

STRATEGIC FRAMEWORK
FOR COORDINATION OF
THE GLOBAL
ISLAMIC RESPONSE
TO HIV/AIDS

FEDERATION OF ISLAMIC MEDICAL ASSOCIATIONS



IMAU



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Federation of Islamic Medical Associations

March 2005

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We are very grateful to our bothers and sisters in the FIMA Council for having entrusted us with the responsibility of spear heading HIV/AIDS activities in FIMA. We pray to Almighty Allah to reward everyone who has contributed to this initiative.

Dr. Magid Kagimu

Dr. Ashraf Jedaar

Dr. Ata Ur Rehman

INTRODUCTION

FEDERATION OF ISLAMIC MEDICAL ASSOCIATIONS (FIMA)

Established with the grace and blessing of Allah on December 31, 1981 in Orlando, Florida, the Federation of Islamic Medical Associations (FIMA) was incorporated in the State of Indiana, U.S.A., as a not-for-profit corporation on January 18, 1982.

The Federation set up its first head office at Plainfield, Indiana, U.S.A. Currently, FIMA has its registered head office at Downers Grove, Illinois, U.S.A.

FIMA membership and collaboration has steadily grown over the years to a point that it now extends all over the world. By 2002, the Federation had 21 full members, 2 associate members and 15 prospective organizations that attend FIMA events as observers.

There is a permanent registered Headquarter of FIMA in USA, however, FIMA has a tradition of moving its Presidential Office and Secretariat to the countries of the sitting President and Secretary. It is in accordance with this tradition that currently, FIMA's Presidential Office is at Amman, Jordan; and its Secretariat at Islamabad, Pakistan.

Headquarters:

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The objectives of FIMA include the following:

1. Promote Islamic medical activities including health services, education and research, through cooperation and coordination among member organizations.
2. Promote exchange of medical information and technical data among member organizations.
3. Mobilize professional and economic resources for providing an improved level of health care services and for relief activities wherever needed.
4. Promote the understanding and application of Islamic principles in the field of medicine.
5. Foster the unity and welfare of Muslim medical professionals all over the world.

The highest policy making body of FIMA is the FIMA Council, which consists of one representative from each full member Islamic Medical Association. The day to day affairs of FIMA are run by the FIMA Executive Committee headed by the President. In the FIMA constitution the President with the approval of the FIMA Council is permitted to appoint such standing or special committees necessary to properly carry out the activities and purposes of FIMA. During the 21st FIMA Council meeting held in Amman-Jordan, from 14th to 15th July 2004 it was resolved that a FIMA HIV/AIDS standing committee be established to assist in addressing HIV/AIDS issues from the Islamic perspective.

Representatives of the following IMAs were selected to be on the committee:

1. Islamic Medical Association of Uganda - Dr. Magid Kagimu – Chairman
2. Islamic Medical Association of South Africa - Dr. Ashraf Jedaar
3. Islamic Medical Association of Malaysia - Dr. Musa Nordin
4. Pakistan Islamic Medical Association - Dr. Ata Ur Rehman
5. Swedish Islamic Medical Association - Dr. Yuksel Peker
6. Islamic Medical Association in the Middle East - To be nominated
7. Islamic Medical Association of North America - To be nominated.

FOREWORD

In the Name of Allah, Most Gracious, Most Merciful.

AIDS is a global problem that concerns all of us. For some of us AIDS has reached home and it is a daily problem we have to live with. For others it is still far from home but we fear it may reach home and we are struggling to keep it away. We are concerned about AIDS as individuals. Anyone can get AIDS through temptations resulting in risky behaviour, or through getting contaminated blood as one undertakes various activities in life. We are concerned about AIDS as families. Our children may get AIDS at the time of birth or when they start engaging in risky behaviours. Our spouses may get AIDS as a result of temptations or through getting contaminated blood. Our brothers and sisters may get AIDS as a result of their social interactions. We are concerned as social human beings that our friends may get AIDS. We are concerned as nations and as communities that millions of people have got AIDS, millions have died of it and millions may get it in future. Our major concerns are in the areas of HIV prevention, treatment, care and support. How can we prevent AIDS as individuals, as families, as communities and as nations? How can we treat the disease AIDS as individuals, as families and as nations? How can we care and support those who are infected and affected by AIDS, as individuals, as families, as communities and as nations?

The answers to these questions are complex. This is because Allah's world is complex. We need to look for Allah's guidance and use it to be able to live through this complex world successfully. This is the Islamic approach to addressing any concerns or problems including AIDS. For example Allah guides us that we must work together to protect each other from problems as indicated in these verses of the Holy Qur'an.

Holy Qur'an, Chapter 9 verse 71:

The Believers, men and women, are protectors, one of another: they enjoin what is just, and forbid what is evil: they observe regular prayers, pay Zakat and obey Allah and His Messenger. On them will Allah pour His mercy: for Allah is exalted in power, wise.

There is a lot of wisdom in this guidance from Allah. If we work together the impact on the enemy AIDS will be greater and we shall be better protected. If each one is on their own, the enemy AIDS will take us one by one. A good analogy is that of rice. Assume AIDS the enemy is a snake in the rice field. If we throw a grain of rice at the snake, it will have no impact. If rice is combined and packed into a sack and we throw the sack of rice at the snake in a coordinated way, the snake is likely to be trapped and killed. We therefore need to work together in a coordinated way. If we are not coordinated, even if we are together we may miss the target.

This strategic framework is made in accordance to Allah's guidance to ensure that we protect each other and work together in a coordinated way in order to have a greater impact on the enemy AIDS.

We appeal to all stakeholders to use this framework and identify the role they will play to become part of a coordinated team that is working to eradicate the enemy AIDS from our communities. We pray to Allah to have mercy on us all and guide us in this global Jihad on AIDS.

Dr. Magid Kagimu
Chairman
FIMA - Community HIV/AIDS Coordination Committee.

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BACKGROUND

In the Name of Allah, Most Gracious, Most Merciful.

Holy Qur'an: Chapter 3 verse 102-105:

O ye who believe! Fear Allah as He should be feared, and die not except in a state of Islam. And hold fast, all together, by the rope which Allah (stretches out for you), and be not divided among yourselves; and remember with gratitude Allah's favour on you; for ye were enemies and He joined your hearts in love, so that by His Grace, ye became brethren; And ye were on the brink of the pit of fire, and He saved you from it. Thus doth Allah make His signs clear to you: That ye may be guided. Let there arise out of you a band of people inviting to all that is good, enjoining what is right, and forbidding what is wrong: They are the ones to attain felicity. Be not like those who are divided amongst themselves and fall into disputations after receiving clear signs. For them is a dreadful chastisement.

