



USAID
FROM THE AMERICAN PEOPLE

**HEALTH POLICY
INITIATIVE**



INVOLVEMENT OF RELIGIOUS LEADERS IN THE NATIONAL RESPONSE TO HIV/AIDS IN MALI: A PATHBREAKING INITIATIVE

Background

Mali is a large, land-locked country, with a population of 12 million people mainly concentrated in the southern, non-Saharan regions of the country, where agriculture dominates the economy. Life expectancy is low, and women have an average of six children (according to the most recent Demographic and Health Survey). Consequently, about 46 percent of Malians are under the age of 15, and 17 percent are under the age of five.

Women become sexually active at an average age of 15.8 years. Their median age at marriage is 16 years old, compared with 25 years old for Malian men. Practices strongly rooted in tradition—such as excision, levirate (marriage with a brother’s widow), and sororat (marriage to a deceased wife’s sister)—contribute to the spread of HIV, especially among women of childbearing age (from ages 15 to 49). Multiple sexual relationships also contribute to the spread of HIV.

Strong stigma surrounds all aspects of the HIV epidemic in Mali, and

people living with HIV experience both discrimination and prejudice on a large scale.

Why target the involvement of religious leaders in the fight against AIDS?

Faith and scripture are important to most Malians. More than 90 percent of the population is Muslim, and many of Mali’s Muslims participate

in life-long, traditional Islamic educational systems through their families and communities. Muslims generally live in harmony with both Christians (Catholics and Protestants) and Animists.

Religious leaders have tremendous influence over members of their congregations. This influence extends throughout society—from local communities to national institutions. Through their preaching, imams and Islamic scholars maintain a powerful channel of communication with Mali’s



Religious Leaders and a U.S. Ambassador in Mali © 2007 HPI/Mali

DECEMBER 2007

This publication was produced for review by the U.S. Agency for International Development (USAID). It was prepared by staff of the Health Policy Initiative, Task Order 1. The author’s views expressed in this publication do not necessarily reflect the views of the United States government.

population, which the government and its partners (including USAID) consider an important conduit for the flow of information.

In a country like Mali, where tradition and religion are strongly linked, religious leaders are in a position to be strong champions in the fight against HIV/AIDS, successfully advocating for shared communal responsibility in addressing the primary sociocultural and behavioral risks associated with the spread of HIV. Their ability to open and maintain channels of mutual listening and to develop close, trusting relationships with congregation members enables them to inform, educate, and encourage healthy change on sensitive issues related to sexuality. Such issues are often considered taboo by other Malian HIV prevention and education efforts.

In the absence of mechanisms ensuring their involvement, religious leaders lacked access to sufficient or accurate information on HIV/AIDS. Understanding key issues related to the epidemic is an essential element of religious leaders' sustained support of sound HIV/AIDS control measures. This knowledge provides a foundation on which they can build communication and dialogue compatible with the interests of their



Muslim and Christian leaders join hands with the President of the Regional Network of PLHIV © 2005 AWARE

congregations and their beliefs. The USAID | Health Policy Initiative, Task Order 1, provided support to enhance religious leaders' understanding of key HIV-related issues and to strengthen their policy and advocacy role in HIV/AIDS control. This booklet shares the unique and successful experience of leaders' contributions to the national response to the epidemic, with the hope that the strategies and lessons learned will inform the efforts of other countries with similar sociocultural dynamics.

Putting the Strategy to Work

Religious leaders' involvement in the fight against HIV/AIDS in Mali has evolved over time. Through education and dialogue, they have moved from an initial position of passive observation and ideological opposition to the promotion of key prevention methods and to a sustained commitment to fighting the epidemic.

Observation/Initial Opposition

The outbreak of HIV in Mali elicited a response of silence among both Muslim and Christian leaders. They felt that neither they, nor their congregations, were affected by issues related to HIV. Furthermore, early prevention efforts revealed mistrust among religious leaders, many of whom were opposed to key prevention methods or believed that AIDS was a divine curse.

Education and Dialogue

In 2002, USAID asked its partners to invest in developing strategic prevention strategies. In this context, the POLICY Project (the predecessor

to Task Order 1 of the USAID | Health Policy Initiative)—in close collaboration with national experts, grassroots nongovernmental organizations (NGOs), and people living with HIV (PLHIV)—determined the following:

- The level and quality of religious leaders' influence in Malian society are extremely significant.
- Supporting the involvement of religious leaders in HIV prevention work could substantially strengthen the national response to the epidemic.
- The critical condition for the involvement of religious leaders as advocates for prevention is having access to information that will transform their opposition to support and commitment.

