

Faith and Community Engagement

2023-2025



Faith communities often have a deeply established and trusted community presence. In most countries with high HIV burdens, 60-75 percent of the population regularly attends religious services¹. [PEPFAR's 5-year strategy, Fulfilling America's Promise to End the HIV/AIDS Pandemic by 2030](#), sets a bold vision for ending HIV/AIDS as a global health threat. This strategy outlines 5 pillars which are Health Equity for Priority Populations, Sustaining the Response, Public Health Systems and Security, Transformative Partnerships, and Follow the Science, and 3 enablers which are community leadership, innovation, and leading with data (as illustrated in Figure 1). The PEPFAR 5-year strategy considers faith and traditional community leadership as part of the key enabler, Community Leadership. The strategy also emphasizes the use of granular data to close gaps among key and priority populations, such as adolescent girls and young women (AGYW), children, key populations, and men in high burden countries.



Figure 1: Five Pillars and Three Enablers for the PEPFAR Strategic Direction

Faith and Community Engagement as a Cross-Cutting Enabler to Advance the PEPFAR Strategy

PEPFAR's collaboration with faith and traditional community leaders and Faith-Based Organizations (FBOs) helps advance the 5-year strategy by accelerating prevention goals, 95-95-95 treatment targets, and the 10-10-10 societal enabler targets. As a cross-cutting enabler, faith and community leadership can be integrated into each pillar of PEPFAR's strategy by: implementing faith-engaged community models that close gaps for priority populations; supporting faith and community steering committees in building sustainability by strengthening program localization, integration, and implementation;

¹ Pew-Templeton Global Religious Futures: <http://www.globalreligiousfutures.org>

participating in south-to-south faith and community engagement webinars that advance health systems and health security; strengthening partnerships to help sustain impact; and advancing science, to identify determinants of successful replication of effective models for closing gaps; and advancing social and behavior change communication for forward-looking implementation priorities. Collaborations with key partners such as the Vatican, World Council of Churches, Islamic Relief, UNAIDS, and academic institutions help strengthen this community leadership role.

Faith and Community Engagement: Unifying Influencers to Sustain Hope and End Stigma

A key aim of FCE is to empower FBO influencers to replace messages of fear and guilt with those of hope. To develop Messages of Hope for HIV, 12 countries (Botswana, Eswatini, Haiti, Kenya, Lesotho, Malawi, Mozambique, Nigeria, Tanzania, Uganda, Zambia, Zimbabwe) developed steering committees, comprised of high-level faith and traditional community leadership. The steering committees, with their national-to-local structures, advance social and behavior change through robust communication platforms. Sustaining PEPFAR's successes in the context of forward-facing priorities will require the inclusion, leadership, and active involvement of faith and traditional community leaders.

Faith and Community Engagement: Successes in Closing Equity Gaps

Through collaborations with FBOs, religious parent bodies and traditional leaders, data from implementing partners identified new models for optimizing HIV testing strategies and timely linkage to prevention and/or treatment services. These models are included in the [Compendium of Promising Practices of African Faith Community Interventions](#) from UNAIDS and PEPFAR.