Allah gives us guidance in the above verses of the Holy Qur'an regarding the way believers should live in view of the complexity of problems that they may face in His world. They should submit to Allah's will and guidance up to the time of death. They should work together using Allah's guidance. It is Allah's guidance which turns people who would have been enemies, into friends working together. Believers must not be divided among themselves after the clear guidance of Allah. It is not wise to engage into disputes after the clear guidance of Allah. There must arise a band of people among the believers coordinating the community response, educating the people about what is right and forbidding what is wrong to ensure success in life when faced with problems, such as AIDS. Therefore, AIDS is an example of a global problem that can be addressed using Allah's guidance to believers regarding coordination and working together.

What has the Muslim community done so far to coordinate their response to HIV/AIDS?

The AIDS epidemic was first identified in the early 1980's. Initially it was thought to be among homosexual men in USA who were also intravenous drug users. Later on it was noted in the heterosexual population in other parts of the world especially in Africa. The major modes of HIV transmission were identified as: sex between men and women, sex between men and men, intravenous drug use with sharing of contaminated needles and transmission of the virus from mother to child. All these modes are related to the behaviours of the communities. HIV/AIDS was noted to be occurring in people with these risky behaviours regardless of race or religion. It was recognized by the scientific community that prevention and control of HIV infection would require a change of behaviours from those which were risky to those which are safer.

The faith communities recognized that they can play a significant role in promoting behaviours that minimize HIV infection. Faith communities therefore, started encouraging their followers to change behaviour. Many of the communities were initially working alone in isolation to tackle the epidemic. There were many challenges including how to handle those who deviate from faith teachings. Eventually it was recognized that it was necessary to organize opportunities for sharing experiences in how to deal with the challenges of the new epidemic. People in the Christian faith were among the first ones to organize consultations on HIV/AIDS for their leaders and followers.

The Muslim communities were slower in organizing a unified coordinated response for their communities. Many individuals and organizations were working in isolation to address the challenges of HIV/AIDS in their communities. The Islamic Medical Association of Uganda (IMAU) was one of these organizations. In 1989 IMAU started mobilizing Muslim communities in Uganda to start using the strength of their faith to combat AIDS. The top Muslim leader in Uganda at that time, the Chief Kadhi, after a dialogue with IMAU noted that fighting AIDS was a struggle of the soul to control behaviour. This was the Jihad of the soul that Prophet Muhammad had encouraged all his followers to participate in. The Chief Kadhi, therefore, declared a Jihad on AIDS to re-awaken the Muslim community in Uganda to fight the epidemic using the strength and guidance of the Qur'an and the teachings of Prophet Muhammad.

IMAU then provided technical and logistical support to over 1,000 Imams to help them in educating their communities regarding how to prevent and control HIV/AIDS. This initiative was welcomed by the Muslim communities in Uganda. It was documented in 1998 by UNAIDS in their 'Best Practice collection' as one of the effective ways to mobilize Muslim communities to combat AIDS. With support of UNAIDS and other partners, this initiative was shared with Muslim communities in other countries in Asia and Africa including Malaysia, Tanzania, South Africa and Nigeria. In the process of sharing this experience, it was realized that Muslim communities in various parts of the world had similar values and aspirations. This is because they derive their guidance from common sources namely the Holy Qur'an and teachings of Prophet Muhammad (S.A.W). These communities were therefore, facing similar challenges. They generally agreed that guidance from Allah would help them to manage the HIV/AIDS epidemic. However, implementing this guidance at the community and individual level was a major challenge. Those who were trying to implement this Islamic approach needed to get opportunities to share their experiences with their colleagues.

In the year 2000 a group of Muslim practitioners interested in using the Islamic approach to combat HIV/AIDS met in Durban, South Africa during the International Conference on AIDS. They included representatives from the Islamic Medical Association of Uganda, Islamic Medical Association of South Africa and the Malaysian AIDS Council. It was noted that the interests of the Muslim communities were not being adequately catered for by current international AIDS conferences. It was agreed that an international consultation should be held to share experiences of Muslim communities and chart the way forward, regarding the Islamic approach to combating AIDS. It was initially difficult to get a sponsor for this initiative. However, in the year 2001, USAID agreed to fund this initiative.

The 1st International Muslim Leaders' Consultation was then held in Kampala, Uganda in 2001. The proceedings were published in 2002. The major resolutions were as follows:

1. Mobilize resources and conduct 3-day workshops to disseminate experiences and results of the consultation to Muslim Leaders at various levels in our respective countries.
2. Hold the 2nd International Muslim Leaders Consultation in Malaysia after 1 year on a suitable date to be determined by the Malaysian AIDS Council, which is likely to be convenient to both the host and participants.
3. Establish an international resource centre in Uganda for coordination and promotion of the Islamic approach to HIV/AIDS prevention and control at the international level.
4. Lobby the Organization of Islamic Conference (OIC) to establish or designate a department or a desk for promoting the Islamic approach to HIV/AIDS prevention and control. The representative from Jordan will lead the lobby assisted by other countries including Malaysia, Uganda and Sudan.

As noted above, it was resolved that a resource centre be established in Kampala, Uganda to coordinate the Muslim community response. IMAU was able to get funds to start the resource centre as part of Saidina Abubakar Islamic Hospital (SAIH). This centre is functional at the moment with volunteers from IMAU.

The second IMLC was held in Malaysia in 2003. At this consultation, it was resolved that a third IMLC should be held in 2005. There were special challenges that arose during the 2nd IMLC. It was not clear whether the deliberations of the consultation were within the Islamic guidance. It was therefore, resolved that a committee of Muslim scholars review the proceedings to ensure Islamic guidance is followed before their publication. Due to financial and logistical difficulties this committee has not been able to meet. Another challenge noted was that the mission, vision, objectives and management of IMLCs was not clear. The role of the resource centre was also not clear. It is the resource centre that was supposed to follow up the resolutions of IMLCs but it had not been facilitated to do this.

During the 1st IMLC it was resolved that participants hold 3-day workshops for leaders in their countries to disseminate experiences and results of the consultations. It was only in a few countries such as Nigeria and Malawi where this took place. No follow up had been set up for this resolution. The expected impact of IMLC's on the Muslim communities was not clearly identified.

