

# A Draft Policy Stance on HIV/AIDS

Islamic Relief

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Islamic Relief is dedicated to alleviating the poverty and suffering of the world's poorest people.

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# A draft policy stance on HIV/AIDS

This document presents the framework within which Islamic Relief can approach the issue of HIV and AIDS. This framework applies both to HIV/AIDS-specific programmes and future HIV and AIDS mainstreaming efforts.

The first pages introduce the problems of HIV and AIDS and its relevance to Islamic Relief's work; summarise Islamic Relief's current practice; and present a few thoughts on mainstreaming and advocacy efforts related to HIV and AIDS. After that, this document addresses a few issues that many Islamic Relief staff members felt Islamic Relief needs to take a stance on: condom distribution; sex workers; affiliating with local Muslim groups; seeking guidance from Islamic scholars; and possible implications for Islamic Relief's fund raising potential.

# Contents

<b>1.</b>	<b>The issue.....</b>	<b>5</b>
<b>2.</b>	<b>Current practice and the need for action.....</b>	<b>5</b>
<b>3.</b>	<b>Islamic Relief’s frame of reference.....</b>	<b>6</b>
<b>4.</b>	<b>Mainstreaming HIV and AIDS.....</b>	<b>8</b>
<b>5.</b>	<b>Using IR’s edge as a faith-based organisation.....</b>	<b>10</b>
<b>6.</b>	<b>A few issues that are of particular importance to Islamic Relief.....</b>	<b>11</b>
	<i>Condoms.....</i>	<i>11</i>
	<i>Support to sex workers, and to girls and women susceptible to becoming sex workers.....</i>	<i>14</i>
	<i>Working with Muslim leaders.....</i>	<i>14</i>
	<i>Guidance from Islamic scholars.....</i>	<i>16</i>
	<i>Implications for Islamic Relief’s fund raising ability.....</i>	<i>16</i>
	<b>Annex 1: International consultations on HIV/AIDS.....</b>	<b>Error! Bookmark not defined.</b>
	<b>Annex 2: an overview of HIV/AIDS-related manuals.....</b>	<b>Error! Bookmark not defined.</b>

## 1. The issue

In 2005, almost five million people were newly infected with HIV, bringing the total number of people living with HIV/AIDS<sup>i</sup> to over 40 million. Among them, there are some 2.3 million children. Of the adults, almost half (46%) of the infected people are female, with this figure being much higher in sub-Saharan Africa, where approximately 60% of people infected are female.<sup>ii</sup> Official figures on HIV prevalence in Muslim countries have tended to be relatively modest<sup>iii</sup>, but HIV and AIDS does exist in each of the countries Islamic Relief currently works in.<sup>iv</sup> There is increasing evidence of wide underreporting of HIV rates in the Middle East and North Africa. In addition, prevalence is already relatively high in several African and Asian countries with large Muslim populations, and overall prevalence rates are on the rise in all Muslim countries.<sup>vvi</sup>

Poor health (and HIV/AIDS in particular) and other dimensions of poverty<sup>vii</sup> are mutually reinforcing and lead to a downward spiral from which it is difficult to escape. The more deprived and disempowered a person is, the more likely it is that HIV/AIDS will affect his or her life, and the more severe its impact will be.<sup>viii</sup> Once it does affect a person's life, breaking the downward spiral of poverty and disease becomes increasingly difficult. It is both because of the gravity of the disease itself and because of the role it plays in reinforcing poverty that the sixth Millennium Development Goal is to 'combat HIV/AIDS, malaria and other diseases'.

The Policy and Research Unit of Islamic Relief has produced a series of fact sheets that provide information about a range of HIV/AIDS-related issues. These fact sheets are available upon request.

## 2. Current practice and the need for action

As most other contemporary NGOs, Islamic Relief implements its programmes as a consequence of the *right* of individuals to be assisted in their attempts not to slide into and/or to find their way out of poverty. An HIV/AIDS infection does not change that right. Similarly, Islamic Relief aims to alleviate the suffering of the world's poorest people, irrespective of their identity and the cause of their suffering.

Consequently, poor people who are living with HIV and AIDS fit squarely in Islamic Relief's target group. That notwithstanding, HIV/AIDS is not currently mainstreamed in Islamic Relief's programmes. In absence of a clear policy stance, Islamic Relief's actions are unavoidably piecemeal, depend on staff members' knowledge and personal views on the matter, and rarely cover preventive measures. Islamic Relief's work also does not at present consider how AIDS affected communities may need special support in accessing development projects. The reason for Islamic Relief's lack of forcefulness and consistency is probably that, as a faith-based NGO, Islamic Relief finds HIV/AIDS in

general and preventive measures in particular very sensitive issues. It is understandable, but not satisfactory. Islamic Relief needs three things:

1. IR needs to mainstream HIV/AIDS. It is a cross-cutting issue that affects many of IR's programmes.
2. IR needs to utilise its advantage as a faith-based organisation to disseminate information related to HIV/AIDS.
3. In the case of a few controversial issues, Islamic Relief needs to have a clear stance. This is important for two reasons. First, it helps to shape Islamic Relief's programmes. Second, other organizations working in the field of HIV/AIDS are looking at Islamic Relief for its position and advice on controversial issues in particular. Developing a stance that is acceptable from an Islamic point of view and which is programmatically useful is difficult to develop, therefore, Islamic Relief needs help from both Islamic scholars and NGOs that have experience in the field of HIV/AIDS.