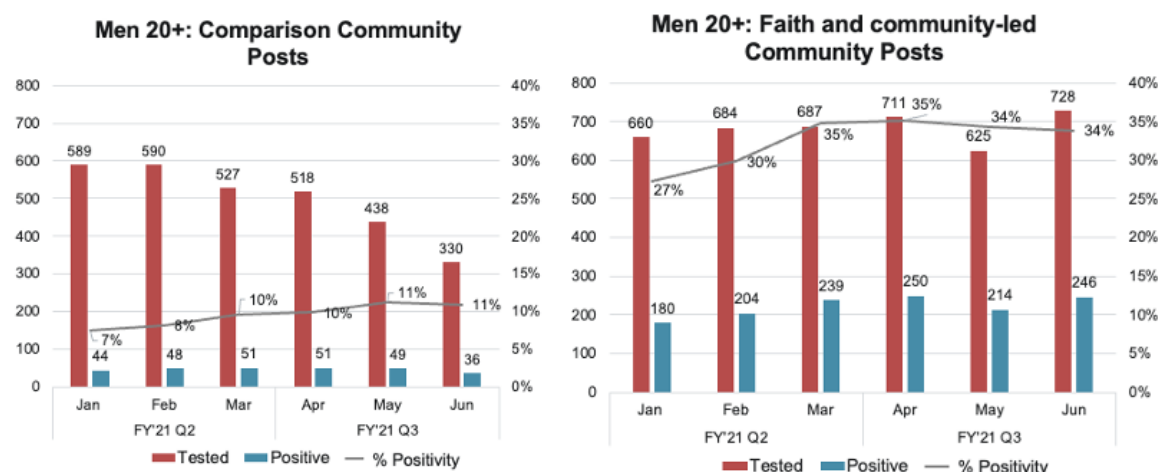


Figure 2: The Baby Shower Initiative which was implemented in Nigeria

Zambia's faith-engaged Community Posts (CPs) supported decentralized HIV testing and treatment, and offered prevention services, including by faith-engaged staff. This program successfully reached more men than the non-faith-engaged CPs, to close 1st 95 gaps (Fig. 3). Among men, viral load suppression was greater in the faith-engaged CPs (95%) than in non-faith-engaged CPs (90%). Faith-engaged CPs also showed higher performance among AGYW and children. Due to successes in Zambia, the CP model is being replicated in Côte d'Ivoire, Kenya, South Sudan, and Zimbabwe.

Support for faith and traditional community Steering Committees has advanced PEPFAR priorities, enabled broad dissemination of fact-based messages about HIV prevention, testing, and care and treatment. facilitated response efforts for other health threats.

Figure 3: Comparison of percent positivity between comparison Community Posts and faith and community-led Community Posts in Zambia during Q2 and Q3 of fiscal year (FY) 2021.



Tables 1 and 2: Comparing results for Faith and community-led Posts versus Comparison Community Posts in FY 2021 Q2 and Q3 for Men 20+

| Table 1: Comparison Community Posts Results | | | | |
|---|-----|-----|-----|--|
| Fiscal Year 2021 Q2 | | | | |
| Month | Jan | Feb | Mar | |
| Tested | 589 | 590 | 527 | |
| Positive | 44 | 48 | 51 | |
| Yield % | 7% | 8% | 10% | |
| Fiscal Year 2021 Q3 | | | | |
| Month | Apr | May | Jun | |
| Tested | 518 | 438 | 330 | |
| Positive | 51 | 49 | 36 | |
| Yield % | 10% | 11% | 11% | |

| Table 2: Faith and community-led Community Posts Results | | | | |
|--|-----|-----|-----|--|
| Fiscal Year 2021 Q2 | | | | |
| Month | Jan | Feb | Mar | |
| Tested | 660 | 684 | 687 | |
| Positive | 180 | 204 | 239 | |
| Yield % | 27% | 30% | 35% | |
| Fiscal Year 2021 Q3 | | | | |
| Month | Apr | May | Jun | |
| Tested | 711 | 625 | 728 | |
| Positive | 250 | 214 | 246 | |
| Yield % | 35% | 34% | 34% | |

Kenya expanded engagement of faith leaders when targeted HIV self-testing (HIVST) was combined with community-clinic integration, tailored training for religious leaders in partner elicitation, data-driven quality improvement, a 24-hour hotline, and celebration of successes. This model doubled case-finding volume and new treatment initiations for PLHIV, including men.

In **Zambia**, co-location of HIV testing sites on the premises of churches in informal settlements led to high testing positivity in pediatric clients (19%) and all other male clients (19%), while simultaneously advancing HIV case finding through index testing services. Interventions resulted in overall testing positivity of 51% among those reached through index testing, and 100% linkage to treatment among those who tested positive for HIV.

In **Nigeria**, church or mosque-hosted baby shower events for pregnant women provide health assessments, testing for HIV and hypertension, and ART linkage. Data on prevention of mother-to-child transmission (PMTCT) showed improvements in HIV case-finding and linkage among pregnant women and their male partners².

² Gbadamosi, S. O., Itanyi, I. U., Menson, W. N. A., Olawepo, J. O., Bruno, T., Ogidi, A. G., Patel, D. V., Oko, J. O., Onoka, C. A., & Ezeanolue, E. E. (2019). Targeted HIV testing for male partners of HIV-positive pregnant women in a high prevalence setting in Nigeria. PLOS ONE, 14(1), e0211022.