The POLICY Project implemented a series of information-sharing activities within the community of Muslim and Christian religious leaders to bring about this transformation. Sharing results from the application of the AIDS Impact Model (AIM), which projects the impact of HIV on the population, helped the leaders to understand the enormity and sociocultural repercussions of the epidemic. Relevant passages from the Koran and the Bible encouraged their ideological commitment and motivated them to create an inter-faith platform to contribute to the reduction of vulnerability to HIV and to give care and support to people living with or affected by HIV.

Sustainable Commitment

To promote a sustained commitment by Muslim and ecclesiastic leaders, the Health Policy Initiative supported

the planning of educational and sensitizing lectures in mosques, public places, churches, districts, dioceses, and parishes. As a result of these activities, religious leaders recognized the need to set up coordination structures to consolidate the institutional and leadership capacities of religious organizations involved in HIV/AIDS control efforts.

We have aided the development of this participatory approach by building religious leaders' capacity as policy champions and helping them to create appropriate policy dialogue, awareness-raising, and advocacy tools.

To ensure the sustainability of our efforts, we actively sought to collaborate with the Ministry of Health and the National High Council for the Fight Against AIDS (HCNLS), which is chaired by the President of the Republic and composed of government, private sector, and civil society stakeholders.

Capacity building

The Health Policy Initiative's capacity-building efforts included training aimed at increasing religious leaders' knowledge of HIV, enhancing their leadership and advocacy skills, and strengthening their capacity for collaboration. This investment has enabled leaders to set up operational networks and dynamic dialogue frameworks that have inspired similar work in several neighboring countries. One notable example is the creation of inter-faith partnership mechanisms, such as the Mali Muslim and

Religious leaders have set up coordination structures to ensure direct and permanent dialogue at all levels.

Christian Religious Leaders Alliance for AIDS Control.

Development of policy dialogue, awareness-raising, and advocacy tools

Religious leaders are incorporating HIV/AIDS-related messages in their sermons and written materials for congregations and decisionmakers. They are also producing films, such as the one created in 2002 with support from the POLICY Project. The film, based on the application of AIM, was requested by the former President of Mali for use in raising awareness among community and religious leaders on HIV/AIDS. The film presents information on the epidemiology of HIV in Mali and testimonials from community and religious leaders as well as PLHIV. The content helped to increase understanding of the magnitude of the epidemic, strengthen the policy dialogue among the leaders, and reinforce their commitment to HIV/AIDS issues.

These tools are inspired by the Koran and the Bible and have proven to be persuasive in Malian society. With the aid of these tools, religious leaders have initiated communication activities all over the country. To sustain these efforts, networks—such as the National Islamic Network for the Fight against HIV—have established branches in each region, enabling religious leaders to better organize the local-level response to HIV/AIDS. Moreover, to promote tolerance and compassion among religious communities, the leaders have taken steps to open mosques, churches, and other public places to PLHIV.

Overall Goal of Religious Leaders' Involvement and Progress to Date

The overall goal of involving religious leaders in the national response to HIV is twofold:

- Reduce discrimination and stigmatization toward HIV-positive people by discouraging the labeling of PLHIV as immoral.
- Help people courageously face the challenges of the epidemic by providing information that serves to acknowledge the existence of HIV and deepen understanding of HIV/AIDS.

To date, progress toward this goal has been achieved through demonstrated commitment, strengthened capacity, and active participation.

Commitment

Rather than creating stigma around PLHIV and associating them with immorality, religious leaders are now showing more compassion and offering their support. They have also committed to raising funds in mosques and churches for the fight against HIV/AIDS.

Strengthened Capacity

The establishment of networks has enabled religious leaders to better plan and enhance inter-religious dialogue on HIV/AIDS control:

- The National Islam Network for AIDS Control (NINAC), set up in 2002, is led by a committee of 25 members from various religious associations

such as the Malian Association for Islamic Unity and Progress (MAIUP), the Imam and Scholar League of Mali (ISLM), the National Organization of Muslim Women Associations in Mali (NOMWAM), the Malian Association of Muslim Youth (MAMY), and the National Union of Medersas in Mali (NUMM).

