



World Council
of Churches

Recommended Practices to Combat HIV-Related Stigma

A Guidebook for Local Faith Communities



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Foreword

Stigma has been a major barrier to an effective response to HIV since the earliest days of the AIDS epidemic. Sadly, stigma is still a significant barrier forty years later. However, it doesn't have to be a barrier forever. We can move toward a future where stigma is no longer a barrier, where those now stigmatized have equitable access to HIV prevention and treatment services, and where HIV and AIDS are no longer public health threats. The path to this future will be led by local faith leaders and communities.

Stigma related to HIV comes in many forms. One form is stigma toward people living with HIV, stigmatized simply because they live with HIV, which, left untreated, can lead to AIDS. Another form is stigma toward key populations with an increased risk of acquiring HIV who are often marginalized by society, including men who have sex with men, sex workers, transgender people, people who use drugs, and incarcerated people. Another form is stigma toward people or groups who are especially vulnerable, such as children living with HIV, women and young girls affected by gender-based violence, young people facing the challenges of growing up, and those who live where adequate health care is not available. Stigma in all these forms can harm self-esteem and can lead to substantial barriers to accessing HIV prevention and treatment services.

Local faith leaders and communities have the power and influence to reduce and ultimately eliminate stigma. They can have a significant impact on all three forms of stigma, both by reducing stigma felt by their own members and by influencing norms and values in the wider society. If enough faith leaders and communities rise to the challenge, the impact will be dramatic, on the faith communities themselves, on all of society, and, most importantly, on the lives of people living with HIV and marginalized and vulnerable populations.

Rev Dr Kenneth Mtata
Director Public Witness and Diakonia
World Council of Churches



Introduction

Stigma related to HIV is still a major barrier to ending the HIV and AIDS epidemic. Local faith communities can do a lot to overcome that barrier. In the past, the actions of some faith communities have hurt, actually increasing stigma, but actions by other faith communities have helped significantly, both by reducing the stigma felt by their members and by influencing the norms and values of the wider society.

This guidebook was written to help faith leaders and communities take the actions that help and avoid the actions that hurt. It contains a list of fifteen recommended practices derived from an analysis of several sets of training materials from a variety of religious traditions and from a case study of local Christian congregations in diverse settings.¹ Some of the practices are straightforward and universal. Some may need to be adapted to different religious traditions or cultural contexts. Some can be implemented relatively easily. Others are more complicated and may take a long time to implement fully. However, *all* contribute to effective stigma reduction.

The first step involves making a deliberate decision and a commitment to address HIV-related stigma in your local faith community. Having made that decision, study the practices, select some for an initial focus, adapt those to your context, and implement them and then keep at it.

Successful stigma reduction takes time and effort; the time and effort will pay off. You will see changes within your faith community and the wider community in which you live and, ultimately, an end to the epidemic.

1. The appendix contains a full list of the training materials and the case study congregations.



Recommended Practices

Recommended Practices for Faith Communities To Combat HIV-Related Stigma

- #1** Talk openly about HIV and AIDS, consistently and repeatedly giving messages of compassion and hope, rather than judgment, rejection, and shame.
- #2** Motivate the HIV response by explicitly referring to sacred values and sacred texts.
- #3** Provide accurate information about HIV and AIDS and correct myths and rumors.
- #4** Always speak about HIV diagnosis as a medical condition, not a punishment for immoral behaviour.
- #5** Engage meaningfully with people living with HIV and with key and vulnerable populations in the wider community.
- #6** Be careful to use inclusive and non-judgmental language.
- #7** Encourage all members to know their HIV status and to seek medical treatment if needed.
- #8** Develop a holistic accompaniment programme for people living with HIV, including physical, psychological, social and spiritual dimensions.
- #9** Provide comprehensive information and guidance about methods for preventing HIV transmission.
- #10** Offer HIV services to the wider community, especially for key and vulnerable populations.

