

**TECHNICAL REPORT ON THE 1ST INTERNATIONAL
MUSLIM LEADERS CONSULTATION ON HIV/AIDS FROM
1ST – 4TH NOVEMBER 2001
KAMPALA, UGANDA**

Presented by:

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TECHNICAL REPORT ON THE 1ST INTERNATIONAL MUSLIM LEADERS CONSULTATION ON HIV/AIDS HELD IN KAMPALA, UGANDA FROM 1ST – 4TH NOVEMBER 2001.

Attendance and Participation:

The consultation was very well attended. Initially arrangements were made to invite 50 participants from 30 countries. However, when the consultation was announced to the international community, there were over 150 applicants. Of these 55 were selected for sponsorship by USAID and 31 for self sponsorship by other agencies. The number of participants invited was therefore, expanded to 86. This was due to the high demand for participation. More participants could not be invited due to the limited facilities that had been prepared. As a result many applicants were disappointed that we could not accommodate them even when they could get their own sponsorship. The selected participants came from countries in America, Asia, Middle East and Africa. They included Muslim Leaders at various levels. There were Imams, Kadhis and Muftis as well as youth leaders, women leaders, Muslims living with HIV/AIDS, health professionals, leaders of NGOs and leaders of government departments.

The selected delegates enthusiastically participated in the consultation. The discussions were very lively but not exhaustive. The process of discussing AIDS related issues by the international Muslim community was therefore very well initiated but by no means completed.

Opening Ceremony.

The consultation was officially opened by His Excellency Mr. Yoweri Kaguta Museveni, President of the Republic of Uganda, who was represented by the 2nd Deputy Prime Minister and Minister of Disaster Preparedness, Alhaj Moses Ali. In his remarks he said that AIDS is a disaster which requires self discipline to control. The keynote address on the Islamic approach to HIV/AIDS prevention and control was given by Prof. Malik Badri from Malaysia. He quoted extensively from his book entitled “The AIDS CRISIS: a natural product of modernity’s sexual revolution”. This book was distributed to selected participants from each country.

Dr. David Serwadda discussed scientific data on HIV incidence in the Muslim community of Rakai District of Uganda. These data showed a lower incidence of HIV infection in Muslims compared to non-Muslims. The most plausible explanation to account for this difference lies in the protective behaviours and practices of Muslims. These include circumcision, prohibition of alcohol intake and faithfulness in polygamous marriages with limitation of sexual networks. These data support the Islamic approach to HIV/AIDS prevention and control in that if Islamic values, norms, behaviours and practices are promoted and implemented, they are likely to reduce HIV incidence in the target communities.

A Muslim lady living with HIV/AIDS gave her experience and highlighted the problem of stigmatization which has not yet been adequately addressed. Other speakers at the opening ceremony included Mr. Elhadj (As) Sy who represented UNAIDS in Geneva, Mr. Martin Brennan, US Ambassador to Uganda, Dr. Kihumuro Apuuli, Director General Uganda AIDS Commission, Sheikh Shaban Mubajje, Mufti of Uganda and Dr. Magid Kagimu, Chairman Islamic Medical Association of Uganda.

Group work.

There were four parallel workshop groups each consisting of about 20 participants. During the group work sessions each of the groups discussed a different topic on a related theme. There were four main themes that covered a wide range of AIDS related issues. These themes were:

1. Contribution of Islam to AIDS prevention
2. Contribution of Islam to care and support
3. Contribution of Islam to mitigating the socio-economic impact of AIDS
4. Strategies for strengthening, expanding, coordinating and evaluating the national and international Muslim community response to AIDS.

In the group discussions, questions were asked by a facilitator and answers were given and discussed by the participants. These same questions were sent to most participants in advance before they came for the consultation. They were requested to consult some Muslim scholars in their respective countries and then reply to the questions. During the discussions key issues were summarized.

After discussions, one person from each group presented their findings to a plenary session consisting of all the participants. After the presentations, a brief discussion was held on the issues raised. During some plenary sessions more Muslims living with HIV/AIDS gave their experience. These experiences were a powerful message to the participants and they all listened to them attentively. They gave a human face to HIV and drove home the message that Muslim communities were suffering from HIV/AIDS like many other communities. It was a call for the Muslim communities to take more action to combat AIDS both at the national and international level.