In the 1st IMLC, it was resolved that efforts should be made to lobby an international Muslim organization namely, Organization of Islamic Conference (OIC), to establish a desk to promote the Islamic approach to HIV/AIDS. Efforts to lobby this organization have not yet been successful. However, there is a need to have an existing international Muslim organization with an interest in both Islamic and scientific aspects of health service delivery to assist in spearheading the Islamic approach to HIV/AIDS. This would avoid the challenges of establishing a new organization. The Federation of Islamic Medical Associations (FIMA) was identified by IMAU as the best organization that can fulfill the desired requirements. IMAU therefore, requested FIMA to take up the Islamic approach to combating AIDS as one of its major activities and set up a committee for this purpose. This request was approved by the FIMA Council in Amman – Jordan in 2004. However, the mission and vision, objectives and activities of this coordinating committee were not adequately identified and articulated. When the committee met in Amman they identified the following priority issues to be addressed:

1. Organizing the 3rd International Muslim Leaders Consultation on HIV/AIDS.
2. Supporting the International Resource Centre for promotion of the Islamic Approach to HIV/AIDS.
3. Research related to the Islamic approach to HIV/AIDS.
4. Provision of services for HIV prevention, treatment, care and support using Islamic principles.

Regarding the Resource Centre, the committee identified the following objectives:

1. To generate, receive and disseminate information on the Islamic approach to HIV/AIDS.
2. To coordinate the implementation of the Islamic approach to HIV/AIDS among the various communities.
3. To initiate, conduct and coordinate research on the Islamic approach to HIV/AIDS.
4. To conduct practical training on the Islamic approach to HIV/AIDS prevention, treatment, care and support.

As far as research is concerned, the committee noted that priority issues or questions for study include the following:

1. Country profiles:
 - i. Who is doing what in each country as far as the Islamic approach to HIV/AIDS is concerned?
 - ii. How are Muslim communities organized in each country so as to be able to effectively implement the Islamic approach to HIV/AIDS?
 - iii. Who are the prime movers of the Muslim communities in each country with whom to form partnerships in the implementation of the Islamic approach to HIV/AIDS?
2. Needs assessment:
 - i. What do Muslim communities in each country need to be able to effectively implement the Islamic approach to HIV/AIDS prevention, treatment, care and support?
3. Evaluation of the rationale and effectiveness of Islamic approach.
 - i. What is the degree of association between Islamic religiousness/spirituality and HIV prevalence and incidence?

What are the challenges of the Muslim community as far as coordination of their response to HIV/AIDS is concerned?

The Muslim community has not yet clearly defined the way their response to HIV/AIDS should be coordinated and promoted internationally. There is need to clarify the mission, vision, goals, objectives, activities, management, monitoring and evaluation of the coordination mechanisms including the following:

1. FIMA HIV/AIDS committee
2. International Resource Center for promotion of the Islamic approach to HIV/AIDS.
3. International Muslim Leaders' Consultations.

What is the way forward with regards to coordination of the Muslim community response to AIDS?

The Muslim community is not homogeneous. However, there are some generally agreed Islamic principles which can be adapted and implemented by various communities in their fight against AIDS depending on the local situation. These principles are not yet adequately articulated and utilized. One of the objectives of IMLCs should be to discuss these principles and articulate them including the way they can be used to fight AIDS. There is also need to set up various projects within Muslim communities so that implementation of the common principles of the Islamic approach to HIV/AIDS prevention, treatment, care and support can be monitored and evaluated. The experience of implementation can then be shared at IMLCs and best practices scaled up. In other words in order to increase the impact and effectiveness of their response to HIV/AIDS, Muslim communities should work to put the "three ones" concept advocated for by UNAIDS, into practice, namely: one coordinating mechanism, one strategic frame work for action, and one monitoring and evaluation frame work to track their response.

This concept is in line with Allah's guidance calling on believers to work together and avoid disputes that divide them. This strategic frame work is made to follow this guidance.

The strategic framework:

The strategic framework outlines the plans for three major coordination mechanisms for the global Muslim community response to AIDS:

These are:

1. FIMA-Community HIV/AIDS Coordination Committee
2. International Center for Promotion of the Islamic Approach to HIV/AIDS
3. International Muslim Leaders' Consultations.

STRATEGIC FRAMEWORK
FOR ACTIVITIES OF
THE FIMA-COMMUNITY HIV/AIDS
COORDINATION COMMITTEE

Mission:

To coordinate the global Islamic response to HIV/AIDS.

Vision:

Eradication of HIV/AIDS globally using the Islamic and scientific approach.

Goal:

To ensure effective and coordinated responses to HIV/AIDS in communities globally using the Islamic approach.

Objectives:**Objective 1.**

To gather and share best Islamic practices regarding HIV/AIDS.

Activities:

1. Map the activities of HIV/AIDS programs in Muslim communities in different countries.
2. Forward documents to resource center.
3. Hire consultant to review documents, develop criteria for selection of best practice
4. Disseminate information on best practices.
5. Identify country contacts for coordination purposes.

Objective 2:

To provide guidance and support to HIV/AIDS programs.

Activities:

1. Communicate the background information to all concerned.
2. Conduct needs assessment, collect, analyze, and report data.
3. Develop Islamic policy guidelines for strategic development at country level.
4. Disseminate policy guidelines to all concerned.

Objective 3:

To promote the Islamic approach to HIV/AIDS.

Activities:

1. Organize and conduct International Muslim Leaders Consultations on HIV/AIDS.
2. Advocate for support for the Islamic approach to HIV/AIDS at national and international level.
3. Disseminate outcome of IMLCs.
4. Identify and provide capacity building required for the implementation of the Islamic approach to HIV/AIDS.
5. Provide technical assistance for implementation of HIV/AIDS activities at country levels using the Islamic approach.

Objective 4:

To raise funds for coordinating HIV/AIDS activities.

Activities:

1. Establish a good functional financial management system
2. Develop proposals on various activities and seek funding.

Monitoring and Evaluation:**Activities:**

1. Consult a Monitoring and Evaluation expert
2. Design monitoring and evaluation guidelines
3. Disseminate guidelines to all concerned
4. Review performance of FIMA – HIV/AIDS community coordination committee
5. Receive feedback from country level activities.

STRATEGIC FRAMEWORK
FOR ACTIVITIES OF
THE INTERNATIONAL CENTRE FOR
PROMOTION OF THE ISLAMIC
APPROACH TO HIV/AIDS.

Mission:

To provide practical and current resources on the Islamic Approach to HIV/AIDS for sharing locally and internationally.

Vision:

An International Centre of excellence implementing the Islamic Approach to HIV/AIDS.

Goal:

To enhance effective responses of communities to HIV/AIDS through access to resources based on Islamic principles and scientific knowledge.

Objectives:**Objective 1:**

To establish a functional international centre for coordination, advocacy and promotion of the Islamic approach to HIV/AIDS prevention, treatment, care and support for the benefit of all communities.