- #11** Educate and empower young people to navigate life challenges.
- #12** Openly discuss HIV stigma and the ways that religion can both help and hurt.
- #13** Acknowledge and openly discuss topics related to HIV that may be challenging or controversial.
- #14** Work closely with other community organizations.
- #15** Advocate strongly and publicly for universal access to HIV prevention, testing and treatment services for all who need them.

#1 Break the Silence

Talk openly about HIV and AIDS, consistently and repeatedly giving messages of compassion and hope rather than judgment, rejection, and shame.

“Break the Silence” has been a rallying cry for AIDS activists for decades. Open discussion about HIV and AIDS, when done in a non-judgmental and respectful manner, is often the first step toward changing negative attitudes and helping people living with HIV, as well as other marginalized and vulnerable groups, to feel welcome in a religious community and to increase their sense of self-worth. Open discussion can take many forms, including messages at weekly worship gatherings, small group meetings, wall posters and performances of songs or skits.

“Our responsibility: To break the silence by speaking the truth in love.” (CABSA)

“Let them know that they deserve to be treated with respect and sensitivity at all times.” (ACHAP)

“People engage when there is hope.” (UPCSA)

#2 Inspire with the Sacred

Motivate the HIV response by explicitly referring to sacred values and sacred texts.

Stigma-reduction initiatives by local faith leaders and communities are most effective when motivated by the divine guidance that is provided by their religious traditions. Such guidance may be expressed by referencing sacred values, many of which are shared by different traditions, such as:

- An understanding that love for all is central to the experience of the divine
- A belief in the inherent value and worth of all human beings
- A conviction that each person reflects the divine and must be treated with dignity and respect
- A commitment to relieve human suffering
- A responsibility to reach out to the marginalized and to protect the vulnerable

Divine guidance is often also expressed by referring to a tradition's own sacred texts. For examples, stigma-reduction initiatives in Christian communities commonly refer to the following:

“You shall love your neighbour as yourself.” Mark 12:31

*“The Spirit of the Lord is upon me,
because he has anointed me
to bring good news to the poor.
He has sent me to proclaim release to the captives
and recovery of sight to the blind,
to set free those who are oppressed,
to proclaim the year of the Lord's favor.”* Luke 4:18–19

“Do not judge, so that you may not be judged.” Matthew 7:1

“Then the righteous will answer him, ‘Lord, when was it that we saw you hungry and gave you food or thirsty and gave you something to drink? And when was it that we saw you a stranger and welcomed you or naked and gave you clothing? 39 And when was it that we saw you sick or in prison and visited you?’ And the king will answer them, ‘Truly I tell you, just as you did it to one of the least of these brothers and sisters of mine, you did it to me.’”

Mathew 25:37–40

“These principles form a fundamental basis and affirm our Islamic-ethical response to issues surrounding HIV and AIDS, a people affected and infected and the protection of the same.” Guiding Principles for Muslim participants, which are formulated slightly differently than the Christian version. (WorldVision)

“The involvement of religious leaders in HIV counselling should be grounded in scriptural teachings.” (ACHAP)

“When we deal with HIV and particularly with a faith response to HIV, we deal with issues that are very deep and very dear to us. We will discuss and might challenge how we understand theological and cultural issues and deeply held beliefs. We . . . commit to walking this road with you, with respect for your reality and guided by a number of biblical Guiding Principles. These principles define our character and culture.” (CABSA)

#3 Educate and Inform

Provide accurate information about HIV and AIDS and correct myths and rumours.

Fear of the unknown is one of the drivers of stigma. Religious leaders and communities can remove the unknown by providing accurate information about HIV and AIDS, including the distinction between HIV and AIDS, modes of transmission through the exchange of certain bodily fluids, disease progression when not treated, and medical treatments that are available to manage HIV effectively¹. Religious communities must also correct misinformation, clarifying ways in which HIV is not spread, such as casual human contact, and refuting false claims about prevention methods and cures. Religious communities can provide this information through a variety of communication channels, including messages from religious leaders and brochures.