### **3. Islamic Relief's frame of reference**

When thinking of HIV/AIDS, Islamic Relief keeps the following facts, principles, values and beliefs in mind.

#### **Islamic Relief is accountable**

First and foremost, Islamic Relief is accountable to our Creator in all it does. After that, it primarily needs to be responsive to the needs of the disempowered people Islamic Relief works with and for. They are the true owners of Islamic Relief. Islamic Relief will listen carefully to the preferences, priorities and concerns of its much-appreciated sponsors, but will ultimately base its actions on what we believe our Creator requires from Islamic Relief, and on the needs of the communities Islamic Relief works in.

#### **HIV/AIDS suffers from a number of misconceptions**

- **HIV/AIDS is a universal problem.** It is not a 'white man's disease' (as it was known in large parts of Africa until the 1990s), not an 'African disease' (as it was believed to be in much of the rest of the world until recently), and not a 'gay disease' (as many people still think it is). It is a universal, pandemic disease and has to be recognised as such if this disease is to be fought effectively.
- **There is no 'us' and 'them'.** Islamic Relief recognises that all attempts to split society into 'us' and 'them' are counterproductive - whether manifested in a reluctance to use toilets and shake hands, in exclusion from the labour market or in condemnation and exclusion. In that context, infection patterns need to be identified to enhance the effectiveness of HIV/AIDS-related programming but, once a person is infected, the single priority is how that person and their community are affected. Within Islamic Relief's programmes, the organisation should commit to mainstream

HIV/AIDS-related issues, and actively seek to provide support to infected persons and their communities irrespective of the manner of infection and, as always, irrespective of race, religion, nationality, gender, age or origin.

- **HIV/AIDS is largely a problem of poverty and power imbalances.** People who have limited control over their lives are particularly prone to get infected. Forced migration, seasonal labour movements, exploitation in general and positions of dependence, overcrowding, gender inequality<sup>ix</sup>, subordination and servitude (within marriage<sup>x</sup> and elsewhere) all contribute to the spread of HIV/AIDS. Knowledge of the disease certainly helps, however, unless people are in a position to be able to make and carry through informed choices, it will have little impact on the spread of the disease.

### **HIV/AIDS can be fought**

- **Locally.** Islamic Relief's grass-roots approach will not solve the larger problems related to medical patents that prohibit the sale of affordable medication, the ever-increasing mobility that makes any epidemic difficult to keep under control, or the global power structures that often reinforce poverty and thus, the prevalence of HIV/AIDS. But Islamic Relief is in the position to combat HIV/AIDS at the level of communities and individuals. Inspired by Qur'an 5.32 ("Whoever saved a life, it would be as if he saved the life of all mankind"), and following a decentralised and localised approach to the universal but context-specific problem of HIV/AIDS, Islamic Relief should try to utilise its potential at the grassroots level to the full.
- **In partnership.** Programmes that fight HIV/AIDS and its consequences cannot be deduced from religious discourse alone. As in all other aspects of the fight against poverty, progress can only be achieved if people who suffer from HIV/AIDS and their communities are involved in all stages of policy-making and in all stages of programme development and implementation. As such, people who suffer from HIV/AIDS are much more than passive patients and beneficiaries. Islamic Relief wants to take their involvement seriously, recognising that this involvement both improves the programmes and reduces stigma and taboos. Similarly, Islamic Relief seeks partnerships with other local and international organisations, with governments and with academic institutions, as these are essential in the fight against a disease that is as multi-dimensional as HIV/AIDS.
- **With a long time horizon.** Emergency situations tend to accelerate the spread of HIV/AIDS.<sup>1</sup> Whenever there is an emergency situation, prompt action is required. But in stable socio-economic situations, fighting the spread of HIV/AIDS requires,

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<sup>1</sup> This is especially true in conflict or emergency situations where large numbers of people are displaced either within their own country or across borders into neighbouring countries. Conflict increases vulnerability to HIV in a number of ways including, the breakdown of traditional sexual norms, severe deprivation leading to 'sex for survival' for girls and women, rape as a 'weapon of war' collapse of local health systems and the risk posed by having large numbers of military personnel near civilian populations. [http://www.unaids.org/bangkok2004/GAR2004\\_html/GAR2004\\_00\\_en.htm](http://www.unaids.org/bangkok2004/GAR2004_html/GAR2004_00_en.htm)

first and foremost, behavioural changes and considerable resources. That requires a large time investment. Where Islamic Relief is involved in the fight against HIV/AIDS in non-emergency situations, the organisation needs to secure long-term presence.

