

OAFLA UG

*REPORT of THE EMTCT
CAMPAIGN*

Kampala Region

2nd March 2014

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Acronyms

ADPs	AIDS Development Partners
AMMICAL	Alliance of Mayors and Municipal Leaders on HIV AND AIDS in Africa, Uganda Chapter
ARV	Anti Retroviral
CAO	Chief Administrative Officer
DHO	District Health Officer
EMTCT	Elimination of Mother To Child Transmission
HCT	HIV and AIDS Counseling and Testing
KCCA	Kampala Capital City Authority
MOH	Ministry of Health
MTCT	Mother To Child Transmission
OAFLA	Organisation of African First Ladies Against HIV AND AIDS
SMS	Safe Male Circumcision
UAC	Uganda AIDS Commission
VHTs	Village Health Teams

1.0 Background

The HIV Programme of the First Lady's Office in Uganda operates as the Uganda Chapter of the Organisation of African First Ladies against HIV and AIDS in Africa (OAFLA). OAFLA is committed to contributing to efforts towards an AIDS free Africa.

The Uganda Chapter (OAFLA UG) is guided by the following Vision and Mission:

Vision: Zero new infections leading to an HIV Free Generation by 2020.

Mission: To provide political leadership and a strategic platform for stakeholder engagement and community mobilization, to ensure an effective HIV and AIDS response; towards an HIV free generation.

1.1 Origins of the EMTCT Campaigns

The First Lady was nominated the National EMTCT Champion in August 2012 and thereafter she embarked on Regional Campaigns to create awareness about EMTCT. These Campaigns are organised and coordinated by OAFLA UG in partnership with the Ministry of Health (MOH), the Uganda AIDS Commission (UAC), HIV/EMTCT stakeholders and the political leadership at all levels of society.

The Campaigns have created general awareness about effective HIV/EMTCT service delivery and specifically the need for leadership involvement, starting with male involvement in the family reproductive health. They have succeeded in: engaging key stakeholders in consultations around EMTCT, creating awareness about the Option B plus and stepping up the availability of commodities in the regions' reached.

This is a report of the Kampala Region EMTCT Campaign held on 2nd March 2014; the fifth in a series of Campaigns to create awareness about the need for Male Involvement in the Reproductive Health of their wives.

1.2 Activities organised to mark the Regional Campaign

The following activities were organised as part of the Regional Campaign:

- **Media Campaigns:** The Campaign activities began with an intensive media drive featuring print media, radio and television messages on EMTCT as well as HIV and AIDS awareness. The messages included an appeal by both H.E. the President and the EMTCT Champion on the importance of male involvement in reproductive health and testing for HIV as couples.
- **HIV and AIDS /EMTCT Services:** Health Service providers all over the region stepped up service provision. For example they set up open air sites for HCT and other related services to promote additional access to service delivery during the campaign period.
- **Stakeholder's Consultative Meeting and the Public Rally:** The Main Campaign activities began with a Stakeholder's Consultative Meeting held at the State Lodge Nakasero in Kampala which was followed by a Public Rally at the Independence Grounds at the Kololo Airstrip.
- **Public HIV Testing of H.E the President and the EMTCT Champion:** H.E the President and the EMTCT Champion took Public HIV Tests, the former at Kiswa Health Center Kampala in November 2013 and the latter at the Kampala Region EMTCT Public Rally in March 2013. At both events dignitaries and political leaders joined the President and the Champion in a demonstration of political will and commitment for an HIV free generation.
- **Testimony of a mother with an HIV free baby:** A young lady born with HIV gave a moving testimony of how she succeeded in giving birth to an HIV free baby, with the help of bio medical interventions.
- **Meritorious Award to the EMTCT Champion:** The First Lady received a meritorious award from the Alliance of Mayors and Municipal Leaders on HIV AND AIDS in Africa, Uganda Chapter (AMMICAL), in recognition of her contribution to the fight against HIV and AIDS.