“Correct HIV information reduces stigma.” (NAACK)

“Stigma and discrimination are rooted in ignorance.” (ACHAP)

“Correct information becomes the most powerful tool in breaking myths and stigma around HIV and AIDS.” (SAVE)

1. The appendix includes references to source materials, including materials from UNAIDS and WHO.

#4 Describe HIV in Medical Terms

Always speak about HIV diagnosis as a medical condition, not a punishment for immoral behaviour.

HIV is a virus. Since HIV is often transmitted in the context of behaviour that many people consider immoral, there is a tendency to view a diagnosis of HIV as divine punishment for that behaviour. This tendency can be countered by consistently referring to HIV transmission in medical terms and by clarifying the distinction between the “safe” dimension of human behaviour, as determined by science and medicine, and the “moral” dimension, based on divine guidance as understood within the community’s religious tradition. It can be very helpful to engage with health professionals as well as people living with HIV in preparing and delivering these messages.

“A Stigma-Free Faith Community describes HIV and AIDS as medical conditions, not punishment for immoral behaviour.” (SFFC)

“Integrate HIV with other health care services.” (FCI)

“What is lawful, acceptable, appreciated may not necessarily be SAFE. What is unfaithful, unlawful, unacceptable, unappreciated may not necessarily be unsafe.” (Canon Gideon Byamugisha)

“HIV is not a punishment from God.” (EMT)

“Less blame, more support.” (CU)

#5 Engage with PLHIV and Key Populations

Engage meaningfully with people living with HIV and with key and vulnerable populations in the wider community.

Personal interactions are a remarkably powerful way to reduce stigma. The more people get to know each other, the harder it is to stigmatize. Religious communities, following the common sacred value of reaching out to the marginalized, can encourage interaction and discussion. This includes with people living with HIV, but also with key populations at increased risk of acquiring HIV, including men who have sex with men, sex workers, people who use drugs, and transgender people². Communities that are vulnerable, such as women and young girls, must be included as well.

Meaningful engagement often involves a process. It may start with personal testimonies or small group discussions, move on to partnership in the HIV response, and ultimately to full participation in the life of the faith community. The process may also start with some population groups and advance to others. The safety and security of the individuals and communities is always paramount. All such engagement should be done in a manner that ensures they feel safe.

“Encourage people living with HIV and who have been open about their HIV status, to share their experiences and be involved in congregational HIV-related planning and activities.” (WV)

“The first action was to come together and discuss their need and also see the magnitude of the effect HIV was causing to our people.” (CU)

2. For the UNAIDS description of key populations, see UNAIDS: Key Populations <https://www.unaids.org/en/topic/key-populations>.

#6 Use Words Carefully

Be careful to use inclusive and non-judgmental language.

Many words and phrases, in addition to factual content, include an emotional or judgmental element, reflecting stigma on the part of the speaker, reinforcing a distinction between speaker and listener, and causing self-stigma on the part of the listener. Sometimes the emotional or judgmental element is obvious and intentional, often it is subtle and unintended. Therefore, it is important for religious leaders and communities to be careful about the language they use, especially when referring to people living with HIV and to marginalized populations.³

“Refrain from using wrong or stigmatizing language.” (WV)

“Certain words can foster positive attitudes about people living with HIV while other words and phrases we choose can fuel stereotypes, stigma and discrimination.” (COMPASS)

3. UNAIDS has created a comprehensive set of terminology guidelines: UNAIDS 2015 Guidance: UNAIDS Terminology Guidelines. https://www.unaids.org/sites/default/files/media_asset/2015_terminology_guidelines_en.pdf.

#7 Encourage Testing and Treatment

Encourage all members to know their HIV status and to seek medical treatment if needed.

Knowing one's HIV status is vital to leading a healthy life. However, despite the importance, fear and stigma often limit access to testing. Religious communities can counter that fear and stigma by spreading messages of compassion and hope. With recent advances in medical treatment, HIV is no longer the death sentence that it once was. By following medical treatment protocols, it is possible to lead a productive life and not transmit the disease to someone else.