The notes on the questions discussed during group work are included in the proceedings of the consultation. These notes are not exhaustive. However, they provide guidelines for any facilitator asking the same questions to any other group. The questions can be and should be discussed and appropriately adapted to all levels of leadership within the Muslim communities going right down to the family. In the process of discussion more Muslim leaders and their communities are likely to get more understanding of various issues surrounding the AIDS problem and hopefully take appropriate action to prevent and control the pandemic using the strength of teachings in their faith.

The group work was therefore, a process and not an end in itself. It was the initial process of making an international curriculum to train Muslim Leaders to combat AIDS based on their similar Islamic faith. The process of making a curriculum is a dynamic and continuous one. Topics and questions can be added, deleted or modified depending on the experience as the curriculum is being implemented.

However, the curriculum is part of the common agenda for the Muslim communities to combat AIDS both nationally and internationally. Discussions on how to deal with various AIDS related issues should continue and be intensified in all Muslim communities and appropriate action taken to address these issues.

Reception at Prince Kassim Nakibinge's residence at Kibuli.

Prince Kassim Nakibinge is one of the historical Muslim Leaders who has been actively supporting the Islamic Medical Association of Uganda (IMAU) in mobilizing Muslim communities to fight AIDS. The reception held at his home was an extension of his role in supporting IMAU to mobilize Muslim communities to combat AIDS at the international level. The lesson here was that in dealing with the AIDS problem we need to work together with all our leaders including historical or traditional Muslim leaders who exist in many Muslim communities throughout the world.

Field visit to see HIV/AIDS related Activities at Rayaat Mosque.

Rayaat mosque was visited by participants to see how AIDS related activities can be done at the community level. The Rayaat mosque community was used as a demonstration site for the delivery of integrated AIDS related services. The AIDS related services that were demonstrated at Rayaat mosque are the following:-

1. The Imam educating his followers during religious gatherings such as the Juma (Friday) prayers. The topic on this occasion was the Jihad of the soul (Jihad Nafs) and its utilization to combat AIDS.
2. The Imam and his voluntary AIDS workers visiting homes and educating families about AIDS related issues. These volunteers use a curriculum with various topics on AIDS related issues. They visit homes at appointed times and for periods convenient to both the volunteer and the families. The volunteers discuss one topic at a time. The mode of education is by guided discussion using questions and answers. On this occasion, the topic was AIDS prevention from an Islamic perspective.
3. The Imam and his team of volunteers visiting the sick and affected families where they exist.
4. The Imam and his community taking care of orphans. The community at Rayaat had built a primary school which was able to accommodate orphans in addition to other children. In this way, the community catered for one of the major needs of orphans which is education.
5. The Imam collaborating with nearby health facilities to cater for the medical needs of the community.
6. The Imam and his volunteers setting up income generating activities to raise funds to support them in their AIDS related work. In this case the team at Rayaat mosque was using sewing machines to generate income as well as train senior pupils in tailoring.

These services form the minimum package of AIDS related services that should be delivered by Imams and their volunteers at every mosque. In other words, the capacity of the Imam and his community should be built so that they can deliver these services effectively and even add more services as their proficiency increases.

Resolutions and the Way forward.

The participants resolved to promote the strategy of the Islamic approach in the fight against AIDS. This approach includes utilizing messages from the Quran and Hadith to support AIDS prevention and control efforts. It also includes channeling efforts through Imams and mosques at the grassroots level. The detailed resolutions are in the proceedings of the consultation. The resolutions include commitment to the following action plan.

1. Mobilizing resources and conducting 3-day workshops to disseminate experiences of the consultation.
2. Holding the 2nd Muslim Leaders Consultation after 1 year in Malaysia.
3. Establishing an International Resource Centre in Uganda to coordinate and promote the Islamic Approach to HIV/AIDS prevention and control.
4. Lobbying the Organization of Islamic Conference (OIC) to increase their involvement in promoting the Islamic approach to HIV/AIDS prevention and control.