Activities:

1. Construct and equip the training facilities for the Islamic approach to HIV/AIDS including a mosque, conference facilities, library and offices.
2. Hire personnel to manage the centre.
3. Deliver services for HIV/AIDS prevention, treatment care and support using the Islamic approach at the centre.

Objective 2:

To establish satellite project sites that are using the Islamic approach to HIV/AIDS.

Activities:

1. Initiate, establish and support demonstration project sites that are using the Islamic approach to HIV/AIDS prevention, treatment, care and support. The services will be run by the respective local stakeholders.
2. Hire local personnel to manage the sites
3. Deliver services for HIV/AIDS prevention, treatment, care and support using the Islamic approach, at the sites.

Objective 3:

To establish a network of stakeholders promoting the Islamic approach to HIV/AIDS.

Activities:

1. Build capacity of coordinators for the Islamic approach to HIV/AIDS.
2. Participate in organizing International Muslim Leaders' Consultation (IMLCs) in conjunction with the FIMA – Community HIV/AIDS Coordination Committee.
3. Participate in organizing international technical committees in conjunction with the FIMA-Community HIV/AIDS committee. The committees will consist of Muslim scholars, religious leaders, health professionals and other stakeholders. They will draft practice guidelines for the Islamic approach to various HIV/AIDS related issues.
4. Provide Secretariat services for the FIMA –Community HIV/AIDS coordination committee

Objective 4:

To conduct research, publish and disseminate findings on various aspects of Islamic approach to HIV/AIDS.

Activities:

1. Initiate and write research proposals on various aspects of the Islamic approach to HIV/AIDS.
2. Organize and facilitate collaborative research on the Islamic approach to HIV/AIDS.
3. Mobilize resources for research.
4. Conduct research on various aspects of the Islamic approach to HIV/AIDS including the evaluation of the rationale and effectiveness of the Islamic approach to HIV/AIDS.
5. Generate data for the effective management of HIV/AIDS using the Islamic approach.

Objective 5:

To document and disseminate best practices on the Islamic approach to HIV/AIDS.

Activities:

1. Publish and disseminate monographs on various aspects of the Islamic approach to HIV/AIDS.
2. Attend conferences and meetings to share experiences of the Islamic approach to HIV/AIDS with other stakeholders.
3. Make a database of resource persons with expertise in the implementation of the Islamic approach to HIV/AIDS.
4. Organize technical assistance missions to assist in the implementation of the Islamic approach to HIV/AIDS.

Objective 6:

To enhance the quality of life of the communities using the centre.

Activities:

1. Provide holistic quality services to the communities using the centre.

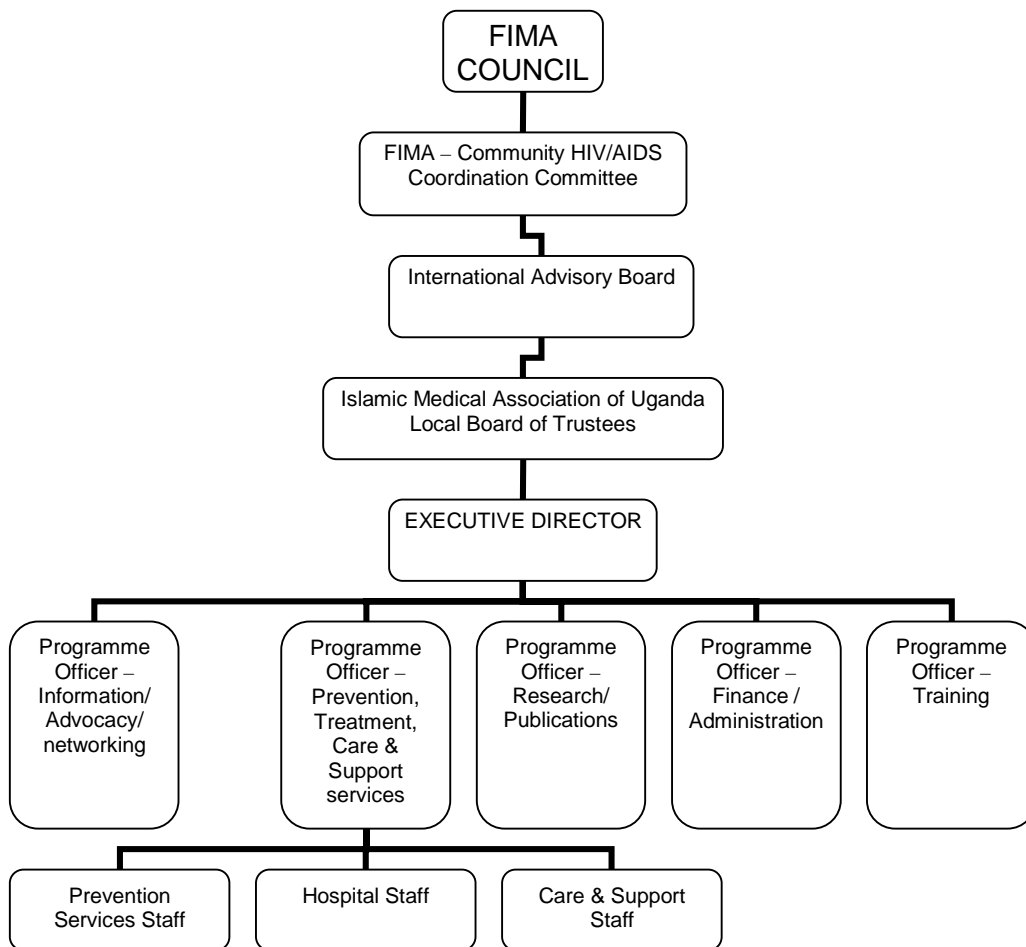
Monitoring and Evaluation of the centre:**Activities:**

1. Consult a monitoring and evaluation expert
2. Design monitoring and evaluation guidelines
3. Disseminate guidelines to all concerned
4. Review performance of the centre
5. Receive feedback from country level activities
6. Make reports on activities of the centre.

Management of the Centre:**Activities:**

1. Identify required personnel
2. Make budget for the centre including recurrent and development budget
3. Seek funding for the centre.

**Organisation Structure of the International Center
for the promotion of The Islamic Approach to HIV/AIDS**



**STRATEGIC FRAMEWORK
FOR ACTIVITIES RELATED
TO THE
INTERNATIONAL MUSLIM LEADERS'
CONSULTATIONS
ON HIV/AIDS (IMLCs)**

Mission:

To promote and coordinate the Islamic approach to HIV/AIDS by learning and sharing experiences.

Vision:

To eradicate HIV/AIDS globally using the Islamic and scientific approach.

Goal:

To reach a consensus on the Islamic approach to HIV/AIDS

Objectives:**Objective 1:**

To conduct IMLCs every two years.