1.3 Outcomes of the EMTCT Regional Campaign in Kampala

The Campaign provided occasion for scaling up health services and the demand for commodities and HCT in the five regions of Kampala. At the Stakeholder's Consultative Meeting the participants discussed the status of the HIV and AIDS response in Kampala. The Meeting also ushered in conversations on the significance of public private partnerships on HIV and AIDS and the need for shelters to help make health facilities more accessible to women, as they draw near to the time of delivery. Finally the public witnessed a demonstration of political commitment to the EMTCT Campaign, when the Champion led the way in role modeling the importance of every Ugandan taking an HIV Test.

2.0 Stakeholders Consultative Meeting

The Stakeholder's Consultative Meeting was held at the State Lodge in Nakasero Kampala. The Meeting was attended by Cabinet Ministers, Members of Parliament, the UNFPA Country Director, the WHO Country Director, UN Special Envoy on HIV and AIDS, Development Partners, and officials from the UAC and the MOH. Also in attendance were key stakeholders from the 5 divisions of Kampala including: political leaders, key national actors in the health sector, Civil Society, as well as cultural and religious leaders.

The objectives of the Stakeholder's Consultative Meeting were:

- To provide a Forum for key stakeholders in the EMTCT Response to share information regarding EMTCT and HIV AND AIDS in general; and
- To hold conversations on hindrances to Male Involvement in EMTCT and share recommendations to address them; and

Below is a brief account of the deliberations of the Stakeholder's Consultative Meeting

2.1 Remarks by the First Lady and EMTCT Champion

The First Lady and EMTCT Champion welcomed the stakeholders to the fifth Consultative Meeting, calling on them to review the journey that began a year ago and assess the progress made in realising the objectives of the Campaign.

She pointed out the importance of integrating PMTCT services within the existing Mother and Child services, improving accessibility and providing a comprehensive package of services at the public health centres across the country. MOH should train its work force to provide a conducive environment so as to draw women and men to utilize health facilities. "We must invest heavily in maternal health services and ensure their accessibility by providing waiting places in communities for mothers who are due" she counseled.

"We must invest heavily in maternal health services and ensure their accessibility by providing waiting places in communities for mothers who are due"

EMTCT Champion

The Champion decried the fact that those affected in Uganda still witness pockets of stigma, which if not attended to may adversely affect the progress of efforts in the HIV response.

2.2 EMTCT Champion Bestowed with Meritorious Award

At the end of the Meeting the Champion, who has been at the forefront of the fight against HIV and AIDS since the early 1990s, received a meritorious award from the Alliance of Mayors and Municipal Leaders on HIV and AIDS in Africa, Uganda Chapter (AMMICAL).

In his remarks the patron AMMICAL Mr. Patrick Bitature, shared about the work Mayors are doing as key advocates influencing the HIV response in urban areas. He said the Award is testament that the Mayors and Municipal Leaders admire the Champion's leadership and are committed to follow on. He pledged AMMICAL's commitment to mobilizing the Private Sector which has been largely overlooked by the EMTCT stakeholders. "The Private Sector requires guidance and direction on their role in promoting an HIV free generation and AMMICAL is committed to work with the Champion to ensure their active participation in this noble cause", he concluded.

2.2 Remarks by the Executive Director Organisation of First Ladies Against HIV and AIDS

The Executive Director OAFLA Mrs. Beat Bisangwa on behalf of the First Lady, recognized all the partners who have worked tirelessly to ensure that the EMTCT Campaigns are realized in the different regions of Uganda. She provided highlights of the one year of Campaigns in four regions in Uganda, noting that with each region new insights emerged to inform the HIV response.

In Kampala the public testing of the President led to an escalation in demand for test kits as the public rushed to emulate his example, reinforcing the importance of re-engaging leadership in the HIV response. In the Northern Region, dialogue with religious and cultural leaders amplified the significance of reaching communities through platforms that are treasured and revered, thus making the case for re-invigorating partnerships with leaders at this level.