Religious communities can encourage testing in a variety of ways, including frequent messaging, public testing of religious leaders, and test facilities at religious gatherings. Recently, other approaches have been taken, including self-test kits and indexed testing to reach people potentially exposed to HIV.

When encouraging members to know their HIV status, religious communities should also stress the importance of starting anti-retroviral therapy immediately and of adhering to therapy protocols. This is especially important in contexts where some religious leaders advocate exclusive reliance on faith healing.

In discussions about testing and adherence, it is important to remember that both are voluntary and must be kept confidential, especially in contexts where there is still significant stigma toward people living with HIV.

“Encourage people to get tested; encourage people living with HIV to take their medication.” (FCI)

“The benefits of adherence are profound in the lives of people living with HIV.” (ACHAP)

“While prayer is important, it must be accompanied by taking medication and living healthy. This is the only way to keep the viral load low and avoid opportunistic diseases. Be sure to warn the client against people who advise against medication to prove one’s faith or spiritual healing.” (ACHAP)

#8 Accompany People Living with HIV Holistically

Develop a holistic accompaniment programme for people living with HIV, including physical, psychological, social, and spiritual dimensions.

A strong support programme within a religious community can significantly reduce stigma toward people living with HIV. It demonstrates that members living with HIV have value, and it breaks down the separation of “us” and “them.” A faith-based support programme is an opportunity to go beyond physical well-being to provide holistic support for emotional, psychological, social, and spiritual well-being. Support programmes can take many forms, including dedicated teams, mutual support groups, and logistical help with medical protocols. It is important to include people living with HIV in the development and implementation of the programme and to recognize that different people may require different kinds of support. Whatever the form, the goal of a support programme is to empower all members living with HIV to have access to treatment, to adhere to medical protocols, and to achieve viral suppression.

“Demonstrate that we care! Be involved in care initiatives such as home-visiting, home-based care, support groups, etc.” (WV)

“Acceptance and support reduce societal stigma.” (NAACK)

“There is the need to realize that the body, mind, and soul together make up the ‘holistic’ self and working on all these areas leads to a healthy state.” (CABSA, quotation from Dr. Ashraf Grimwood)

#9 Provide Prevention Guidance

Provide comprehensive information and guidance about methods for preventing HIV transmission.

Prevention of HIV is obviously an important topic, but it can be especially challenging for religious communities. Many prevention methods relate to personal behaviour that is safe from a medical perspective. However, among religious communities, there is often an associated fear that providing information about behaviour that is safe may encourage behaviour that they consider immoral. In addition, a discussion of prevention may often imply a personal responsibility to avoid HIV transmission, which may, in turn, lead to significant self-stigma on the part of individuals who acquire HIV. This effect is common, even if the transmission occurred in a context where the person did not have free choice, such as a woman in a situation where she does not have the power to demand the use of a condom.

The latest list of prevention methods is long, including abstinence, delay of sexual debut, reduction in sexual partners, condoms, voluntary medical male circumcision, pre- and post-exposure prophylaxis (PrEP and PEP), sterilized needles, treatment as prevention, and anti-retroviral therapy for pregnant women. It is important to provide comprehensive information about all methods since some methods are more effective than others and since the usefulness of different methods depends on context. UNAIDS generally recommends combination prevention, combining both behavioural and medical methods. Information and guidance about these methods should always be discussed in medical terms and can be provided in a variety of forms, including messages from leaders, discussion groups, counseling sessions, and brochures.

“Understanding how HIV is transmitted provides us with the knowledge needed to help educate our communities and loved ones about HIV prevention.” (FCI)

“Prevention of sexual transmission: abstinence, delay of first sexual intercourse, mutual faithfulness, reduce sexual partners, medical male circumcision, reduce sexually transmitted infections, condoms.”
(CABSA)

“To empower people, especially women, with knowledge and skills to protect themselves against HIV infection.” (CABSA)

“Messages of personal responsibility must be delivered carefully to avoid driving away people who may feel they are being judged.”
(SFFC)

#10 Offer HIV Services to the Community

Offer HIV services to the wider community, especially key and vulnerable populations.