Activities:

1. Constitute an international planning committee
2. Determine a theme
3. Constitute sub-committees for implementation.

Objective 2:

To articulate the Islamic approach to HIV/AIDS.

Activities:

1. Identify contemporary issues related to HIV/AIDS
2. Identify Islamic Teachings related to these issues.
3. Reach a consensus, document and disseminate the outcome.

Objective 3:

To assess and share experiences on various aspects of the Islamic Approach to HIV/AIDS.

Activities:

1. Call for abstracts on studies and interventions conducted in various areas of the Islamic approach to HIV/AIDS.
2. Review abstracts and select best practices.
3. Call for and review full papers
4. Select and share best practices.

Objective 4:

To conduct regional Muslim Leaders Consultations (IMLCs) annually.

Activities:

1. Constitute a regional planning committee.
2. Determine a theme
3. Constitute sub-committees for implementation.
4. Organize regional consultations
5. Review post-IMLC interventions at country level.
6. Make recommendations

Objective 5:

To develop a five year strategic plan for IMLCs.

Activities:

1. Constitute a strategic planning committee
2. Consult experts
3. Make a draft strategic plan after consultation
4. Share the draft strategic plan with stakeholders
5. Make a final strategic plan
6. Publish and disseminate the plan.

Monitoring and Evaluation of the IMLCs.:

Activities:

1. Consult a Monitoring and Evaluation expert
2. Design monitoring and evaluation guidelines
3. Disseminate guidelines to all concerned
4. **FIMA COUNCIL**

FIMA – Community

HIV/AIDS

Coordination committee

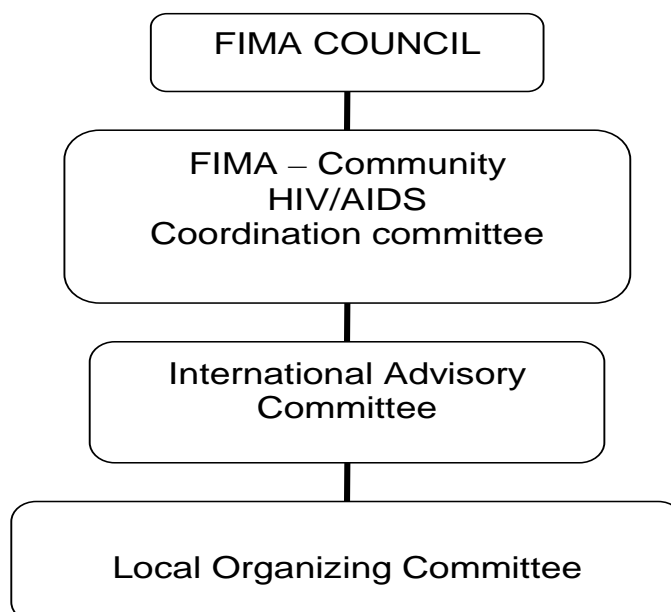
International Advisory
Committee

Local Organizing Committee

Review performance of IMLCs.

5. Receive feedback from country level activities.

MANAGEMENT OF IMLCs



Expected impact of IMLCs at the community level:

1. Participants will mobilize their local Muslim leaders to learn from the experience of the consultation and discuss the way forward.
2. Increased awareness of the Islamic approach to HIV/AIDS among all stakeholders locally in host country and internationally.
3. Increased commitment of participants to implement strategies set during IMLCs.
4. Development of networks among participants to ensure effective responses follow the consultations.
5. Identification of projects for implementation with international collaboration, using the Islamic approach to HIV/AIDS.

FUNDRAISING STRATEGIES
FOR
FIMA HIV/AIDS PLANS

The following are fundraising strategies for FIMA HIV/AIDS Plans

1. FIMA should make contributions by collecting from each IMA
2. Initiate projects locally and internationally
3. Tap into local level resources
4. Form partnerships with big donors
5. Identify persons with contacts to mobilize resources
6. Make proposals to local governments
7. Participate in country coordinating mechanisms for HIV/AIDS activities.
8. Approach the private sector/businessmen.
9. Form partnership with other NGOs doing similar work.

ACTION PLAN
FOR
THE 3RD INTERNATIONAL MUSLIM
LEADERS' CONSULTATION
ON HIV/AIDS

Goal:

To reach a consensus on the Islamic approach to HIV/AIDS.

Purpose:

To bring Muslim Leaders together to discuss contemporary issues on HIV/AIDS and reach a consensus on the way forward from the Islamic perspective.

Theme:

“The Islamic approach to HIV/AIDS: The Community response”

OBJECTIVES:

Objective 1: To plan for the 3rd IMLC.

Activities:

1. Identify the planning committee and sub-committees.
2. Hold pre-planning meetings and develop workplans.
3. Develop proposal for 3rd IMLC.
4. Identify fundraising committee
5. Monitor the progress of fundraising
6. Plan for post-consultation activities.

Objective 2: To articulate the Islamic approach to HIV/AIDS.

Activities:

1. Identify contemporary issues related to HIV/AIDS
2. Identify Islamic teachings related to these issues
3. Reach a consensus, document and disseminate the outcome.

Objective 3: To assess and share experiences on various aspects of HIV/AIDS.

Activities:

1. Call for abstracts on studies and interventions conducted in various areas of the Islamic approach to HIV/AIDS.
2. Review abstracts and select best practices
3. Call for and review full papers
4. Select and share best practices.

Objective 4: To develop strategies to reach Muslim communities.

Activities:

1. Identify person to present paper
2. Prepare a paper presentation
3. Develop guidelines for group discussions
4. Document, review and disseminate the outcome of group discussions

Objective 5: To manage post-consultation activities

Activities:

1. Report writing
2. Dissemination of report/strategies/proceedings
3. Develop action plan of the outcome of the consultation
4. Implementation of the plan
5. Provide feedback to the committees.

Monitoring and evaluation of 3rd IMLC:

Activities:

1. Establish an expert M & E committee to review abstracts, presentations and proceedings.
2. Design M & E guidelines
3. Record proceedings daily
4. Provide daily feedback.
5. Review performance of sub-committees of 3rd IMLC

Management of 3rd IMLC

FIMA – COMMUNITY HIV/AIDS COORDINATION COMMITTEE

INTERNATIONAL ADVISORY COMMITTEE

Members:

- Conveners of 1st and 2nd IMLC - Dr. Magid Kagimu
- Ms. Marina Mahathir
- Representatives of Ulema - Imam Cisse Djiguiba
- Professional ethics advisor - Prof. M. Albar
- 2 Representatives of women leaders - Dr. Munirat Ogunlayi
- Dr. Jamila M.
- Chairperson of Local Organizing Committee - Dr. Ashraf Jedaar
- People living with HIV/AIDS - 2 PLWHA to be identified
- Representative of FIMA HIV/AIDS Committee - Dr. Ata ur Rehman
- Stakeholder/Partners - UNAIDS, USAID, CORE Initiative

LOCAL ORGANIZING COMMITTEE

When to hold the 3rd IMLC?