In the Eastern Region the importance of involving the youth in influencing fathers to participate in reproductive health, emerged as a viable strategy. The youth were further engaged in re-focusing the HIV response to commitments on abstinence and behavioral change. The Campaign brought to light the need to develop region specific interventions, since the dynamics of HIV and AIDS in Karamoja are unique. It was also noted that the current trends of the epidemic in Karamoja call for a higher focus on preventive strategies to address the rapid spread of the disease, in addition to the current emphasis on enhancing treatment and care. Social research efforts were also found to be key in addressing the Region's unique socio- cultural issues.

Mrs. Bisangwa concluded her remarks by re-emphasizing the critical place of monitoring and evaluating Campaigns, to promote efficiency and to capitalize on lessons learned.

2.3 Presentation on the Status of EMTCT in Kampala

Dr. Daniel Okello from KCCA's Public Health Department urged the stakeholders to engage the private sector and use opportunities such as the informal networks of women, traders, music shows, football matches and platforms in places of worship to propel messages on EMTCT.

Dr. Okello used statistics and graphs to make the case for enhanced outreach services so as to match the distribution of health centers to the densely populated communities. He pointed out that while there are a number of facilities providing HIV and AIDS health services in Kampala; their distribution is not proportionate to the large population of mothers in slums and informal settlements. Women in the low income bracket work irregular hours that do not resonate with the working hours of most health facilities in the city.

He further noted the need to ensure some of the existing sites are functional and that they provide all the PMTCT related services. Out of the 300 health facilities sampled in the City, about 80% provide PMTCT services, however some of these are yet to provide health education as well as counseling. While all the public health facilities offer 100% testing, the percentage is far less in the private sector. He pointed out the need for private sector health facilities to provide incentives for women to test for HIV.

Dr. Okello concluded his presentation with information on some of the challenges faced in promoting EMTCT in urban areas as follows:

- The migratory nature of mothers in urban settings who access facilities at the time of delivery only to leave town, hindering their follow up by medical personnel.
- The prevalence of stigma resulting in mothers submitting false cell phone numbers to disable follow up. This is done to prevent medical personnel inquiring after them in their communities.
- There is lack of partner support with husbands reluctant to do the HIV test with their wives and to support them to attend antenatal clinics.

2.4 Emerging Issues from the EMTCT Status Report

Below are the issues raised in the discussion of the Status Report:

- 1) ***On the need for Waiting Shelters for expectant mothers:*** IDEA has built 5 Waiting Sheds for Mothers and 2 more are in construction. The Organisation is willing to support the Champion to build shelters nationwide.

- 2) ***On the increasing urban population challenge:*** The reality is that the population in the urban areas is increasing and so is the pressure on health facilities. There is need for a long term strategy on health in general with a focus on the vulnerable members of society. The private sector should be engaged and this Campaign should be used to trigger thoughts on how to address this issue.
- 3) ***On the work Baylor College of Medicine Children's Foundation Uganda does in the HIV response:*** Baylor College of Medicine Children's Foundation shared testimonies about their work with approximately 7,000 children living with HIV and AIDS as the largest AIDS Clinic for Children in the World. These children have formed clubs and would make a good contribution to the EMTCT Campaign. The Programme has also registered successes in promoting male involvement through couple counseling. There is however need to encourage men to champion male involvement and role model successful men who take part in the reproductive health of their families.
- 4) ***On mobilizing Bus Owners to transmit EMTCT messages in buses:*** There are 400 buses plying routes across the country daily, with at least 9 million passengers a year. It is important to partner with bus owners to transmit EMTCT documentaries and messages in their buses.
- 5) ***On AMMICAL's efforts to reach urban populations:*** AMMICAL works in urban areas in Uganda to address issues of HIV and AIDS. They face the challenge of mobility of urban populations rendering follow up of messages difficult and the fact that HIV and AIDS campaigns are monetized. Nevertheless the Association has registered success in mobilizing people in the work place to advocate for interventions on HIV and AIDS.
- 6) ***On facilities to support breast feeding mothers in the work place:*** There is need for facilities to support breast feeding mothers in the work place. This is because maternity leave lasts only 60 days and mothers cannot leave work to attend to their babies after this period. Policies should be put in place to give incentives to the private sector, for appropriate facilities for mothers in the work place.
- 7) ***On engaging health providers in the private sector:*** One of the programmes for engaging health providers in the private sector is under the Uganda Health Care Association which sensitizes health providers. The Association is willing to collaborate with the MOH and provide HCT services. In Makindye Division one such programme is the *Touch Namuwongo Project* under the International Hospital Kampala, which provides community outreach services on HIV and AIDS.
- 8) ***On the plight of women in Agago District:*** In Agago District women who deliver in the Health Centers II and III are at risk of contracting HIV, because of the inadequate facilities. There is need for stocking commodities and sensitization on