Closing Ceremony

The Closing Ceremony was held at the headquarters of the Uganda Muslim Supreme Council (UMSC) at Old Kampala. The UMSC is the central administrative and coordinating body of the Muslim community in Uganda. IMAU works closely with UMSC to ensure AIDS related activities within the Muslim community are well coordinated. The lesson here was that it is advantageous to have a single coordinating body for Muslim affairs in the country. It helps a lot in transmitting messages right down to the Imams at the grassroots.

The guest of honour at this ceremony was the Minister of State for Health Hon. Mike Mukula. In his remarks the Minister pledged to support the Muslim community of Uganda in the implementation of the resolutions of the consultation. He said he would ensure that a high powered delegation represents Uganda at the 2nd International Muslim Leaders Consultation on AIDS in Malaysia. In addition, he would support setting up a web site for the International Resource Centre in Uganda that would disseminate information for coordination and promotion of the Islamic approach to HIV/AIDS prevention and control. The Minister handed over certificates of participation to the delegates. The ceremony was also addressed by Ms. Dawn Liberi, Director of the USAID Mission in Uganda, Ms. Jantine Jacobi and Mr. Elhadj (As) Sy who represented UNAIDS. The Mufti of Uganda Sheikh Shaban Ramadhan Mubajje, the Chairman of IMAU Dr. Magid Kagimu and the Secretary General of UMSC Haji Edirisa Kasenene also addressed the gathering.

Evaluation of the Consultation by Participants.

After the consultation, an evaluation questionnaire was sent to participants by email. Responses to this questionnaire have been slow to return. With hindsight, the questionnaire should have been completed before delegates left the consultation. So far only eight respondents have emailed back their questionnaire. However, analysis of these few responses still gives an idea of how the consultation was perceived by these participants. In the questionnaire, participants were requested to rank their answers on a scale of 1 to 5 as follows:

1- Strongly agree 2= Agree 3= Disagree 4= Strongly disagree 5= No opinion.

The sessions were ranked as follows:

1= Very useful 2= Useful 3= Not useful 4= Totally useless 5= No opinion.

The results of the responses are shown in the tables 1, 2 and 3 below. Most participants agreed that the objectives of the consultation were achieved and all the sessions arranged were useful. In other words, most participants who have responded to the questionnaire so far evaluated the consultation as a success.

Table 1: Assessment of organization of the consultation

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly disagree</i>	<i>No opinion</i>
1. Objectives as stated were achieved	6/8	2/8			
2. Participants expectations realized	3/8	5/8			
3. Tasks for participants clearly presented	4/8	3/8	1/8		
4. Programme handout appropriate & clear	3/8	4/8	1/8		
5. Content of sessions corresponded well with objectives	4/8	4/8			
6. Participant feels more confident in promoting Islamic approach to HIV/AIDS prevention and control	6/8	2/8			
7. Logistics of transport, accommodation and meals adequate	7/8	1/8			

Table 2: Assessment of Sessions of the consultation

	Very useful	Useful	Not useful	Totally useless	No opinion
Session I: Introduction and sharing experiences	7/8	1/8			
Session II: Group work: Contribution of Islam to AIDS prevention	3/8	5/8			
Session III: Group work: Contribution of Islam to care and support	5/8	3/8			
Session IV: Field visit to see HIV/AIDS Activities at Rayaat mosque	4/8	4/8			
Session V: Group work: Contribution of Islam to mitigating socio-economic impact of AIDS	4/8	4/8			
Session VI: Group work: Strategies for strengthening Muslim community response to AIDS	5/8	3/8			
Session VII: Resolutions and Way forward	4/8	4/8			
Session VIII: Community mobilization activity and closing ceremony	2/8	5/8			1/8

Table 3: Suggestions for 2nd International Muslim Leaders Consultation on HIV/AIDS.