- **With realism.** Islamic teaching urges against extra-marital sexual relations and substance abuse, however, in order to effectively tackle the HIV/AIDS pandemic it must be acknowledged that these practices are widespread in Muslim and non-Muslim countries. Denying this reality and focusing on abstinence only, or blaming people for their HIV status, is not just unhelpful, it actually aggravates the problem because for example, it discourages people coming forward for voluntary testing and treatment.<sup>xi</sup> With millions of new victims every year, Islamic Relief's task is to save lives, not to pass judgment.

### **Islamic Relief's stance is important**

- **Prevention methods which are both practically effective and acceptable in specific religious and cultural contexts have yet to be developed.** Currently, the focus of a religious approach is almost exclusively on abstinence and fidelity which has been widely criticised for being ineffective,<sup>xii</sup> and no consideration is given to socio-economic and contextual factors that determine why and how people have sex and why the disease is continuing to spread. Islamic Relief's policies aim to fill that gap. Consequently, they will impact on Islamic Relief's operations, but also affect the approach of other Muslim and non-Muslim organisations.
- **A faith-based approach adds value.** Fighting HIV/AIDS in religious communities often means fighting ignorance and taboos. In this fight, Islamic Relief may have an advantage over secular organisations in that the organisation may be better equipped to speak a language these communities can relate to, to gain trust, and to assume a position of (modest) authority.
- **Islamic Relief's stance is as important as its actions.** Many faith-based organisations use partners or a referral system for the delivery of controversial services (and for condom distribution and needle exchange services in particular). Equally, many organisations allow for a discrepancy between their formal stance and their actual service delivery (the latter typically being more comprehensive than the former). Wherever possible, Islamic Relief will *not* employ such a low-profile or indirect approach, as Islamic Relief feels that its stance is as important as its actual practice because of the trickle-down effects this stance is expected to have.

## **4. Mainstreaming HIV and AIDS**

Islamic Relief is dedicated to alleviating the poverty and suffering of the world's poorest people. People living in poverty are especially vulnerable to HIV and people affected by HIV/AIDS are vulnerable to increasing and deepening poverty (the PRU has developed,

and would be happy to make available, a series of fact sheets that elaborate on the various dimensions of HIV/AIDS, and the many links with poverty). Within the broad field of poverty alleviation, the organisation specialises in health and nutrition, education, water and sanitation, income generation, care for orphans, and emergency relief. It is in those sectors that Islamic Relief should start its mainstreaming efforts<sup>xiii</sup>, as all of them affect and are affected by the prevalence of HIV/AIDS.<sup>xiv</sup> The focus of Islamic Relief projects does not necessarily have to change, but it is important to explicitly consider ways to address causes of vulnerability to HIV infection in each project, and to think of modifications that might be required to ensure people living with HIV/AIDS can access them.

Islamic Relief could develop a short term and long term strategy to tackling HIV; in the short term the organisation will consider how factors such as lack of access to healthcare and education, gender inequality and lack of financial security make people vulnerable to HIV and work on tackling these issues. In the long term the organisation will consider HIV more explicitly by tailoring projects to meet the needs of AIDS affected communities as well as developing prevention strategies to reduce vulnerability to HIV. The following list illustrates how HIV/AIDS can be mainstreamed into IR's current work (note that the following serves as illustration only and that the list is far from comprehensive; the Policy and Research Unit maintains a small library that provides a wealth of information on each of these issues):

- **Health:** provide information on both HIV and other sexually transmitted diseases (STDs)<sup>xv</sup>, promote counselling and testing for HIV/AIDS and STDs; treat opportunistic infections; provide antiretroviral treatment; pay extra care to avoid TB; take measures to avoid clinical infection; avoid mother-to-child infection.
- **Nutrition:** provide appropriate food aid for people living with HIV/AIDS; understand how HIV/AIDS affects agricultural production (with implications for food availability, work opportunities, poverty levels and the like) and design projects to mitigate the impact (e.g., ensure that agricultural techniques are not lost, that families can continue their agricultural activities after infection or death of members even if this requires modification of technologies used, that crop composition reflects nutritional requirements).
- **Education:** fight taboos by including information about HIV/AIDS and other STDs in the curriculum as well as in out-of-school information sources for both children and adults; ensure access to schooling and to appropriate school meals for children living with HIV/AIDS; provide flexible school days to cater for children at risk of dropping out because of work or the death of or required care for their parents.
- **Water and sanitation:** make sure that fetching water is safe and does not require sexual favours; that water pollution does not fasten the progress of AIDS by causing diarrhoea or discourage women living with HIV/AIDS to use formula rather than breast milk; fight misconceptions related to the spread of HIV/AIDS through sanitary facilities.
- **Income generation:** pay special attention to women and girls at risk of being forced into sex work; fill the production knowledge gap when a generation dies prematurely;

train and provide loans and skills training to left-behind family members; consider the risks related to labour migration.