HIV and AIDS. In some parts of Northern Uganda, women lack information about family planning and support from their husbands. A woman died while giving birth to her eleventh child in a trading center, after her husband refused to take her to the health center claiming her other children were delivered at home.

9) On the inappropriate Mama Kits: In some areas in Nwoya District the medical personnel reject the plastic sheets in the Mama Kits, saying they are too short. Women who cannot afford the 2meter long sheets are unfortunately sent away from the Health Centers.

10) On the importance of appropriate packaging of messages on male involvement: It is important to revisit the packaging of messages on male involvement to address the following issues:

- Are men required to attend antenatal clinics every time their wives attend?
- Would the health centers manage the congestion if all the men were to comply with attendance to the Clinics?
- How do we address the fact that some women discourage their husbands because they do not want to go with them to the health centers?

11) On the need for multiple models of HIV service delivery: Mbuya Outreach has attained zero transmission of HIV in babies over the last 3 years. This is through the use of several service delivery models addressing the various needs of women. For instance, Sex Workers who cannot access health services conventionally should be reached and given particular packages on maternal and child health. This helps to ensure that they are kept on treatment and EMTCT, if they are found to be HIV positive.

2.5 Remarks by the Country Director UNAIDS

The Country Director UNAIDS Mr. Musa Bungudu was pleased to note that the infection rate in children in Uganda had gone down by 55%. He gave credit to all the actors in the HIV response, under the leadership of the EMTCT Champion.

"We are committed to see that no child is born with HIV. Other countries have succeeded why not us?"
UNAIDS Country Director

He made the case for the mobilisation of local resources to support the HIV and AIDS response in Uganda, noting that 90% dependence on external resources to support the health sector is an unfavorable situation for any nation. Mr. Bungudu pointed out that it is important to identify interventions to help pool local resources to support the provision of ART. He proposed interventions such as placing a levy on the ownership of mobile phones or placing a quota to be met by

every district in the country.

Service delivery must be improved for an effective response to the disease. Many health centers require test kits and there have been a number of inefficiencies in providing data to the District Report System initiated by the Ministry of Health. He called on stakeholders to address the issue of stigma and discrimination so as to ensure that everyone has access to HIV health services. “We are committed to see that no child is born with HIV. Other countries have succeeded why not us?” he concluded.

2.6 Remarks by the Director General Uganda AIDS Commission

The newly appointed Director General UAC, Hon. Dr. Christine Ondo thanked the President through the Champion, for the trust and confidence evidenced in her appointment. She pledged the UAC’s support to the First Lady, pointing out that the UAC has a strong and committed Board, which has always rallied Ugandans to promote the cause for a generation free from HIV.

2.7 Remarks by the Chairperson Uganda AIDS Commission

The Chairman UAC, Prof Vinand Nantulya made the case for male involvement in reproductive health, stating that in most cases HIV is brought to the marital bed through husbands who do not respect their marriage vows. He referred to the current state of HIV transmission as “Mother through Father to Child Transmission”.