- The Muslim and Christian Religious Leaders Alliance for AIDS Control in Mali (MCRLAAC), created in October 2004, has a framework for effective inter-faith dialogue in support of an effective response to HIV/AIDS.
- Protestant and Catholic groups are working on various HIV/AIDS issues and themes. The groups include the Health Commission of the Catholic Church and the Commission for AIDS Control

of the Federation of Protestant and Evangelical Associations in Mali.

- Malian religious leaders actively participate as members of the steering committee of the Muslim-Christian Religious Leaders Network of West and Central Africa for AIDS Control. It is through this network that the Alliance of Malian Religious Leaders participated in a trans-border caravan of leaders against HIV/AIDS-related stigma and discrimination. The Malian leaders' successful participation was a high point in the activity.

The National Organization of Muslim Women's Associations in Mali (NOMWAM) identifies and studies the problems facing Muslim women and seeks socioculturally acceptable solutions. With the support of the Health Policy Initiative, NOMWAM has initiated activities related to HIV prevention and care among women.

actively participate in meetings by contributing ideas on how to involve their communities in the fight against HIV/AIDS. With our project assistance, they have also developed advocacy tools, which have been disseminated across the country along with messages about abstinence and fidelity and fighting stigma and discrimination.

Lessons Learned

- Religious leaders are often willing and eager to advocate for improved health practices.
- Female religious leaders are eager to be involved in prevention efforts; and religious leaders, notably religious scholars, support the participation of women.
- It is important that religious leaders have the time and resources to link HIV/AIDS-related messages to the precepts of their faith.
- Religious leaders can play an important role in message dissemination regardless of whether they do this in the context of a project such as the Health Policy Initiative.
- The commitment of religious leaders was not achieved overnight. The process has been long and difficult. Successful strategies have been based on awareness raising, training, and advocacy.

Analysis of the Koran and the Bible has identified passages that help religious leaders feel confident in implementing HIV/AIDS control efforts. Support to build organizational and operational skills has helped religious leaders to efficiently manage their activities and form strong partnerships. Initiative and creativity are encouraged, with the aim of making network efforts sustainable.

Active Participation

As a result of the Health Policy Initiative's support, religious leaders are better organized and actively participate in meetings convened by key partners, such as the HCNLS and the Ministry of Health. Religious leaders are members of the HCNLS, which is the highest multisectoral body in charge of coordinating the HIV/AIDS response in Mali. Leaders



Malick Sène, Executive Secretary of the Mali National High Council for the Fight Against HIV/AIDS, speaking before the 2005 HIV/AIDS Trans-border Religious Leader Caravan © 2005 HPI/Mali

Keys to Addressing Challenges in the Participation of Religious Leaders

- Support information, education, and communication campaigns to reach the maximum number of religious leaders.
- Target skeptical leaders in advocacy efforts so that champions can gain the leaders' commitment and future participation.
- Consolidate networks and federations of religious leaders to advance health development.
- Ensure the active participation of women and youth in the response to HIV/AIDS.
- Consolidate the role of religious leaders in the fight against HIV/AIDS as a mechanism for their participation in addressing other priority health development issues.

Examples Illustrating Progress Made by Mali's Religious Leaders

An exchange of experience expands outreach in the sub-region: Mali, Mauritania, Burkina Faso, Niger, Guinea, and the Ivory Coast.

USAID has facilitated exchanges among religious leaders in the sub-region. USAID/West Africa, through the Action for West Africa Region-HIV/AIDS Project, supported the formation of the Sub-regional Muslim and Christian Religious Leaders Organization, in which Malian religious leaders play a key role. It is in this context that, in 2005, Mali

actively participated in a sub-regional religious leaders' caravan focused on reducing stigma and discrimination. During the caravan, the Malian religious leaders mobilized more than 500 Muslim and Christian leaders against stigma and discrimination at the Modibo KEITA stadium in Bamako. Four government ministers and the executive secretary of the HCNLS participated. The caravan crossed several regions in Mali, including Kayes, Bamako, Segou, and Sikasso. In each region, the religious leaders were received by the regional government and disseminated messages against stigma and discrimination.