- **Care for orphans:** in the context of caring for the most vulnerable people, prioritise orphans who are living with or are directly affected by HIV/AIDS; find ways to combine care for (infected) siblings with education; pay attention to special nutritional requirements; fight stigma and discrimination; include children whose parents are sick into orphan programmes; provide support to sick parents to continue raising their children and plan for after their death (including support in will making to mitigate the property-related confusion that often follows death).
- **Emergency relief:** eliminate rape risk and the necessity for forced sex-for-survival; prevent HIV/AIDS-related discrimination; consider the implications of the weakening of social norms after family disintegration and the impact of migration on infection patterns; make sure people have access to anti-viral drugs; ensure safe blood supply.
- **Advocacy:** work with local religious leaders and institutions (see later), and assist them in building their capacity to convey key messages and to engage in meaningful dialogue with their constituents; engage communities in discussions to effect behaviour change and adoption of safer practices.

The best way to integrate these concerns into Islamic Relief projects depends on the local specifics of the epidemic, the nature of the communities involved, and the activities of other governments and other NGOs. Irrespective of these local specifics, much can be learned from good manuals. The Policy and Research Unit has a wide range of such manuals available upon request.

In addition to these manuals, training will be required. In that context, the Training Centre will develop an HIV/AIDS-related training programme in 2008. More information is available upon request.

## 5. Using IR's edge as a faith-based organisation

Many religious authorities in general and many Muslim authorities in particular have been relatively slow in their response to HIV and AIDS. Many national and local leaders continue to ignore or even stigmatise the disease and the people it affects. Often, a 'Muslim response' to HIV and AIDS will depend on how widespread the disease is in a particular country or community.

- In areas in which the disease is rare, its existence is denied or ignored. People living with HIV and AIDS are considered to be part of a small minority of 'sinful deviants'.
- As the disease spreads, denying or ignoring HIV and AIDS is no longer possible. There are increasingly frequent calls for appropriate care for those who are living with HIV and AIDS. In addition to this, there is an increasingly urgent call for action to prevent what are referred to as 'non-sinful' types of transmission (e.g.

blood transfusion, mother-to-child transmission, marital transmission). To prevent the spread of HIV through sexual intercourse or via intravenous drug use, Muslim authorities call for abstinence from pre- and extra-marital sex. At this stage in the spread of the disease no attention is paid to the cultural, social and economic factors which inform sexual practices.

- The disease continues to spread beyond 'high risk' groups such as injecting drug users and sex workers, and reaches catastrophic proportions amongst the general population. In addition to taking the lives of the people infected, and affecting the lives of the people that surround them, HIV and AIDS cripples wider communities socially and economically. The disease reinforces and aggravates poverty, deprivation, famine and the spread of other opportunistic diseases. When the epidemic is this far reaching, some religious authorities and groups begin to consider how cultural, social and economic factors inform sexual practices and exacerbate the spread of the disease.

As a large Muslim NGO, Islamic Relief is well-positioned to break the taboos that surround HIV and AIDS. Under the guidance of its Advocacy Unit, Islamic Relief should spread knowledge about HIV and AIDS, about the ways HIV can be contracted, and about ways to deal with the disease and with the care required for people living with it. By utilising its wide international presence and networks, Islamic Relief should attempt to create awareness amongst Muslim leaders about the complexity of the disease's progression, especially in regions in which the second or third stage has not yet been reached. Doing so may contribute substantially to Islamic Relief's vision of 'a caring world where the basic requirements of people in need are fulfilled'.

## **6. A few issues that are of particular importance to IR**

On most issues related to HIV/AIDS, there appears to be no controversy within Islamic Relief, and the programmes the organisation is likely to develop will probably differ very little from programmes developed by other NGOs. This section focuses on a number of controversial issues that were raised frequently in the course of the internal consultation process. In turn, it covers Islamic Relief's attitude towards condoms; support to sex workers; cooperation with local religious authorities; consultation with Islamic scholars; and implications for Islamic Relief's fund raising potential.

### ***Condoms***

This document covers the issue of condoms because the topic came up frequently in the course of the internal consultation process. It is not, in the opinion of the Policy and Research Unit, the most important issue. Instead, it is merely one of many end-of-pipeline options. For people who have no control over their lives, and for the many conservative rural communities that Islamic Relief works in, this option is largely irrelevant, and organisations distributing condoms would instantly lose their credibility.

With that reservation, it is also noted that, in some cases, the wide distribution of condoms has dramatically reduced the number of new HIV cases among particularly vulnerable groups.<sup>xvi</sup>

Condom distribution, more than any other theme, has seen a polarisation in the discourse about HIV/AIDS. Many Muslims would argue that Islamic organisations should not get involved in the distribution of condoms – except perhaps to married couples that include a person affected by HIV/AIDS – because sex out of wedlock is not allowed in Islam. Conversely, secular discourse and other Muslim scholars argue that, as extra-marital sex and multiple sexual partners are widespread within many Muslim communities (and note that Islamic Relief does not work in Muslim communities only), HIV will not be contained unless condoms are distributed widely.

In Islam, extra-marital sex and substance abuse are not allowed, and adherence to these doctrines may be the reason why some Muslim countries still have low prevalence rates of HIV in comparison to other neighbouring countries. However, in spite of these Islamic teachings, HIV is continuing to rise among Muslims and around the world in general. Islamic Relief recognises the multiple and varied reasons behind the spread of HIV, including factors such as extra-marital sex and substance use, and follows the following logic (copied from Dr. Malik Al Badri<sup>xvii,xviii</sup>).

