achieve maximum impact.

In September 2015, PEPFAR and UNAIDS launched a two-year, \$4 million initiative that will strengthen the capacity of faith-based leaders and organizations to advocate for and deliver a sustainable HIV response. It is clear that community and faith responses are key to the scale up to achieve the ambitious 90-90-90 targets and the PEPFAR 3.0 goals – and in making sure that no one in need of treatment is left behind.

The first phase of the initiative will strengthen partnerships with FBOs in up to five PEPFAR and UNAIDS partner countries with five focus areas to:

- **Collect, analyze and disseminate data** on health care services provided by faith inspired organizations
- **Address stigma and discrimination** in communities and health care settings
- **Demand creation and retention in care:** Build capacity for joint action between communities of people living with HIV and faith to increase demand for HIV services and retain people in care.
- **Strengthen HIV and AIDS related service provision:** Strengthen networks of faith-based health service providers, both Christian, Islamic and others, to reach the most marginalized and at-risk populations with comprehensive, equitable HIV testing, prevention and treatment services through strengthened national partnerships, improved data collection and careful monitoring and evaluation.
- **Leadership and Advocacy-** Strengthen FBO leadership and advocacy for the Fast-Track approach and a sustained AIDS response to end the global AIDS epidemic by 2030.

PEPFAR, along with the Interfaith Health Program at Emory University's Rollins School of Public Health and St. Paul's University, brought together over 50 religious leaders from Kenya, Rwanda, Uganda, and Tanzania in April 2015 to discuss how to move forward together in the response to HIV. Participants discussed some difficult issues, including how to best serve key and vulnerable populations including women and girls, children, and men who have sex with men. At the conclusion of the 2015 Consultation, these religious leaders drafted ten recommendations on how to maximize the capacities of FBOs in a coordinated, sustained way. The recommendations focus on expanding the availability of data, increased accountability, and greater collaboration between FBOs and global partners.

Faith-based provision of health services has been a cornerstone of the global response to HIV from the earliest days of the epidemic. For well over a century, religious organizations provided health – and other essential services – to local communities around the world. In responding to epidemics and health emergencies, together we have learned that no matter how effective a biomedical response is, it won't be successful unless there is collaboration with communities. Drawing on their legacy of faithful service and strong collaboration, FBOs can build on the firm foundations they have established as key partners in these efforts.

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