A stigma-free faith community can be a lifeline to members of the wider community who are living with HIV or who are at increased risk of acquiring HIV. They often need the very same services that the faith community provides to its members and their families.

However, reaching out can be challenging, both for the faith community and for the intended recipients of the HIV services. It can be challenging for the faith community because it may require interacting with people who, for some reason, seem different. It can be challenging for the service recipients because they may not know how much they can trust the faith community. However, in the end, grace and humility by all concerned will lead to a case of genuine accompaniment, where all are walking together to a future filled with love and hope.

In facing these challenges, some faith communities may choose to focus their efforts initially on one or two specific population groups, eventually widening the reach until their faith community welcomes all.

“Faith communities reach those beyond the reach of formal health systems, including the most marginalized and stigmatized and least served populations.” (CABSA)

“So, we went and visited the sex workers . . . safe space, one-on-one.”
(CU)

#11 Empower Young People

Educate and empower young people to navigate life challenges.

A major risk in the next decade is that there will be a significant increase of HIV in a growing youth population. Religious communities can significantly reduce this risk by educating and empowering young people; however, this can be challenging. It involves the same difficulties as talking about prevention – in fact, some prevention methods are specifically for young people, such as “delay of sexual debut” – but these discussions are even more difficult in the context of young people who are going through a period of constant change in their lives, when a sense of self-worth is especially important. One valuable technique for educating and empowering young people involves the establishment of safe spaces for peer-led discussions.

“Is there a safe space for young people where they can talk to someone about issues, sex, and prevention in a non-disclosure, private environment?” (SAVE)

“Young people are also more comfortable talking or asking questions to a peer than to an adult.” (FCI)

“If children and teens know their status and are given good information, we reduce HIV transmission and empower young people to take control of their bodies and to live positively.” (SAVE)

#12 Acknowledge the Relationship between Religion and Stigma

Openly discuss HIV stigma and the ways that religion can both help and hurt.

One of the strengths of religious communities is that they provide divine guidance about human behaviour based on their religious tradition. An unfortunate side-effect of such guidance is a tendency to judge and stigmatize people whose behaviour does not align with the guidance, a tendency that has had a very harmful effect on the response to the HIV epidemic. It is important for religious communities to acknowledge this effect and to understand the way that stigma affects individuals. Based on this understanding, the religious community can determine ways to counter stigma, for example, by referring to divine guidance about treating human beings with respect and dignity and by reaching out to the marginalized. To make a significant difference, it is important for such discussions to be open and to include all members of the religious community, as well as people living with HIV and members of key and vulnerable populations.

“In HIV and AIDS, it is not the condition that hurts most (because many other diseases and conditions lead to serious suffering and death), but (what hurts most is) the stigma and the possibility of rejection and discrimination, misunderstanding and loss of trust that HIV-positive people have to deal with.” (CABSA, quotation from Canon Gideon Byamugisha)

“Preach and teach about overcoming the stigma of HIV and AIDS.”
(SFFC)

“Church was the main source of stigma.” (CU)

“Faith communities hold the key to ending stigma.” (HUMC)

“A young gay man came up to me. I don’t know if he was HIV positive or not, but he said to me I never thought I’d see a woman in the pulpit, and I never thought any pastor would ever preach about HIV.” (HUMC)

#13 Discuss Challenging Topics

Acknowledge and openly discuss topics related to HIV that may be challenging or controversial.

Depending on the cultural and religious context, it may be important for religious communities not only to discuss stigma generally but also to discuss other specific topics that members may find challenging or controversial. A partial list of topics includes pre- and extra-marital sex, human sexuality and gender identify, gender-based violence, sex work, drug use, child marriage, and female genital mutilation. Discussions about such topics must be conducted in a way that is safe and non-judgmental for all participants. The discussions may not necessarily lead to firm conclusions. Simply acknowledging that the topic is challenging and open for discussion is a major step.

