

# PEPFAR/Emory Collaboration

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# PEPFAR Consultation with Faith-Based Organizations

- April 2015 (Kenya, Tanzania, Rwanda, Uganda)
- Regional Partners: St. Paul's University, African Christian Health Association Platform (ACHAP), Christian and Muslim health systems representatives
- Goal: Build/strengthen capacity for sustained response
- Scope of faith-based contributions to HIV services
- Distinctive faith-based contributions and challenges

# Goal: Build/strengthen capacity for sustained response

- Faith-based organizations and networks are essential partners for implementing PEPFAR 3.0 and UNAIDS Fast Track
  - Services
  - Community engagement
  - Advocacy

# Scope of faith-based contributions to HIV services

- Method
- Faith-based facilities are essential providers
  - 11% of all health facilities; 70% of non-profit, non-governmental providers
  - 28% of people on ARTs receive at least one service from FBO in high burden counties; 15% in high incidence counties
- High variability in high incidence/high burden counties
  - High: Nairobi (47%), Mombasa (52%), Turkana (60%)
  - Low: Kisii (9%), Nyamira (4.4%)
- Known networks and unknown independent providers

# Distinctive faith-based contributions and challenges

Issue	Contributions	Challenges
PMTCT, Pediatric Care	Services, Reducing stigma	SRH services for adolescents
Key and vulnerable populations	Providing essential services, challenging stigma	Contributing to stigma, barriers to treatment

Innovation Snapshot: Muslim Education and Welfare Association