Date	-	14 th – 18 th November 2005.
Organizer	-	Islamic Medical Association of South Africa (IMASA)
Venue	-	Cape Town.

ROLES OF PARTNERS:

FIMA – Community HIV/AIDS Coordination Committee:

1. Participate in proposal writing
2. Solicit funds for 3rd IMLC
3. Fund 100 international participants and 50 local delegates to IMLC.

International Center for Promotion of the Islamic Approach to HIV/AIDS:

1. Provide background reports
2. Provide technical expertise
3. Provide database of previous participants
4. Provide Secretariat for FIMA – Community HIV/AIDS Coordination Committee activities

International Advisory Committee:

1. Advise on content of consultation
2. Participate in proposal writing and fundraising
3. Participate in Monitoring and Evaluation
4. Participate in post-consultation activities.

Local Organizing Committee:

1. Convene the 3rd IMLC.
2. Manage logistics locally
3. Participate in fundraising
4. Participate in making programme
5. Set up sub-committees e.g. Media, Events, Communications, Logistics, etc.

Who handles the money:

1. Islamic Medical Association of Uganda will handle issues of soliciting, receiving and accounting for funds internationally on behalf of the FIMA-Community HIV/AIDS coordination committee.
2. Islamic Medical Association of South Africa (IMASA) will handle the issues of soliciting, receiving and accounting for funds locally as the host for the 3rd IMLC.
3. A master budget will be made by IMAU in conjunction with IMASA.
4. Members of the International Advisory Committee and FIMA-Community HIV/AIDS Coordination committee will contact donors for financial support.

TECHNICAL REPORT ON THE PLANNING MEETING FOR COORDINATION OF THE GLOBAL ISLAMIC RESPONSE TO HIV/AIDS.

- Date : 26 – 27th February 2005.
- Venue: Hotel Africana – Kampala Uganda
- Local Organizer: Islamic Medical Association of Uganda
- Partners:
- Federation of Islamic Medical Associations (FIMA)
 - CORE Initiative
 - USAID

March 2005

Background:

Islam is submission to Allah's will in all aspects of life. According to the Holy Qur'an Allah's guidance is the best and most trustworthy guidance in life.

Holy Qur'an: Chapter 6 verse 71-73 and

"Say. Shall we call on others besides Allah. Things that can do us neither good nor harm, and turn on our heels after receiving guidance from Allah? Like one Whom the Satans Have made into a fool, Wandering bewildered through the earth, his friends calling 'come to us', (Vainly) guiding him to the Path. Say: Allah's guidance is the (only) guidance, and we have been directed to submit ourselves to the Lord of the worlds";

"To establish regular prayers and to fear Allah: For it is to Him that we shall be gathered together."

"It is He who created the heavens and the earth with truth: The day He saith, "Be", Behold! it is. His word is the truth. His will be the dominion the day the trumpet will be blown. He knoweth the unseen as well as that which is open. For He is the wise, well acquainted (with all things).

Holy Qur'an: Chapter 2 verse 256-257

"Let there be no compulsion in religion: Truth stands out clear from Error: whoever rejects Tagut (Evil ones, false leaders) and believes in Allah hath grasped the most trustworthy hand-hold, that never breaks. And Allah heareth and knoweth all things. Allah is the protector of those who have faith: from the depths of darkness He leads them forth into light. Of those who reject faith the patrons are the Tagut (Evil ones, false leaders) from light They will lead them forth into the depths of darkness. They will be companions of the fire, to dwell therein (For ever)".

Muslim communities believe that if Allah's guidance is followed all problems can either be prevented or managed properly. They believe that in the ideal situation where everyone is following Allah's guidance problems such as AIDS would not occur or if they did occur, the impact would be minimal. The challenge for all Muslim communities is to find Allah's guidance and use it to move towards the ideal situation. The degree of success of the communities in meeting this challenge varies. Muslim communities are not homogenous. Some people in the communities are stronger, others are weaker and no body is perfect. However, according to Islamic guidance, believers need to share challenges and successes as they struggle towards the ideal. The stronger ones must support the weaker ones and weaker ones must learn from the stronger ones. The following teaching from Prophet Muhammad (Peace be upon him) illustrates this matter.

It was related on the authority of Abu-Hurayrah (radiyallahu anhu) that the Prophet (sallallahu alayhi wasallam) said, "Whosoever dispels from a believer some grief pertaining to this world, Allah will dispel from him some grief pertaining to the Day of Rising. Whoever makes things easy for someone who is in difficulties, Allah will make things easy for him both in this life and the next. Whosoever conceals (the fault of) a Muslim, Allah will conceal (his faults) in this world and the next. Allah is ready to help a servant so long as the servant is ready to help his brother. Whosoever walks a path to seek knowledge therein, Allah will make easy for him thereby a path to the Garden. No community ever assembles in one of Allah's houses to recite Allah's Book and carefully study it among themselves but tranquility descends to them, and mercy covers them, and the angels surround them, and Allah makes mention of them among those who are with Him. He whose work detains him will not be hastened by his (noble) ancestry".

Muslim communities have been struggling to combat AIDS using the strength of their faith teachings since the beginning of the AIDS epidemic. Efforts have been made at individual, family, community, national, regional and international levels. The degree of success at these various levels has not yet been satisfactory. New cases of HIV/AIDS are still occurring and these include Muslims. People are still dying of AIDS including Muslims.

In the year 2000 International Conference on AIDS in Durban, some practitioners who are dealing with predominantly Muslim communities felt that it was necessary to coordinate the Islamic response to AIDS internationally and create opportunities for sharing experiences and best practices. These practitioners included representatives from the Islamic Medical Association of Uganda, the Islamic Medical Association of South Africa and the Malaysian AIDS Council. It is through these people that the idea of International Muslim Leaders' Consultations was first conceived. Attempts were then made to get funding from various sources for the 1st consultation.

There were difficulties in this area but finally when USAID was approached, they agreed to fund the 1st International Muslim Leaders' Consultation on HIV/AIDS (1st IMLC). This was held in Kampala in November 2001. At this consultation, the major resolutions were that a second consultation should be done in Malaysia, a resource centre should be set up in Uganda to promote the Islamic approach to AIDS and attempts should be made to institutionalize the Islamic response into an existing Islamic organization possibly the organization of Islamic Conference (OIC).