Men must play their role in supporting their wives to heed to their antenatal visits and to take on joint HCT. The youth should be encouraged by their fathers to complete their education, get married to one woman and remain faithful in marriage. Fathers must lead the way in role modeling family values for their children to emulate.

Professor Nantulya pointed out that attaining the goal of EMTCT is absolutely possible where there is both public and private commitment. Private sector facilities are there but they are not being engaged well. All the stakeholders have a duty to engage the private sector and to guide them to play a significant role.

He concluded by listing a few areas of change that could yield results as:

- Integrating EMTCT in maternal health services and investing in appropriate infrastructure in the public and private facilities;
- Investing in improving the Laboratory services and re-equipping hospital wards;
- Improving the quality of services given in the facilities; and
- Providing for a National AIDS Trust Fund so that Uganda has her own resources to fight this epidemic.

2.8 Remarks by the Minister for the Presidency

The Minister for the Presidency, Hon. Frank Tumwebaze appreciated the First Lady and the OAFLA UG team for leading the Campaign. He recognized the fact that the successes registered are a result of a culmination of efforts from different stakeholders.

“The efforts of AMMICAL must be recognized, encouraged and leveraged to promote public private partnerships in the battle against HIV and AIDS” he said. He questioned why Ugandans prefer to champion every other popular cause and place very little emphasis on everyone’s role in the HIV response. He paused the question: “What is it that we can do to make the HIV campaign become a leadership issue?”

He urged Parliament to call for debate on addressing the escalating prevalence of the Virus at 7.3% and the MPs to include strategies to combat HIV and AIDS in their campaign manifestos. He called on all the stakeholders to join hands in making HIV and AIDS a leadership issue; by requiring leaders to account for their participation in the HIV response. He was pleased to note that Government has continued to re-model hospitals, stock commodities and recruit health workers to meet the demands on health facilities. He urged the stakeholders to step up interventions to address stigma that undermines the expectant mother’s response to EMTCT services.

2.9 Vote of Thanks by the UN Special Envoy on HIV and AIDS

The UN Special Envoy on HIV and AIDS, Hon. Dr. Wandera Kazibwe expressed salutations from the UN Secretary General and his gratitude to the President and the First Lady on their efforts to re-engage political leaders in the HIV response in Uganda.

The EMTCT Public Rally and Champions Public HIV Test

At 3:00 pm on Friday 2nd March 2014, the First Lady stepped out into a tent at the Kololo Airstrip. The sound of the African drum beat, ululation and thunderous applause marked the moment of the EMTCT Champion’s first ever Public HIV Test. While counting down to this historical moment, the Executive Director OAFLA UG, Mrs. Beat Bisangwa reminded the excited crowds that the Champion was emulating H.E the President’s example as he took a similar public HIV test in November 2013 as part of the EMTCT Campaign in Kampala. She pointed out that in so doing, they both had demonstrated the political will and commitment Ugandan Leaders hold for “an HIV Free Generation”.

The Champion was joined in taking the test by Members of Parliament and Division Mayors: Hon. Milton Muwuma MP Kigulu North, Hon. Harriet Ntabazi MP Bundibudjyo, Hon. Ruth Lematia MP Maracha, Joyce Ssebugwawo Rubaga Division Mayor and Godfrey Nyakana, Kampala Central Division Mayor, as the Director General Health Services Dr. Ruth Aceng, thanked the Leaders for showing the Public that the entry point for HIV services, is HIV testing.

In her remarks later, the Champion said that “By God’s grace we now have a new miracle; an HIV free family gives new hope and life. We should have no Ugandan child ever born with HIV and AIDS”. She was happy that children were in attendance at the Public Rally, saying she had decided to be part of the EMTCT Campaign to reinvigorate Uganda’s response to HIV and AIDS, after realizing that the prevalence rate, currently at 7.3%, was going up rapidly.

