Ensuring Access to HIV Services to Migrants and Refugees while Addressing Sexual and Gender-Based Violence

PROFESSOR MOHAMED KARAMA
CHAIRMAN NATIONAL COVID RESPONSE COMMITTEE- AND MEMBER OF FAITH GROUP KENYA
Globally, 25.4 million people living with HIV were receiving ART in 2019. This equates to a global ART coverage rate of 67%. However, more efforts are needed to scale up treatment, particularly for children and adolescents. Only 53% of children were receiving ART at the end of 2019. Faith Based Organisations and facilities have contributed towards this achievement by providing the testing and treatment.

HIV continues to be a major global public health issue, having claimed almost 33 million lives so far. However, with increasing access to effective HIV prevention, diagnosis, treatment and care, including for opportunistic infections, HIV infection has become a manageable chronic health condition, enabling people living with HIV to lead long and healthy lives.

There were an estimated 38.0 million people living with HIV at the end of 2019.
At the end of 2019, an estimated 81% of people living with HIV knew their status. 67% were receiving antiretroviral therapy (ART) and 59% had achieved suppression of the HIV virus with no risk of infecting others; about 27 million adolescent boys and men in east and southern Africa had received prevention services including VMMC.

Between 2000 and 2019, new HIV infections fell by 39% and HIV-related deaths fell by 51%, with 15.3 million lives saved due to ART. This achievement was the result of great efforts by national HIV programmes supported by civil society including faith based facilities and international development partners.

If these achievements are sustained the target of Ending AIDS by 2030 is visible.
The number of new people starting treatment is far below expectation due to the reduction in HIV-testing and treatment initiation and ARV disruptions that occurred during the COVID-19 pandemic. By end 2020, testing and treatment rates showed steady but variable recovery.

West African countries experienced immense disruptions in health care systems. Liberia, Guinea, Sierra Leone experienced 50% disruption of health services that led to increased Malaria, HIV/AIDS, and Tuberculosis mortality rates.

There was increased cases of gender based violence and unwanted pregnancies among adolescent girls who were out of schools as well among couples during the lockdowns and curfews.

There was reduced uptake of health care as result of anxiety and fear which affected all other health issues.

Our organisation for example is supporting persons affected with psychosocial support.

Government should ensure that the gains achieved in controlling HIV should not be lost as a result of Covid 19 or any other pandemic.
The Bible consistently spells out that it is the responsibility of the citizen to ensure that the immigrant, the stranger, the refugee, is respected, welcomed and cared for. It is what God wants us to do, but it also recognizes that we too were immigrants — and immigrants we remain. “Like my forebears, I am an alien, resident with you,” says Psalm 39.

THE QURAN SAYS “And if anyone of the disbelievers seeks your protection, then grant him protection so that he may hear the word of Allah, and then escort him to where he will be secure. (Surah 9:6)

Asylum should be provided without discriminating between free persons and those who are enslaved, between rich and poor, men and women, Muslims and non-Muslims.

The Holy Qur’an, which states that: “He who emigrates in the path of God will find frequent refuge and abundance” [4: 97-99]. ‘Migration may be necessary if one’s life or beliefs are threatened and the Qur’an requires that the faithful also follow any agreements and treaties that they have signed on the rights of refugees [5:1].
EQUITY IN HEALTH CARE AMONG DIFFERENT POPULATIONS

- Migrant communities are highly vulnerable and unless they are provided equitable care in health, education, and security they may contribute to the increased disease burden to the local communities.

- Marginalised populations in the arid areas and other most at risk populations must be provided with care suitable to their needs.

- Faith based communities and international partners are involved in providing support to the refugee camps and to migrants who stay outside the camps.

- Adolescent and young people provided with friendly reproductive health will go along way in prevention of unwanted pregnancies, sexually transmitted infections and HIV.

- Faith communities have continued to provide the services but will need more support to sustain the services.
THE FAITH SECTOR HAS AN IMPORTANT ROLE IN NATIONAL DEVELOPMENT GENERALLY.

THEY ARE THE LINK WITH THE COMMUNITY THROUGH THEIR CONGREGATION. AMONG MUSLIMS UP TO FIVE TIMES A DAY AND SATURDAYS AND SUNDAYS AMONG THE CHRISTIAN FAITH AND OTHERS, E.G. HINDUS, ETC.

THEIR MESSAGE IS ACCEPTED AND PROVIDE EASY ACCESS TO COMMUNITY.

USE OF SCRIPTURE FACILITATES EASY ADVOCACY.

PROVIDE SPIRITUAL PSYCHOSOCIAL SUPPORT WHEN NECESSARY.
CONCLUSION

- Faith communities and leaders have the capacity and strong connection with different communities including the vulnerable groups as well as most at risk populations and will continue providing the necessary equitable response in management control and prevention of HIV.

- In partnership with governments and development partners to achieve.

- The intended target of ending AIDS by 2030.
Across the countries, the faith sector has been involved in HIV prevention, treatment, care and support efforts.

On prevention the sector has contributed to the promotion of premarital chastity, marital fidelity and delayed sexual debut which have contributed to reduction in the number of sexual partners.

Faith groups have addressed the challenge of stigma and denial which catalyzes transmission of HIV. (Stigma is a chief reason why the AIDS epidemic continues to devastate societies around the world" Banki Moon)

Interreligious councils have provided a strong partnership in service provision

All these ultimately leads to reduction in HIV transmission

ROLE OF FAITH SECTOR IN HIV CONTROL