*Islamically, the use of condoms can be viewed within the general law of fiqh or jurisprudence of ikhtiar akhaffa-dararain, or choosing the lesser of two evils. I personally believe that if we apply this rule, on which there is general consensus among Muslim jurists, we would make the use of a condom obligatory for a fornicating Muslim who has some reason to expect HIV infection from his promiscuous practice. Fornication is a major evil, but exposing another, though that person may be a companion in fornication, is definitely a much greater evil.*

*According to Muslim jurists, there is a hierarchy of evils, and if one is forced, one should choose the least harmful. Losing one's faith and religion is the worst of all catastrophes, followed by losing one's life. Next is the evil of losing one's mind, and then the loss of fortune. Lastly comes the issue of one's irdh which concerns one's actual detestable deeds, like fornication, with respect to oneself or family. A Muslim who fornicates has every possible chance of repenting, and his earlier sins would be changed to good deeds, as the Holy Qur'an states.<sup>xix</sup>*

This stance is supported by Arab religious leaders, who stated that:

*We emphasize abstinence and faithfulness as our main preventive strategies but we understand the necessity of using harm reduction means, most important of which is the use of condoms in the case of the refusal or inability of some people to adhere to these two principles (abstinence and fidelity) to avoid harming oneself and others.<sup>xx</sup>*

Across faith groups, there has been a convergence of views about the importance of this issue, which resulted in all countries adopting the UN Declaration of Commitment on HIV/AIDS, which recognises that:

*Effective prevention, care and treatment strategies will require behavioural changes and increased availability of and non-discriminatory access to, inter alia, (...) condoms (...).*<sup>xxi</sup>

<b>Islamic Relief distributes condoms</b>	<b>Islamic Relief does not distribute condoms</b>
Saves lives.	Islamic Relief takes the moral high ground, but will not slow down the spread of HIV/AIDS, as abstinence-only programmes do not achieve the desired effect.
In line with the concept of choosing the lesser of two evils (i.e., causing death versus illegitimate sex).	In line with the Islamic notion that extra-marital sex is sinful.
In line with the UN Declaration of Commitment on HIV/AIDS (which was adopted by all Muslim-majority countries); the Arab religious leaders' statement on HIV/AIDS of June 2004; and the SPHERE guidelines on the availability of condoms.	In line with what most Islamic Relief's supporters would expect.
Islamic Relief might run the risk of being accused of encouraging extra-marital sex (although there is not a single study that confirms this causality).	Islamic Relief does not run the risk of being accused of encouraging extra-marital sex.
In line with mainstream health-related development discourse.	In line with what most Muslims would assume.
Distribution of condoms might help to fight the taboo surrounding the topic.	Islamic Relief avoids the risk of adversely affecting Islamic Relief's image vis-à-vis its individual sponsors.

***Conclusion: Despite the fact that Islam teaches against extra-marital sex and substance use, Islamic Relief's role and priority as a humanitarian organisation is not to pass judgement but to save lives. Following this imperative Islamic Relief will distribute condoms if the country office involved feels that this would help halting the spread of HIV, and provided that Islamic Relief's credibility in the target community has been firmly established.***<sup>xxii</sup>

***In areas in which Islamic Relief will not (yet) distribute condoms, it will provide people with scientifically correct information, including information on preventative methods, and may refer people to health centres and organisations were other positions are taken. As Islamic Relief's formal stance is as important as its actions because of Islamic Relief's aim to serve as a role model, this indirect approach will only be used if and when necessary.***

## ***Support to sex workers, and to girls and women susceptible to becoming sex workers***

In many countries the sex industry contributes considerably to the spread of HIV/AIDS<sup>xxiii</sup>, and support to sex workers appears to be highly effective in the fight against HIV/AIDS.<sup>xxiv</sup> Providing such support requires trust and takes the shape of integrated service programmes that include counselling, voluntary testing, providing women with support to engage them in alternative income generating activities and the provision of contraceptives. Organisations that provide such support tend to be highly specialised. An isolated approach (where an organisation tries to provide alternative livelihoods but does not provide contraceptives, for example, or where an organisation limits its services to contraceptives) is unlikely to achieve its goals.

Islamic Relief does not have expertise in working in the complex and largely hidden sex industry, and should only enter this field of work if two conditions are fulfilled. First, programmes should be implemented in partnership with more specialised NGOs. Second, the implementing Islamic Relief office has to be able and willing to be part of a programme that provides the full set of services. Alternatively, Islamic Relief should utilise its expertise to *prevent* girls and women to be forced to *enter* the sex industry. This is complex, as the supply of sex workers is caused by a wide range of disempowering and poverty-reinforcing dynamics. A host of empowering tools is required, including but not limited to traditional Islamic Relief-foci such as tools related to education and income-generating. Collectively, these empowering tools may reduce the likelihood of women and girls being forced into the sex trade. Detailed knowledge of the communities Islamic Relief works in is required to identify and reach women and girls who are at particular risk. This requires a long term presence.