*“By God’s grace we
have a new miracle; an
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born with HIV and
AIDS”.*

EMTCT Champion

4.0 Welcome Remarks by Executive Director Kampala Capital City Authority (KCCA)

The Executive Director KCCA, Ms. Jennifer Musisi welcomed the Champion and other dignitaries to the climax of the Kampala Region’s EMTCT Campaign. She shared a few highlights of the four month long campaign to provide accelerated HIV and AIDS related Health services in the City.

Ms. Musisi explained that KCCA, envisions a city transformed to one of the best capitals in the world; a leader in health, sanitation and other services. Currently the KCCA is leading in supporting teenagers and the youth at Teenage Centers with counseling and support services. The Authority believes that a concerted effort with all the relevant stakeholders will help stop the spread of the Virus. She thanked the First Lady for taking the lead in fighting HIV and AIDS in Uganda, over the years.

The public was then entertained by artistes sponsored by Mayors country wide under AMMICAL. The Artists sang a song “It starts with you”, specially composed for the Campaign, while Judith Babirye a renown Gospel Artist, dedicated her hit “Mama” to the EMTCT Champion.

4.1 Remarks by the Director General Health of Services

The Director General of Health Services Dr. Jane Ruth Aceng, attributed the success witnessed in the EMTCT Regional Campaigns to the tireless efforts of the EMTCT Champion, Hon. Janet Museveni with support from stakeholders' country wide.

She reported that in March 2013, EMTCT had been rolled out in all the districts of Uganda and that the MOH was positive that the relevant 2015 MDG targets would be achieved as planned. "Indeed there have been reports of some health facilities in the country, reporting zero HIV transmission in babies" she said. Dr. Aceng however noted that Uganda is still experiencing the burden of HIV and AIDS, with the HIV prevalence in adults increasing from 6.4% in 2005 to 7.3% in 2011. 4% of young adults in the urban areas are also living positively. The prevalence rate is highest amongst women in all regions of the country, with studies indicating that urban residents more likely to be infected than their rural counter parts.

*"Currently the
National TB
Laboratory in
Uganda is regarded
a Center of
Excellence in Africa"*

*Dr. Aceng
Director General of
Health Services*

In respect to treatment, she pointed out that whereas Uganda had achieved near universal coverage, the demand for ART is expected to increase as the country adopts the new WHO guidelines. These guidelines place eligibility for ART at a CD 4 cut off point of less than 500. Dr. Aceng noted that this calls for further acceleration in the scale-up of services, in order to achieve the universal access target of 80% coverage by 2015.

To meet this demand the distribution of ART has been streamlined improving on availability. She refuted reports that health facilities lack ART, pointing out that currently all the public health facilities are well stocked, although there are sporadic stock outs of the testing kits in some areas, due to the high up take.

Dr. Aceng informed the Champion that contrary to the public belief that the Government Hospital labs are poorly equipped, the MOH has expanded, remodeled and re-equipped the Laboratory services in all the regional hospitals. She acknowledged the fact that challenges still remain in some areas regarding infant testing, where samples have to be drawn and transported to the Regional Laboratories, using motor cycles. Nevertheless while this may cause delays of up to 7 days in the return of results, the labs conducting the tests are well equipped and in an excellent state. "Currently the National TB Laboratory in Uganda is regarded a Center of Excellence in Africa and further expansion of these services through the construction of a National Health Laboratory in Butabika, will be completed in 2015" she said.

She concluded her remarks by calling on the public to work together to support mothers to attend antenatal clinics and for the involvement of men in the reproductive health of

their wives. She expressed the MOH's appreciation to KCCA and all the stakeholders for their partnership and commitment to enhance HIV services during the Kampala Region EMTCT campaign.

4.2 Remarks by the Chairman Uganda AIDS Commission

The Chairman UAC, Professor Nantulya acknowledged the progress made in advocating for EMTCT country wide and thanked the Champion for her undivided support to the cause. He then turned his attention to the young people who were the majority audience at the Public Rally. He advised the youth seated in the pavilion to avoid being pressured to act against their values as they grow up, urging them to focus on their studies and career development.