A national advocacy activity by religious leaders creates interest and support for leadership in the fight against HIV/AIDS.

The religious leaders organized an advocacy day, with support from the Health Policy Initiative and the Ministry of Health. This activity was chaired by His Excellency Amadou Toumani Touré, Head of State; and the Prime Minister, Parliament, other government officials, foreign ambassadors, and international development partners attended. During the activity, more than 200 imams and Islamic scholars publicly discussed HIV/AIDS-related issues and their potential contribution to the response to the epidemic.

The popular, charismatic, and internationally renowned iman and preacher, El Hadj Cherif Ousmane Madani Haidara, declared that a major responsibility of imams and Islamic scholars in Mali is

to safeguard life. He associated this responsibility with the burden that HIV has on the community. His message was disseminated by the media and on the Internet. His strong opinions and suggestions on HIV prevention earned him the nickname, the "Red Imam."

The success of this policy dialogue and advocacy activity was made possible by the support of national policy champions within the community of religious leaders, including the late El Hadj Kady Drame, El Hadj Sidi Konaké, El Hadj Thierno Oumar Thiam, and El Hadj Mamadou Traoré. Imam Dramé emphasized the need to ensure the strong participation of women and youth as key stakeholders in the fight against the epidemic. Imam Thiam and Imam Konaké shared their experiences in creating strategies to increase religious leaders' involvement in HIV/AIDS initiatives.

The courage of these Muslim leaders has contributed to overcoming sociocultural resistance and to increasing the participation of religious leaders in the national

response to HIV/AIDS. They have publicly committed to identifying and implementing the best strategies to move the debate forward within religious communities and have accepted and insisted on the responsibility of Muslims to lessen the burden of HIV/AIDS on Malian families.

Open declarations prove that with the aid of knowledge, silence is giving way to leadership. While receiving support from the Health Policy Initiative, religious leaders in Mali have made open declarations that recognize HIV/AIDS as a development issue rather than a divine curse and call for increased support for people living with or affected by HIV.

El Hadj Abdoul Wahidou Kounta becomes a champion and friend of the associations of PLHIV in Mali.

El Hadj Abdoul Wahidou Kounta is a recognized champion of PLHIV in Mali. He has committed himself to publicly supporting them to further the fight against stigma and discrimination.

He devotes two hours each week to show his support, affection, and solidarity to PLHIV. Every Wednesday, he goes to the headquarters of the National Association of People Living with AIDS to meet with its members. He tells them that what they are suffering from is not a divine curse, but an illness. The compassion and open-mindedness of this imam has brought tremendous comfort to the members, who have come to be known as Imam Kounta's special congregation.

To support their work, Imam Kounta and other leaders use passages from the Koran, such as the following:

“Allah, in reality, does not modify the situation of the community, as long as the individuals who form the community do not modify what is wrong in themselves.” Sura 13, Verse 11

“It is God who sends down the rain to us after we had lost every hope and expands his mercy; he is the Master; he is praiseworthy.” Sura 42, Verse 28

“Do not lose hope as regards God's mercy.” Sura 39, Verse 53

Bamako Declaration

During a regional workshop held in April 2006 on conflict prevention and HIV/AIDS, Muslim and Christian leaders from Burkina Faso, the Ivory Coast, Guinea, Mali, Mauritania, Niger, and Senegal committed themselves to:

1. Contribute to peace and the promotion of social harmony in Africa and in the world.
2. Organize public preaching and sermons in favor of peace and intra- and inter-religious dialogue.
3. Establish and/or consolidate alliances among Christian and Muslim religious leaders for intra- and inter-religious dialogue and in the interest of the fight against HIV/AIDS.
4. Widen this type of exchange and dialogue to all African countries.
5. Support collaboration—with legislators, non-profit organization networks and federations, associations, media, development partners, and any other institutions or organizations working for the promotion of peace—for intra- and inter-religious dialogue and in the interest of the fight against HIV/AIDS.
6. Rapidly establish a network of joint Muslim and Christian religious leaders for conflict prevention and resolution, intra- and inter-religious dialogue, and in the interest of the fight against HIV/AIDS.
7. Support the effective implementation of national action plans and a regional agenda, resulting from the present meeting.
8. Continue and enhance collaboration among sub-regional, regional, and international organizations that have objectives similar to our own.
9. Recommend that April 6th be designated as the annual African intra- and inter-religious dialogue day for peace and conflict prevention and resolution.
10. Publish and widely disseminate a review of the present meeting.