***Conclusion: Islamic Relief does not have the capacity to offer a holistic and comprehensive approach to providing support to sex workers. Islamic Relief should not enter this field of work unless Islamic Relief is able to partner with more specialised organisations and the implementing Islamic Relief office is able and willing to be part of a programme that provides the full set of services. The most obvious alternative is for Islamic Relief to focus on the push factor that drives girls and women into the sex industry.***

## ***Working with Muslim leaders***

Developing meaningful dialogue with local Muslim leaders has powerful benefits. Local Muslim authorities are often key local decision-makers. Both their support to Islamic Relief's programmes and their own role as guides could contribute hugely to successfully rolling back HIV/AIDS.

But affiliating Islamic Relief's name with local Muslim authorities is not unproblematic. First, local Muslim authorities may reinforce ideas Islamic Relief does not share and

power structures that are not conducive to the alleviation of poverty. Second, their view on HIV/AIDS may differ substantially from Islamic Relief's (e.g., Allah's punishment, abstinence or death). Third, close relations with what many development experts would consider conservative and developmentally speaking counterproductive authorities might make Islamic Relief a less attractive partner for some NGOs and donor agencies.<sup>xxv</sup> Fourth and last, sensitisation programmes may lead to changes in attitude, but might also cause alienation. In the latter case, and on an issue as sensitive as HIV and AIDS, this approach might irritate and, in the worst case scenario, lead to obstruction.

The consensus within the organisation is that:

- Islamic Relief should seek local partnerships. Partnerships enable the organisation to know more and to achieve more. Depending on the issue, these partners may be local NGOs, national or local governments – or indeed local Muslim leaders.
- Recognising these leaders' potential as engines for change, Islamic Relief should where possible engage in meaningful dialogue on the issues related to Islamic Relief's relief and development efforts, including any work Islamic Relief may do in the field of HIV/AIDS. Islamic Relief should not hesitate to develop fruitful partnerships with those authorities that Islamic Relief feels broadly share its views on these issues.<sup>xxvi</sup>
- Differences in opinion may be a consequence of HIV/AIDS-related knowledge gaps. In the past few years, several programmes that addressed HIV/AIDS by educating local religious leaders proved useful. Islamic Relief could replicate and improve these programmes in other countries. That requires in-depth Islamic knowledge – see the next section.
- Even if Islamic Relief does not wish to build partnerships, the organisation should always have open lines of communication with local religious authorities.
- Much of Islamic Relief's work with religious leaders could be channelled through ANERELA+. ANERELA+ is an important engine of change that, as a multi-faith network, offers support to religious leaders living with or personally affected by HIV and AIDS. As no other organisation can, ANERELA+ is able to bridge the gap between 'them' and 'us', by showing that there *is* no 'them' and 'us'. As religious leaders are much more receptive to messages conveyed by peers than by laymen, ANERELA+ is well-positioned to challenge stigma, shame, denial, discrimination, inaction and misaction (SSDDIM) among religious leaders. These leaders, in turn, would be better equipped to engage constructively with their respective constituents. In June 2007, Islamic Relief was invited – and accepted – to join ANERELA+'s Board of Directors.

***Conclusion: alone and together with ANERELA+, Islamic Relief will engage in meaningful dialogue with local Muslim authorities. If the points of view are broadly similar, Islamic Relief strives to cooperate. If the local Muslim leaders appear biased as a consequence of HIV/AIDS-related knowledge gaps, Islamic Relief may have a role to play in educating and raising awareness amongst these local leaders, copying successful practices from a range of countries and utilising Islamic scholarly knowledge gained in the conference discussed in the next section. However, Islamic***

*Relief must also bear in mind the possible negative consequences of affiliating itself too closely and the implications for its wider international commitments.*

### **External guidance**

HIV/AIDS is a complex issue and Islamic Relief is unable to develop a sound stance without the input of a range of Islamic scholars, HIV practitioners, and people living with HIV. A round of international consultations helped Islamic Relief in its policy development and. More ambitiously, these consultations may prevent all Muslim countries having to go through the same three stages referred to in the section on ‘Using Islamic Relief’s edge as a faith-based organisation’.

The objective of these international consultations was to develop and subsequently apply practical approaches to HIV/AIDS which are both effective and Islamically sound.<sup>xxvii</sup> These approaches were developed jointly by Islamic scholars, HIV practitioners, and people living with HIV. They based their analyses on Islamic teachings and examples of good practice, and they built upon existing Muslim and interfaith declarations related to HIV/AIDS. Outcomes are:

- Religious opinions that relate to the roles of Islamic leaders, governments, organisations and communities in addressing issues related to HIV/AIDS.
- A work plan that covers the further development of HIV/AIDS-related support material for Islamic leaders, governments, organisations and communities, utilising the fatawa and comments as well as existing declarations and materials.

A Policy and Research Unit report of these consultations, and a post-conference work plan, is available upon request.