"Take your time to choose the right partner when the time comes and ensure you take an HIV test before marriage' he cautioned. He urged them to remain faithful in marriage saying that everyone should endeavor to love the person they choose to marry.

*"Take your time to
choose the right
partners when the
time comes and
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HIV test before
marriage"*

Prof. Nantulya
Chairman UAC

Prof. Nantulya called upon the adults to get tested so as to know their sero status. He explained the benefits of knowing one's status and urged the men to support their wives to seek antenatal services and receive the appropriate help, after testing together. He shared the optimism that by 2015, all Ugandan babies will be born free of HIV.

4.3 Testimony

This Testimony was shared by Rachael Kyomugisha a youth living with HIV since birth, who is being supported by Baylor College of Medicine Children's Foundation.

I was born HIV positive and joined the Infectious Disease Institute in Mulago in 2007. I later met an HIV positive partner and we decided to have a baby. I was advised by a counselor to follow PMTCT.

I attended antenatal clinics four times, took my drugs and had a normal delivery; with a 3.7 kilogram baby. My baby was HIV free. I chose to breast feed for one year. My child was on treatment and is still HIV free today.

I am telling you to test and know your status. For us we know we are HIV positive. It is you out there in the tent that has not gone for testing, that is in trouble!

4.4 Statement from the Inter Religious Council

Rev. Father Constantine spoke on behalf of the Inter Religious Council of Uganda and called upon Ugandans to rally around the EMTCT Champion to support the Campaign to ensure an HIV Free Generation. He pointed out that the Campaign had already registered great success with a reduction in babies born HIV Positive from 23,000 in 2012 to 15,000 in 2013.

The challenges and implications posed by HIV and AIDS demonstrate the need for intensified efforts and the streamlining of maternal health in all programmes so that children are born HIV free and at the mothers' choice. He called upon religious leaders to continue talking and working within the existing structures of communication to ensure positive social, cultural and economic change. He informed the gathering that a Pastoral Letter had been written and will be read regularly to all Ugandans attending religious services to guide them on the HIV response.

"Let us live by example, mobilize communities to seek HIV prevention services and encourage everyone to know their HIV status." he urged the gathering.

4.5 Remarks by UNFPA Country Representative

Ms. Esperance Fundira, UNFPA Country Representative speaking on behalf of the UN Resident Coordinator, hailed the EMTCT Champion for the high level recognition she renders the Campaign to save the children of Uganda from HIV and AIDS.

She commended the MOH and the UAC for coordinating multi sectoral, behavioral and biomedical interventions that have led to significant results in the fight against HIV and AIDS. Ms. Fundira called for innovative mechanisms alongside the traditional concepts to ensure universal access to health care especially for mothers, in order to save their babies from infection.

She pointed out the importance of prioritizing family planning through integrated approaches stating that: “34% of women in Uganda are in need of modern contraception and one out of every four girls aged 15 -19 are either pregnant or have had a baby”. Other areas of concern in the fight against HIV and AIDs were pointed out as: the need for special focus and programming to address the high rate of teenage pregnancies, a strong health system with services more accessible to the people and the need to increase domestic funding to ensure sustainability.

“34% of women in Uganda are in need of modern contraception and one out of every four girls aged 15 - 19, are either pregnant or have had a baby”.

UNFPA Country
Director

Ms. Fundira thanked the Champion for her leadership in the Campaign, noting that at the current pace it is possible to achieve the elimination targets and ultimately have an HIV free generation.

4.6 Remarks by the Member of Parliament Kigulu North

The Member of Parliament for Kigulu North, Hon. Muwuma on behalf of the Committee on HIV and AIDS pledged support to the First Lady in her efforts towards a country wide campaign on EMTCT. He pointed out that MPs were willing to commit their time to educate their constituents on: the availability of PMTCT services at the antenatal clinics, the importance of male involvement in the reproductive health of their spouses and the importance of testing to know one’s sero status.