1. Communicate to participants at least 3 months before the consultation.
2. Participants should prepare and present brief situation reports on HIV/AIDS in their respective countries.
3. Field visits should be more than once.
4. Two or more participants should be invited from each country.
5. The dates for the consultation should be finalized earlier.
6. Additional well known Muslim scholars should be invited for the consultation.
7. The nature of work on AIDS in different countries should be shared.
8. Participants need to have worked on HIV/AIDS issues in their communities before they qualify to participate in the next conference.
9. Review of Islamic teachings that support HIV/AIDS prevention and control should continue.
10. The programme should be written in more than one international language e.g. English, Arabic, French.
11. An Islamic spiritual course should be given to participants to increase their faith and commitment to promoting the Islamic approach to HIV/AIDS prevention and control.

Recommendations.

1. All participants, sponsors, organizers, partners and well-wishers of the 1st International Muslim Leaders Consultation on HIV/AIDS should participate actively in following up and implementing the resolutions, way forward and suggestions that arose out of the deliberations of the consultation.
2. All those who participated in the 1st International Muslim Leaders Consultation on HIV/AIDS should mobilize resources and conduct at least one 3-day workshop in their respective countries to disseminate results of the consultation to key Muslim leaders at various levels in their countries. The same questions that were asked during group work at the consultation should also be asked to the key Muslim leaders of a country, again during group work sessions. The facilitators should compare the responses of their country Muslim leaders with those of the International Muslim leaders that are outlined in the proceedings of the consultation. They should then fill any gaps on either side. It is hoped that the experiences gained during such workshops will form part of the common agenda that will be shared during the 2nd Muslim leaders consultation on HIV/AIDS. It is also hoped that such workshops will initiate the process of identifying other suitable leaders who are capable of articulating the views of the Muslim community of their country on HIV/AIDS related issues during the 2nd International Muslim leaders consultation on HIV/AIDS.
3. The USAID CORE initiative, which sponsored the 1st International Muslim Leaders Consultation, should continue to support follow-up activities of the consultation. These should include, mobilizing resources for 3-day workshops to disseminate findings of the 1st consultation in various countries, supporting participants to attend the 2nd Muslim Leaders consultation in Malaysia, and mobilizing resources to establish the international resource centre in Uganda for coordinating and promoting the Islamic Approach to HIV/AIDS prevention and control.
4. The Islamic Medical Association of Uganda should continue to act as and work to establish the International Resource Centre for coordinating and promoting the Islamic approach to HIV/AIDS prevention and control. The work to make this centre a viable entity should include disseminating information about the first, second and subsequent consultations; mobilizing human, financial and technical resources for activities of the centre; receiving and responding to inquiries related to promotion of the Islamic approach to HIV/AIDS prevention and control and identifying and providing technical assistance on the Islamic approach to HIV/AIDS prevention and control to those who might request for it.

5. Planning for the 2nd International Muslim Leaders Consultation on HIV/AIDS should begin early taking into account the experiences of the 1st consultation. Opportunities for sharing experiences, such as success stories and problem situations should be widened. These opportunities could be through more oral presentations, poster presentations or distribution of pamphlets and other documents.

Acknowledgements.

The Islamic Medical Association of Uganda would like to thank all the participants who attended the 1st International Muslim Leaders Consultation on HIV/AIDS for the commitment they showed in the noble fight against AIDS by their presence and active participation in the deliberations. The success of the consultation depended on them. The success achieved was their success. May Almighty Allah reward them all for this contribution.

We are grateful to USAID and the Futures Group International Policy Project for providing both financial and technical support for the consultation. Special thanks go to Mr. Warren Buckingham and Mr. Jason Heffner of USAID Washington DC for their unwavering support to IMAU in the fight against AIDS. Mr. Rick Gobantes, Ms. Sherrine Eid and Ms. Patty Mechael of the Futures Group, did a wonderful job to set the whole process of the consultation into motion. We are very grateful to them.

The Ugandan Muslim Supreme Council, UNAIDS, ACTIONAID, DFID, Malaysian AIDS Council, UNDP, UNICEF, Uganda AIDS Commission, Ministry of Health, AIDS Information Centre, TASO, Communities of Rayaat Mosque and the Uganda Government all played crucial roles that ensured the success of the consultation. May Allah bless them all.

Lastly the IMAU organizing committee for the consultation worked tirelessly day and night to ensure implementation of a smooth programme for the consultation. May Almighty Allah reward them for their sacrifice.