“People of faith often struggle with moral, ethical, and theological questions that keep us from effective and comprehensive implementation of strategies to address various issues that affect the lives of people, especially those relating to HIV and AIDS.” (WV)

“Do not impose a specific view on the group. Take an inclusive, comprehensive, respectful approach and guide the discussion to clarify misunderstandings and to consider different views. . . . There are no clear-cut answers. Share your opinions freely. You are encouraged to disagree with other people and facilitators.” (WV)

“Religious leaders should be actively involved in sensitizing their members on sexual and gender-based violence.” (NAACK)

“We handled these controversies, confrontations, and discriminations by raising awareness and by doing training.” (EMT)

#14 Work with the Community

Work closely with other community organizations

Religious leaders and communities often have significant influence in the wider community beyond their membership, especially with respect to stigma reduction. This influence will occur naturally as a side-effect of contact between members and non-members. In addition, the religious community can take direct action by working together with other community organizations, including other religious communities as well as secular organizations. The specifics obviously depend on the community context, but could include awareness raising, promotion of testing, joint programmes for youth, or joint advocacy.

“HIV education workshops for the faith community and larger community.” (COMPASS)

“There was an ecumenical effort that took place where, because people would sit all day, so different congregations would take a day, and they make lunches and take them down and sit with the people.” (HUMC)

“When we visit PLHIV in the community, we don’t discriminate. We visit everybody. We do this often during big events, like at Christmas or at Easter or to other faith when we know that the Muslims are coming there.” (CU)

#15 Advocate Strongly

Advocate strongly and publicly for universal access to HIV prevention, testing, and treatment services for all who need them and for addressing the social drivers of the HIV epidemic.

Public witness and advocacy have long been important roles for religious leaders and communities in the response to HIV. Advocacy can occur in many forms at many levels, from global advocacy for human rights and for strengthening the global response to HIV, to national-level advocacy for the repeal of legal barriers, to raising awareness about social issues within local communities.

Local advocacy often includes public displays of a religious community's commitment to stigma reduction. Such displays can inspire other religious communities to undertake their own stigma reduction initiatives, but more importantly, they can serve as a source of hope for people living with HIV or for key populations. Prominent displays can take many forms, such as large red ribbons, rainbow flags, or public statements of affirmation and inclusion.

"Faith communities influence people, have moral authority, and enjoy the trust of communities." (CABSA)

"Advocate for care and prevention for those living with HIV." (FCI)

". . . a Jewish man living with HIV, and he said, 'You know, you're not my faith, but you need to know how much those red ribbons have meant to me because they give me hope every time I round the corner.'" (HUMC)



Facing Challenges

It can be very challenging for a faith community to address stigma related to HIV. It can be challenging because it involves attitudes that have developed through many generations, it involves topics that many people find difficult to discuss, it involves controversial theological concepts, and it involves the realities of human lives in complex situations.

Because of these challenges, successful stigma reduction requires sustained effort over a period. Do not try to do everything at once. Implement a few of the practices, then a few more, and a few more, adapting where you need to and moving on. Eventually, your faith community will become a place where all are welcome to experience the divine and where all can thrive.

As you progress, please share your experience so that other faith leaders and communities can benefit.



Appendix

Training Materials

- (CABSA) *Churches, Channels of Hope*, manual and slide presentation produced by CABSA (the Christian AIDS Bureau for Southern Africa) for use in a training programme for Christian religious leaders, 2019.
- (WV) *Channels of Hope*, guidebook produced by World Vision for use in training programme for Christian and Muslim religious leaders, Chapter 4.3 (“Addressing Stigma and Discrimination”), Chapter 6.1 (“Guiding Principles – Christian”), Chapter 6.2 (“Tough Stuff – Christian”), Chapter 7.1 (“Guiding Principles – Muslim”), Chapter 7.2 (“Tough Stuff – Muslim”), 2016.
- (SAVE) *SAVE Toolkit: Facilitators Workshop Guide*, produced by INERELA+ (International Network of Religious Leaders Living with or Personally Affected by HIV and AIDS), for use in a training programme for religious leaders, 2013.
- (SFFC) *Stigma-Free Faith Communities*, Guidebook produced by EMPACT Africa, for use by religious leaders, 2013.
- (ACHAP) *HIV & AIDS Counseling Guide for Religious Leaders*, guidebook produced by ACHAP (Africa Christian Health Associations Platform), for use by religious leaders of diverse traditions, 2019.
- (NAACK) *HIV and Health Messages for Use by Religious Leaders*, Guidebook produced by National AIDS Control Council of Kenya, for use by religious leaders of diverse traditions, 2019.
- (FCI) *New Choices, New Treatment, New Timing, New Hope*, Guidebook produced by the PEPFAR/UNAIDS Faith Community Initiative, for use by religious leaders, 2020.