### **Implications for Islamic Relief’s fund raising ability**

There is a small but distinct possibility that Islamic Relief’s stance on HIV/AIDS will alienate a segment of Islamic Relief’s traditional sponsors. If that proves to be the case, Islamic Relief will explain its position to its sponsors. With the backing of the international consultations on HIV/AIDS (described in the previous section), Islamic Relief feels confident that, in the longer run, the organisation will be able to simultaneously overcome or compensate for any disruptions in sponsorships *and* raise awareness of the complexities surrounding HIV/AIDS to its constituents. Conversely, there is a chance that Islamic Relief’s stance will enable the organization to tap into institutional donor resources that Islamic Relief was not previously eligible for.

Neither the first nor the second option has influenced the development of this stance.

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<sup>i</sup> HIV stands for Human Immunodeficiency Virus. This is a virus that gradually destroys the human immune system. It renders its victims susceptible to infections and sometimes leads to AIDS. AIDS stands for Acquired Immunodeficiency Syndrome. AIDS progressively destroys one's ability to fight infections and certain cancers. HIV can be transmitted from mother to child, and spreads through unprotected sex, used needles and blood transfusions.

<sup>ii</sup> UNAIDS/WHO; *AIDS Epidemic Update: December 2005*, Geneva, 2005, table on page 1. Considering the scale of the pandemic, and its likely growth, it is not surprising that one of the ten Millennium Development Goals is to halt and begin to reverse the spread of HIV/AIDS.

<sup>iii</sup> For an overview of related studies and reasons for the relatively low prevalence in Muslim countries, see P.B. Gray; *HIV and Islam: is HIV prevalence lower among Muslims?*, *Social Science & Medicine* 58, 2004, pp. 1751-1756.

<sup>iv</sup> HIV/AIDS-related information on each country is available at:

[http://www.unaids.org/en/Regions\\_Countries/Countries/default.asp](http://www.unaids.org/en/Regions_Countries/Countries/default.asp).

<sup>v</sup> At present most of the cases of HIV in Muslim majority countries such as Pakistan, Bangladesh and Indonesia are found amongst 'high-risk' groups such as injecting drug users and sex workers. However, as cases rise amongst these groups the HIV rate amongst the general population will inevitably increase unless positive action is taken early on.

<sup>vi</sup> C. Jenkins and D.A. Robalino; *HIV/AIDS in the Middle East and North Africa; the cost of inaction*, World Bank, 2003, p. 13.

<sup>vii</sup> Such as inadequate access to nutrition, water, housing, education, lack of social support networks and the inability to make oneself heard.

<sup>viii</sup> Over 90 percent of the 42 million currently infected live in developing countries. (See the Human Development Report, UNDP, 2003.) "(...) poverty, underdevelopment and illiteracy are among the principal contributing factors to the spread of HIV/AIDS, and (...) HIV/AIDS is compounding poverty and is reversing or impeding development in many countries" (UN Declaration of Commitment on HIV/AIDS (S-26/2); article 11 (see also article 52). To name just a few links: poverty may force you into the sex industry; may force you to live in areas that are not rape-safe; or may leave you vulnerable to sexual demands of landlords, employers, and people who control access to water and food. It may force you to migrate and live apart from your family. It causes frustration and tension, and reduces adherence to religious and other norms and values. It increases escapist behaviour such as substance abuse. Once you are infected, you face discrimination, require costly medication, and may gradually lose the ability to work. Your children may be forced to leave school to work or to provide care – and they might be infected themselves. The negative spiral continues across generations. If you pass away, you may leave orphans, agricultural and other skills may be lost, and the family assets may have been long sold.

<sup>ix</sup> In Sub-Saharan Africa, the world's most affected area, over three quarters of the infected young people (15-24) is female. See UNAIDS; *Women and AIDS – A Growing Challenge*, UNAIDS Epidemic Update, 2004.

<sup>x</sup> The vast majority of married women with HIV/AIDS have contracted the disease from their husbands.

<sup>xi</sup> An overview of studies evaluating such and other types of approaches is available upon request.

<sup>xii</sup> This approach has been criticised for being ineffective. See T. Barnett; *HIV/AIDS: sex, abstinence, and behaviour change*, *The Lancet Infectious Diseases*, 5, 2005, pp. 590-593 and US National Institutes of Health, *Interventions to Prevent HIV Risk Behaviors*, *The Body*, 1997;

<http://www.thebody.com/nih/behavior/interventions5.html>, last accessed on 21.12.2005.

<sup>xiii</sup> At this stage, IR foresees a need for external mainstreaming only, looking at both the susceptibility to HIV transmission and the vulnerability to the impact of HIV/AIDS. Internal mainstreaming – measures to reduce the potential impact HIV/AIDS may have on IR – seem, for the time being, superfluous.

<sup>xiv</sup> In addition, a holistic approach to poverty alleviation requires much more than the areas that IR specialises in. Therefore, IR works in partnership with organisations that cover other dimensions of the fight against poverty. For the sake of developing and maintaining fruitful partnerships, it is important that IR has a broad policy stance on issues such as HIV/AIDS.