He assured the gathering that Parliament will do everything it takes to guide legislation and policy to support efforts to address areas of concern in the HIV response. He thanked all the stakeholders for their services to the people of Uganda and called upon all the political leaders country wide to “Stand Up, Participate and Protect for an HIV free generation”, stating it starts with each individual wherever one is.

4.7 Remarks by the Minister for the Presidency

The Minister for the Presidency, Hon. Frank Tumwebaze, expressed his gratitude to all the stakeholders for the effort placed in ensuring the successful launch of EMTCT in the Kampala region. He expressed gratitude to the First Lady stating that Ugandans could not have had a more competent and effective Champion at the helm of the Campaign.

Hon. Tumwebaze called on the leaders at the event to take on the EMTCT mantle and use their platforms to advocate for an HIV free generation, noting that in the late eighties the President of Uganda had led the way and achieved a remarkable response nationwide. He pointed out that the successful elimination of HIV in newly born children requires accessibility to health services by every mother in Uganda. He urged men to test together with their spouses.

Hon. Tumwebaze decried the popular engagement of leaders on issues of corruption while negating life threatening issues such as the spread of HIV. He expressed Governments appreciation to all the multi-lateral and bi- lateral partners in the struggle against HIV as well as OAFLA UG, the UAC, implementing partners and the KCCA for their commitment to the Campaign.

4.8 Remarks from the EMTCT Champion and First Lady of Uganda

In her remarks Hon. Janet Kataha Museveni expressed her gratitude to all the stakeholders and partners who have faithfully fought the battle against HIV and AIDS. She reflected on Uganda's journey battling HIV since the 1980's, noting that many of the young people in Uganda had grown up listening to the Presidents voice and hers, urging Ugandans to protect themselves from HIV.

"I ask you to continue holding hands in this battle against HIV, since wherever you are serving humanity, you are helping yourself".

Hon. Janet

Museveni

EMTCT Champion

There was a time when Uganda was leading the way proving to the world that people can use self determination and behavioral change to defeat the disease. However Ugandans began to listen to other messages and voices and the prevalence rate began to escalate.

She noted that the time had come for all Ugandans to share the message about the new hope there is for every Ugandan child to be born free of HIV. She urged every Uganda to join the Campaign to protect babies.

The EMTCT Champion explained that the Campaign is also about reminding men about their family roles and to urge them to walk alongside their wives to ensure that they test for HIV and attend antenatal clinics so as to have healthy babies. She noted that there is no development without a healthy population, challenging everyone present to take the

message on the EMTCT everywhere, beginning with their own families. This will help to ensure that families are healthy, free of the Virus or on treatment for those already infected.

She expressed her gratitude to all the people who have walked the talk saying that “To those who have been fighting this battle and refused to give up, we must thank you. I ask you to continue holding hands in this battle, since wherever you are serving humanity you are helping yourself”.

Conclusion

The Public Rally at the Independence Grounds Kololo, marked the end of several months of a very enriching EMTCT Campaign in Kampala. A Campaign which witnessed yet again, the success that arises out of the pooling of resources and building partnerships/networks for a common cause.

The events of the climax of the Fifth EMTCT Regional Campaign, which culminated in a Stakeholder’s Consultative Meeting hosted by the Champion at her residence, the Public HIV Testing event and the Public Rally, provided space and the necessary synergy for all the stakeholders in the HIV response, to focus on how to bring an end to the plight of children born with HIV.

The efforts to accelerate provision of EMTCT/HIV and AIDS service delivery evidenced throughout the Campaign period are a clear indication that Uganda has what it takes to ensure an HIV free generation.

The high levels of commitment spanning from: international to local actors, the Government to the private sector, medical personnel to renown music artists and from civil society actors to everyday Ugandans, is indeed a clear indication that this battle can be fought through the concerted efforts of everyone.

Once again Ugandans had rallied round a noble cause and proved that they can “*Stand up, Participate and Protect, for an HIV Free Generation!*”