(COMPASS) *National Faith HIV/AIDS Awareness Day Faith Leader Toolkit*, Guidebook written by Demi McCoy and Allison Matthews, produced by Gilead COMPASS Initiative Faith Coordinating Center, Wake Forest University, August 2021.

Case Study Congregations

(ACK) Anglican Church of Kenya, Iria-ini Parish, Nyeri, Kenya
(CCAP) Church of Central Africa Presbyterian, Synod of Livingstonia, Malawi
(CU) Church of Uganda, St John Church, Jinja Kawempe, Uganda
(EMT) Eglise Méthodiste du Togo, Lome, Togo
(ITAE) Iglesia Trinitaria Apostólica Ecumenica, Buenos Aires, Argentina
(SRC) Swaziland Reformed Church, Shiselweni Congregation, eSwatini
(HUMC) Hollywood United Methodist Church, Hollywood, California, USA
(UPCSA) Uniting Presbyterian Church of Southern Africa, Cape Town, South Africa

Other Resources

African Christian Health Associations Platform

ACHAP has coordinated and supported faith-based action against HIV and AIDS in Africa for more than a decade, www.africachap.org.

Christian AIDS Bureau for Southern Africa

CABSA developed the original Channels of Hope programme for training religious leaders, www.cabsa.org.za.

Faith and Community Initiative – Communication Prototypes

A broad set of training and communication materials for religious leaders produced by the PEPFAR Faith and Community Initiative, www.faithandcommunityinitiative.org.

Framework for Dialogue Between Religious Leaders and Networks of People Living with HIV

A tool for encouraging interaction, especially at the national level, www.frameworkfordialogue.net.

Gilead COMPASS Faith Coordinating Center

Gilead and Wake Forest University recently announced an initiative to mobilize faith leaders to fight HIV and AIDS in the southern United States, www.divinity.wfu.edu/compass-initiative-faith-coordinating-center.

Interfaith Health Platform

The Interfaith Health Platform (IHP) is a multi-religious collaborative space for capacity building, awareness raising and joint advocacy among faith groups, organizations, and communities engaged in HIV and AIDS, www.interfaith-health-platform.org.

International Network of Religious Leaders Living with or Personally Affected by HIV and AIDS

INERELA+ provides training and resources for the SAVE framework to reduce SSDDIM (stigma, shame, denial, discrimination, inaction and misaction), www.inerela.org.

Stigma-Free Faith Communities

Resources for faith communities, including a guidebook for faith leaders and a white paper that proposes stigma-reduction targets and a framework for measuring progress, www.empactstigmafree.org.

UNAIDS

Many resources about the global response to HIV, including [HIV and stigma and discrimination — Human rights fact sheet series 2021](#) and [Evidence for eliminating HIV-related stigma and discrimination — Guidance for countries to implement effective programmes to eliminate HIV-related stigma and discrimination in six settings](#).

WHO

Many resources about the global response to HIV, including [Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach](#).



In Recommended Practices to Combat HIV-Related Stigma, the World Council of Churches presents experiences of local congregations responding to HIV stigma. HIV stigma remains a significant barrier to universal access to care and prevention services and continues to be a challenge for the world, demanding our engagement and action.

The faith community, with its large networks, influence and leadership, is well placed to end HIV stigma and discrimination. It is our responsibility to participate in the HIV response; it is our calling to care for the most vulnerable.



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Religion/Health/HIV



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