<sup>xv</sup> As both HIV/AIDS and other STDs are often transmitted through unprotected sex, it seems logical to cover both HIV/AIDS and other STDs simultaneously.

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<sup>xvi</sup> In Thailand, the promotion of 100% condom use by commercial sex workers led to an increase in the use of condoms from 14% in 1990 to 94% in 1994 and a concomitant decline in the nationwide number of bacterial STD cases, and HIV prevalence among Thai soldiers. WHO fact sheets;

<http://www.who.int/mediacentre/factsheets/fs243/en/>

<sup>xvii</sup> M. Al Badri; *The Challenging Role of AIDS Prevention – Practitioners within an Islamic Perspective*. <http://www.islamset.com/bioethics/aids/roleof.html>, last accessed on 7 October 2005. This was quoted, in agreement, in the ‘Proceedings of the 1<sup>st</sup> International Muslim Leaders Consultation on HIV/AIDS, held from 1 to 4 November 2001 in Kampala, Uganda.

<sup>xviii</sup> Other arguments that are sometimes used in this context are the analogy of avoiding self destruction (based on Qur’an 2:195), and the analogy of the necessity for preservation of the life of the community (based on Qur’an 5:3).

<sup>xix</sup> The same argument is used in a manual for Imams. See: Republique Islamic de Mauritanie; Manuel de formation en communication pour leaders religieux - Islam et IST/VIH/SIDA, page 36, <http://db.jhuccp.org/dbtw-wpd/images/imagebas/pdf/trmaa2.pdf>, undated. (in French).

<sup>xx</sup> Arab religious leaders’ statement on HIV/AIDS, Damascus, July 1, 2004. Note that even stronger statements are made by Muslims who actually *work* with and for HIV/AIDS. An example: ‘What are the needed actions? First, we should follow the teachings of Islam ourselves, and we should urge others to do the same. We should exercise responsibility in our lives, and especially in our sexual behaviour. We should avoid illicit sexual contact, within or outside marriage. But, second, practical knowledge of the world tells us that not everyone can keep to these high standards, so we should advocate and approve the availability and wide use of condoms. Third, we should promote the widest possible knowledge of the causes of HIV/AIDS, how it spreads and how to prevent it. Everyone needs this knowledge, men and women, young and old, married and unmarried. It is for each country and community to decide how best to communicate this knowledge, in what form and at what stage of life – but the communication is essential.’ Statement by Dr. Nafis Sadik, Special Envoy of the Secretary-General for HIV/AIDS in Asia and the Pacific, at the Second International Muslim Leaders’ Consultation on HIV/AIDS: HIV/AIDS in the Muslim World, Kuala Lumpur, Malaysia, May 2003, pp. 4-5.

<sup>xxi</sup> 2001 UN Resolution S-26/2, article 23.

<sup>xxii</sup> In addition, the organisation will utilise its position as a faith-based development organisation to explain and promote its position to religious and other leaders. Furthermore, IR may also want to follow the SPHERE guidelines on this issue (see [http://www.sphereproject.org/handbook/hdbkpdf/hdbk\\_c5.pdf](http://www.sphereproject.org/handbook/hdbkpdf/hdbk_c5.pdf), pp 283-284), and respond positively to UNFPA’s suggestion to sign a Memorandum of Understanding. Such a memorandum is likely to lead to IR clinics distributing condoms, or would at least affiliate IR’s name with an organisation that distributes them (The draft Memorandum of Understanding is available upon request). As IR supports international initiatives such as the Millennium Development Goals that promote positive action to halt and reverse the spread of HIV, IR should take its international commitments seriously and use its position to meet the aim of such initiatives.

<sup>xxiii</sup> Partly, that has to do with lack of choices. An IR colleague who ran counselling sessions with sex workers registered a woman saying that ‘*hunger kills in a few days but AIDS kills after years. It is useless to abstain from sexual relationships with partners whose HIV statuses are not known. High on the agenda was money to put bread on the table regardless of who comes around and requests for sex*’.

<sup>xxiv</sup> Bollinger, L; Cooper-Arnold, K; and Stover J.; *Where are the gaps? The effects of HIV-prevention interventions on behavioural change*, Studies in Family Planning; vol. 35, nr. 1, March 2004, pp 27-32. <http://www.futuresgroup.com/Documents/SFP351Bollinger.pdf>, last accessed on 03.01.2006.

<sup>xxv</sup> See, in that context, Ian Linen; *Islam, DFID and Poverty Reduction; how to improve the partnership*, March 2004.

<sup>xxvi</sup> Though, in the post 9/11 era, there is the risk of death by association. In that context, transparency about IR’s intentions and partnerships is most important.

<sup>xxvii</sup> This conference differs from other HIV/AIDS-related conferences and workshops that focused on Muslim leaders. Aims of previous conferences and workshops were sometimes to raise awareness about and knowledge on HIV/AIDS, sometimes to establish HIV/AIDS-related partnerships between faith-based and non faith-based stake holders, and sometimes to create and formulate consensus.