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NOTE FOR THE MEDIA

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FAITH-BASED ORGANIZATIONS PLAY A MAJOR ROLE IN HIV/AIDS CARE AND TREATMENT IN SUB-SAHARAN AFRICA

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Washington DC – According to an important study released today by the World Health Organization (WHO) at the National Cathedral in Washington DC, efforts are needed to encourage greater collaboration between public health agencies and faith-based organizations (FBOs), if progress is to be made towards the goal of universal access towards HIV prevention, treatment, care and support by 2010.

The report, *'Appreciating Assets: Mapping, Understanding, Translating and Engaging Religious Health Assets in Zambia and Lesotho'*, estimates that between 30% and 70% of the health infrastructure in Africa is currently owned by faith-based organizations yet there is often little cooperation between these organizations and mainstream public health programmes.

The study focused on Lesotho and Zambia, countries which had HIV prevalence rates of 23.2% and 17% respectively in 2005. It found that Christian hospitals and health centers are providing about 40% of HIV care and treatment services in Lesotho and almost a third of the HIV/AIDS treatment facilities in Zambia are run by faith-based organizations. According to the report, FBOs play a much greater role in HIV/AIDS care and treatment in sub-Saharan Africa than previously recognized. The report concludes that greater coordination and better communication is urgently needed between organizations of different faiths and the private and public health sectors.

"Faith-based organizations are a vital part of civil society", said Dr Kevin De Cock, Director, Department of HIV/AIDS, WHO. "Since they provide a substantial proportion of care in developing countries, often reaching vulnerable populations living under adverse conditions, FBOs must be recognized as essential contributors towards universal access efforts."

The pilot study was undertaken by partners in the African Religious Health Assets Program (ARHAP) at the Universities of Cape Town, KwaZulu-Natal, and Witwatersrand in South Africa and researchers from the Rollins School of Public Health at Emory

Web link to *'Appreciating Assets: Mapping, Understanding, Translating and Engaging Religious Health Assets in Zambia and Lesotho'* report.
<http://www.arhap.uct.ac.za>

University in Atlanta. Researchers are confident that their efforts have yielded the first credible data capturing the extent to which FBOs are providing HIV/AIDS care in Lesotho and Zambia.

"The findings are trustworthy because they are validated by those who are experiencing the services first hand," said Gary Gunderson, Director, Interfaith Health Program, Emory University. "The alignment of religious health assets with public systems through participatory techniques opens a basic pathway towards health that should apply widely across cultures."

The researchers argue that health, religion and cultural norms and values define the health seeking strategies of many Africans and the failure of health policy makers to understand the overarching influence of religion - and the important role of FBOs in HIV treatment and care - could seriously undermine efforts to scale up health services.

"WHO has done a great service in quantifying the role of the faith community in providing HIV/AIDS care and treatment in Sub-Saharan Africa," said the Reverend Canon John L. Peterson, Director, Center for Global Justice and Reconciliation (CGJR), Washington Cathedral. "Pastors, Imams, and volunteers who minister to those who are suffering from deadly diseases are fully aware of the needs of their constituents, and have responded with care on the front lines. This report provides great encouragement to the faith community to continue to expand its role and to work in close partnership with governments and NGOs," he added.

The report calls for greater dialogue and action between religious and public health leaders in the following areas:

- *Developing religious and public health literacy:* Formal courses, joint training and shared materials to improve understanding between FBOs and public health agencies;
- *Respectful engagement:* Expanding community workshops (as used in this study) to engage more FBOs in community health work; and bringing together religious and public health leaders in "Executive Sessions" to encourage long-term collaboration in policy-making and project implementation;
- *Coordinating religious and health systems:* Extending the use of health mapping to identify FBOs that could help in scaling up services; strengthening community support groups and further linking them to nearby state-run hospitals, clinics, and dispensaries; and
- *Further collaborative research:* Extending the participatory mapping used in this study to other African countries and low- and middle-income regions of the world; and further examining the nature of intangible (spiritual encouragement, knowledge, etc) health assets revealed in this report.

"This data demands that we continue to explore and expand the field. This is the first serious study of FBO engagement in HIV/AIDS, but it cannot be the last. We have only scratched the surface of what is happening and it is already clear that there is so much more to learn", said Ted Karpf, Partnerships Officer, Department of HIV/AIDS, WHO. "Donors and health care funders need to take the role of FBOs into account. Without them, the hope of universal access to prevention, treatment and care is lost."

As the directing and coordinating authority on international health work, the World Health Organization (WHO) takes the lead within the UN system in the global health sector response to HIV/AIDS. WHO provides technical, evidence-based support to Member States to help strengthen health systems to provide a comprehensive and sustainable response to HIV/AIDS including treatment, care, support and prevention services through the health sector.