Implementation of these resolutions took place to a significant extent. The 2nd IMLC was held in Malaysia. At this consultation, it was noted that there was a need to clarify and articulate the Islamic approach to various issues related to AIDS. In addition, there was a need to institutionalize IMLCs to improve on planning and follow up of the outcomes. The 1st phase of the Centre for the promotion of the Islamic approach to HIV/AIDS was constructed in Uganda. However, it needed to be facilitated and provided with guidance on its management and operations to ensure that it fulfils the needs of the communities.

The issue of institutionalizing the Islamic response in OIC was found difficult due to various reasons including lack of good contacts who could assist in prioritizing HIV/AIDS on the OIC agenda. However, it was noted that another International Muslim organization already had as one of its objectives the promotion of understanding and application of Islamic principles in the field of medicine. This organization is the Federation of Islamic Medical Associations (FIMA). This organization was approached and at the meeting of its highest organ the FIMA council in July 2004 in Amman Jordan, FIMA accepted to spearhead HIV/AIDS activities within the Muslim communities internationally. The Council appointed a committee to plan and work out the details of FIMA HIV/AIDS activities. The committee was chaired by Dr. Magid Kagimu representing the Islamic Medical Association of Uganda. Others on the committee included Dr. Ashraf Jedaar representing Islamic Medical Association of South Africa, Dr. Ata Ur Rehman for Pakistan Islamic Medical Association, Dr. Yuksel Peker for Swedish Islamic Medical Association and Dr. Musa Nordin for Islamic Medical Association of Malaysia. A representative from an Islamic Medical Association in the Middle East and another from the Islamic Medical Association of North America were to be appointed later.

The FIMA HIV/AIDS Committee held its first meeting in Amman in July 2004. At that meeting it was agreed that a face to face planning meeting should be held in Kampala in November 2004. Attempts were then made to raise funds for this activity. Initial attempts were not successful and the November date passed. USAID was then approached to assist and they agreed to fund the planning meeting through CORE Initiative. A new date was set for the activity. This date was 26-27th February 2005. The objectives of the planning meeting were set as follows:

1. To discuss the mission, vision, goals, objectives, activities and monitoring and evaluation of the FIMA HIV/AIDS committee activities.
2. To discuss the mission, vision, goals, objectives, activities, management and monitoring and evaluation of the International Resource Centre for promotion of the Islamic approach to HIV/AIDS.
3. To discuss the mission, vision, goals, objectives, activities, management and monitoring and evaluation of International Muslim Leaders' Consultations on HIV/AIDS.
4. To discuss the Action plan for the 3rd International Muslim Leaders' Consultation on HIV/AIDS.
5. To discuss the strategies for improving the impact of IMLCs at the community level.
6. To discuss strategies for fundraising for FIMA-HIV/AIDS Committee activities.

The expected output of the meeting were:

1. A user friendly document outlining the FIMA led strategic plans for implementation and coordination of activities for AIDS prevention and control within Muslim communities internationally, through understanding and application of Islamic principles.
2. An outline of the strategic plans and activities of the International Resource Centre for promotion of the Islamic approach to HIV/AIDS.
3. An outline of the strategic plans and activities of the International Muslim Leaders' Consultations on HIV/AIDS to ensure improved impact at the community level.
4. An outline of strategic plans and action plan of the 3rd International Muslim Leaders' Consultation on HIV/AIDS.
5. An outline of strategic plans and activities for raising funds for FIMA HIV/AIDS activities.

The expected community impact of the meeting was as follows:

1. Document circulated to all FIMA members and stakeholders interested in the implementation and coordination of AIDS prevention and control activities with Muslim communities, for action in their localities.
2. Muslim communities will start on the process of contributing to the three 'ones' concept advocated for by UNAIDS, namely one coordinating body, one strategic plan, and one monitoring and evaluation plan for AIDS prevention and control activities using Islamic principles.

The activities of the meeting were set in the programme as indicated below;

Programme:

Friday 25/02/2005 -	8.00 a.m.-7.00 p.m.	-	Arrival of participants
Saturday 26/02/05 -	8.00 a.m.	-	Opening prayer - Introductions - Background to IMLCs, IRCPIAH and FIMA HIV/AIDS committee - FIMA HIV/AIDS activities.
	10.30 a.m.	-	Break tea
	11.00 a.m.	-	FIMA HIV/AIDS activities
	1.00 p.m.	-	Dhuhur prayers and lunch
	2.30 p.m.	-	International Resource Centre for promotion of the Islamic approach to HIV/AIDS (IRCPIAH).
	4.30 p.m.	-	Asr prayers and evening tea
	5.00 p.m.	-	IRCPIAH continued
	7.00 p.m.	-	Maghrib prayers.
Sunday 26/2/05-	8.00 a.m.	-	Opening prayer - International Muslim Leaders Consultations (IMLCs)
	10.30 a.m.	-	Break tea
	11.00 a.m.	-	IMLCs continued – Action plan for 3 rd IMLC.
	1.00 p.m.	-	Dhuhur prayers and lunch
	2.30 p.m.	-	Strategies for improving impact of IMLCs at community level
	4.30 p.m.	-	Asr prayers and break tea
	5.00 p.m.	-	Fundraising strategies for FIMA HIV/AIDS activities.
	7.00 p.m.	-	Maghrib prayers Meeting ends.

The participants who were invited to attend the meeting included the following:

1. Dr. Munirat Ogunlayi - Department for International Development (DFID), Nigeria
She is a Muslim woman leader who attended the 2nd IMLC.
2. Mrs. Hadija Nakimweo - Uganda Muslim Women Vision
She is a Muslim woman leader who attended the 2nd IMLC.
3. Mrs. Joweria Bagonza - Uganda Muslim Women Vision
She is a Muslim woman leader who attended the 1st IMLC.
4. Mrs. Shaheida Allie - Islamic Medical Association of South Africa (IMASA)
She is a Muslim woman leader in the Muslim AIDS Programme – Western Cape, South Africa.