In Conclusion

As more than 90 percent of Malian people are Muslims, Muslim religious leaders have correctly ascertained that they can and should play an important role in the promotion of health.

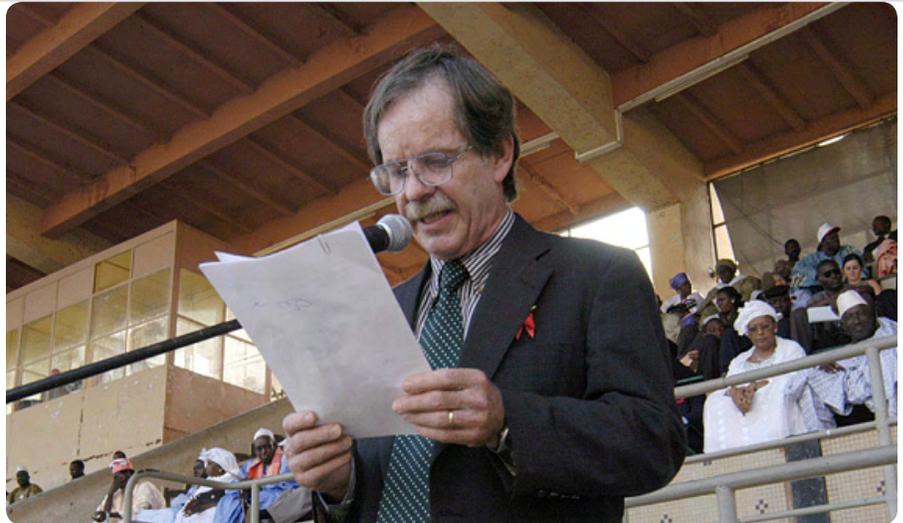
On the basis of the Holy Koran and the Hadiths, Mali's Muslim leaders and Islamic organizations have committed themselves and their resources to the national response to HIV/AIDS.

Islamic associations have broadened their vision and, in collaboration with more traditional HIV/AIDS activists, are contributing to the development of innovative initiatives for HIV prevention.

The new, more holistic HIV/AIDS control paradigm that is emerging in Mali with the involvement of religious leaders constitutes a major opportunity for quantitative and qualitative improvements in the national response to HIV/AIDS, particularly in terms of prevention.

The ideas, suggestions, and recommendations of religious leaders have the potential to contribute to the success of health policies and programs. Religious leaders have the opportunity to transfer knowledge and convince their followers that HIV prevention is at the heart of personal and communal religious values and morals that call for faithfulness and abstinence.

Love for fellow women and men endorsed by the Holy Koran can contribute to relieving the suffering of people who are infected and/or affected by HIV/AIDS as recalled by



Alexander Newton, USAID Mali Mission Director speaking at the opening ceremony of the 2005 HIV/AIDS Trans-border Religious Leader Caravan © 2005 HPI/Mali

the Hadith, as reported by Buhari: “Everyone among us is a shepherd, everyone will be asked to give an account of his activities over his herd. The imam is a shepherd, and he will be asked explanation.”

To help religious leaders further anchor and sustain their role in HIV/AIDS control, the Health Policy Initiative has identified the following as essential next steps:

- Technical capacity building is important. Many religious leaders need additional support in message development and presentation.
- Financial assistance helps get the message out. Small grant opportunities will help religious leaders take control of their advocacy activities.
- Support for organizational and managerial capacity building will help leaders reach the maximum number of people with the appropriate messages. Increased project development and financial management capacity will enable organizations to expand their activities on a national scale.

- Success is difficult without ownership. Institutional capacity-building support will enable champion leaders and organizations to extend the opportunities for commitment at sub-regional, national, and local levels.

In developing our support, we need to be patient as we accompany religious leaders on a journey of discovery. Their understanding and acceptance are critical to successfully making the changes they have committed to.

In conclusion, we would like to thank USAID/Mali, notably, Alex Newton and the Health Team Leader, Dr. Christine Sow; and the religious communities of Mali for their extensive and varied support.

We would also like to thank the Executive Secretary of the HCNLS, the Ministry of Health, and other stakeholders involved in the national response to HIV/AIDS.