1. Dr. Ashraf Jedaar - Islamic Medical Association of South Africa (IMASA)
He is a member of the FIMA – HIV/AIDS Committee.
2. Dr. Ata Ur Rehman - Pakistan Islamic Medical Association (PIMA)
He is a member of the FIMA – HIV/AIDS Committee.
3. Dr. Magid Kagimu - Islamic Medical Association of Uganda (IMAU)
He is the chairman of the FIMA – HIV/AIDS Committee. He was also the Chairman organizing committee of the 1st IMLC and participated in the 2nd IMLC.
4. Mr. Nik Fahmee - Malaysian AIDS Council.
He is the Executive Director of Malaysian AIDS Council and organized the 2nd IMLC.
5. Imam Cisse Djiguiba - Ivory Coast
He is the Director Foundation Djiguiba Great Hope and he participated in the 2nd IMLC.
6. Sheikh Mbago Abdul Magid- Islamic University in Uganda
He is an Imam in Uganda and participated in the 1st and 2nd IMLC.
7. Dr. Balyejjusa Jaffer - Islamic Medical Association of Uganda (IMAU)
He is IMAU's representative in FIMA and participated in the 1st IMLC.
8. Dr. Karama Said - Islamic Medical Association of Uganda (IMAU)
He was the co-chairman of the 1st IMLC and participated in the 2nd IMLC.
9. Mr. Moussa Abbo - CORE Initiative.
He is the Deputy Director, CORE Initiative, Washington.
10. Mr. Dan Wamanya - USAID.
He represented USAID Mission in Kampala – Uganda
11. Mr. Lubogoyi Umar - Makerere University Consultancy Bureau
He was included to provide technical assistance at the meeting.
12. Mr. Calle Almedalle - UNAIDS Geneva.
He was included to represent UNAIDS.
13. Dr. Yuksel Peker - Swedish Islamic Medical Association (SWIMA).
He is a member of the FIMA HIV/AIDS Committee
14. Dr. Musa Nordin - Islamic Medical Association of Malaysia.
He is a member of the FIMA HIV/AIDS Committee.

Achievements of the planning meeting:

The meeting took place Alhamdulillah (Praise be to Allah) from 26-27th February 2005. All the participants who were invited came to attend the meeting except four. The first one was Mr. Nik Fahmee. He had initially accepted to attend but later withdrew due to other commitments that he had to deal with. The second one was Mr. Calle Almedalle. He was unable to attend due to other commitments. The third and fourth were Dr. Musa Nordin and Dr. Yuksel Peker. They also had other commitments.

The programme was followed as planned. The background to the meeting was given. In this session participants shared their experiences in the fight against AIDS in their respective countries. These included Uganda, Nigeria, South Africa, Pakistan, and Ivory Coast. It was noted that Muslim communities were doing something in the fight against AIDS using the strength of their faith teachings and administrative structure. However, the response was not adequate and it was not well coordinated. The Muslim communities definitely preferred a response to HIV/AIDS that took their Islamic teachings and values into consideration. There was a need to improve coordination and sharing of experiences in the implementation of this Islamic approach to AIDS.

The participants then went ahead to discuss the strategic plans for the coordination mechanisms. The first mechanism to be discussed was the FIMA-HIV/AIDS committee. It was agreed that the name of the committee should reflect that FIMA is coordinating the Islamic response in the communities worldwide and it should be all inclusive. This would avoid the committee being taken as an exclusive club taking care of the interests of only a few. It was agreed that the committee be re-named FIMA-Community HIV/AIDS Coordination Committee. If a more catchy name could be thought of, this issue would be revisited. After this, the mission, vision, goals, objectives, activities and monitoring and evaluation of this committee were discussed and all issues agreed upon.

The second coordination mechanism to be discussed was the International Resource Centre for promotion of the Islamic approach to HIV/AIDS. The participants visited and toured the 1st phase of the centre to see the progress that had been made. The name of the centre was discussed in view of its intended use. The centre was expected to provide practical experiences and data on the Islamic approach to HIV/AIDS prevention, treatment and care and support. It was not merely a library. It was noted that many people think of a library when they are told of a resource centre. In order to avoid this, it was agreed that the institution be called International Centre for Promotion of the Islamic Approach to HIV/AIDS. The mission, vision, goals, objectives, activities and monitoring and evaluation of this centre were discussed and agreed upon.

The third coordination mechanism that was discussed was International Muslim Leaders' Consultations. A brief review of the 1st and 2nd IMLCs was done and lessons learnt discussed. There was a suggestion that the name consultation should be changed to conference. However, after deliberations on the issue, it was agreed that the name consultation be retained. Conferences give opportunities for people to present their ideas with no specific attempt made to reach a consensus. In other words, at conferences anyone is free to present an idea even if others disagree with it. In consultations, the purpose is to get general agreement. The process of consultation therefore, involves discussions and reviewing the outcome to reach a consensus. In light of this, the vision, mission, goals, objectives, activities, management and monitoring and evaluation of IMLCs were discussed and agreed upon.

After this, the action plan for the 3rd IMLC was discussed and agreed upon. The strategies for improving the IMLCs at the community level were then outlined. Finally, the strategies for fundraising for FIMA HIV/AIDS activities were outlined.

The planning meeting therefore achieved all the planned objectives. The Islamic Medical Association of Uganda through the International Centre for Promotion of the Islamic Approach to HIV/AIDS, was left to follow up and finalize the documentation so that all the expected outputs and impacts are achieved.

Challenges and lessons learnt:

It was difficult to get funding for the planning meeting of the FIMA-Community HIV/AIDS Coordination Committee and yet this meeting was crucial in charting the way forward. In future more advocacy and lobbying is needed to persuade partners, of the importance of face to face meetings in the fight against AIDS so that they can assist in providing the necessary resources.

It was not easy to get a suitable date for all participants for the meeting partly because of the short notice. In future, meetings should be scheduled well in advance and resources for them secured. The participants proved to be the think tank for coordination of the Islamic response to HIV/AIDS. They provided very useful ideas that can be used in future planning and implementation of the Islamic response to HIV/AIDS. The documents that were produced should be widely circulated to all stakeholders for their action and feed back. In this way, it is hoped that as many stakeholders as possible will own the coordination mechanisms for the Islamic response to HIV/AIDS. This is expected to lead to increased use of the Islamic approach to HIV/AIDS which in turn is expected to result in better prevention, treatment, care and support for those infected and affected by HIV/AIDS.

Conclusion and recommendations:

The meeting was very useful in planning for the three coordination mechanisms of the Islamic response to HIV/AIDS. The strategic frameworks for the FIMA-Community HIV/AIDS Coordination Committee, the International Centre for Promotion of the Islamic Approach to HIV/AIDS and the International Muslim Leaders' Consultations were made. The action plan for the 3rd IMLC and strategies for fundraising for the FIMA HIV/AIDS activities were also made. It is recommended that the activities that were outlined in these documents be followed up by the FIMA – Community HIV/AIDS Coordination Committee and its secretariat at the International Centre for Promotion of the Islamic Approach to HIV/AIDS in Kampala, Uganda. It is also recommended that all partners and stakeholders support and facilitate the three coordination mechanisms so that a greater impact is achieved at the community level in the fight against AIDS using the Islamic approach.

