

OFFICE OF THE FIRST LADIES AGAINST HIV/AIDS

Dialogue for Cultural and Religious leaders on the
National Response to HIV/AIDS with the EMTCT
champion:



14th November 2013

President's Office Conference Room

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1.0 Background

HIV/AIDS continues to remain a big challenge in Uganda with current prevalence rate at 7.3%. The highest new infections are amongst married and cohabiting partners. Furthermore, Uganda's rate of discordant couples has been on a steady increase with almost a half of HIV infected married couples living with HIV negative partners. The HIV burden in Uganda is projected to increase by more than 700,000 new infections over the next 5 years, including an estimated 25,000 babies born with HIV each year. While the Government of Uganda has put in place a number of programmes to address this situation, a lot of emphasis has gone into bio-medical responses with less attention being given to interventions promoting primary prevention and behavioral change.

The importance of involving cultural and religious leaders in the national response to HIV and AIDs is a key factor in the National Response to HIV/AIDS and it is from this premise that the Office of the First Ladies of Africa against AIDS (OAFLA), the Uganda AIDS Commission (UAC), Kampala Capital City Authority, together with the Ministry of Health and other partners organized the Dialogue of Cultural and Religious Leaders on the National Response to HIV/AIDs, which was held on 6th November 2013 as a pre-cursor to the Kampala City EMTCT Campaign.

Cultural and religious leaders are very influential persons in the lives of the majority of Ugandans and thus a formidable force in the battle against HIV/AIDS. They are also an effective communication channel for carrying messages on HIV/AIDS to the majority of Ugandans, right to the family level. Consequently, the Dialogue focused on the key role cultural and religious leaders should play in reaching Ugandans with information and messages on the prevention of HIV/AIDS and the need to promote virtual EMTCT.

The aim of the Dialogue was to share the challenge of HIV and AIDS with the cultural and religious leaders and the need for them to play an active role in influencing behavioral change. It also brought to the forefront the importance of addressing the issue of discrimination and stigma amongst congregations and communities.

The Dialogue was a great success. It provided space for the participants to interface with key stakeholders who provide leadership to the National Response on HIV and AIDS. Discussions were held and issues raised in regard to the role the cultural and religious leaders should play in advocating for public response to interventions to promote EMTCT, the importance of providing information and guidance on issues of HIV/AIDS and behavioral change as well as the need for these leaders to create awareness about the dangers of stigma with regards to those infected and affected by the AIDS scourge.

2.0 Opening Remarks

2.1 Remarks by the Executive Director OAFLA (U)

Mrs. Beat Bisangwa the Executive Director OAFLA (U) welcomed the participants to the Dialogue and thanked them for their dedication towards ensuring an HIV Free Generation in Uganda. She gave a brief background to the Regional Campaigns on EMTCT that were initiated by the First Lady of Uganda, on her nomination as the Champion of EMTCT. She explained the mission of OAFLA which is to provide political leadership and a strategic platform for stakeholder engagements and community mobilization for effective HIV/AIDS service delivery towards an HIV Free Generation. She pointed out the important role the cultural and religious leaders play in fighting HIV and AIDS and encouraged them to participate actively in the Dialogue.

2.2 Remarks by the Chairman Uganda AIDS Commission

The Chairman Uganda AIDS Commission Prof. Nantulya spoke about the role cultural and religious leaders must play in order to address the worrying rise in new infections in Uganda. He observed that lack of information is a key element in the rise in new infections and babies born with the Virus since communities are not aware of the interventions in place to support those infected, while reducing the number of children born with the Virus.

He appreciated the work done by the religious leaders but cautioned them against confusing the public with conflicting messages about the availability of a cure for AIDS. He explained that the UAC has put in place a clearing house to protect the public from being misinformed about the epidemic. “We need you to deliver clear and critical messages to your followers” he said.

“Empower your communities with positive messages on how to avoid contracting the Virus and encourage those who are infected to begin treatment right away” he appealed. He explained that every pregnant mother should attend antenatal care at a health center. These Health Centers provide amongst other things VCT services for the expectant mothers and their husbands. They also offer advice on how to receive treatment if one is positive, while those who are negative are given information on how to remain free of the Virus. He encouraged men to support their wives throughout the reproductive stages of their lives.

He concluded his remarks by pointing out the need for Ugandans to devise means of supporting the national budget in order to become self reliant in order to provide for the health of Ugandans without depending on other countries.

2.3 Speech from the First Lady and Champion EMTCT read by the Minister for the Presidency

The Minister for the Presidency Mr. Frank Tumwebaze read a speech on behalf of the First Lady and Champion EMTCT, Hon Mrs. Janet Museveni. In her remarks the EMTCT Champion thanked the cultural and religious leaders for holding society together and promoting the right values in children. She asked them to use their positioning to influence the couples in their communities and congregations to go and get tested together and to seek medical attention if found positive.

She talked about the need to go back to the initial ABC strategy that brought down the HIV prevalence and shared the fact that Uganda has also adopted the Option B+ which specifically involves increasing the proportion of HIV positive mothers accessing ARVs for EMTCT by 90% and those receiving treatment for their own health to 100%. The EMTCT Champion called on the participants to teach the young generation morals and to provide sex education with no apologies. “Expectant mothers should go for antenatal visits from the beginning of the pregnancy to the time of delivery and couples should test together” she said.

Hon. Museveni pointed out the need to complement the existing strategies and called upon Ugandans to come up with home grown solutions based on values. “There is need for creativity and innovation to design our own response, while we all must think of how to finance the response ourselves for sustainability” she pointed out.

2.4 Remarks by the Director General UAC

The Director General UAC Dr. Kihumuro Apuli detailed the four pronged approach to addressing the HIV/AIDs scourge. He spoke about the significance of including a prong on behavior change since it provides information on how to avoid getting the Virus. He also pointed out among the other prongs the Option B+ that helps to ensure that babies are born free of HIV. This prong adopts very effective drugs to kill the virus that are given to a mother who tests positive, so that her baby is born negative.

Dr. Kihumuro pointed out the fact that while family planning and condom use are sensitive issues in both the religious and cultural settings, it is important for Ugandans to be educated about how to protect themselves from unwanted pregnancies and contracting the Virus. He urged the religious leaders to sensitize the members of their congregations to plan for their children and only give birth when they are ready to care for them. He concluded his remarks by emphasizing the need to treat people who are infected with dignity, noting that it is sad that with the gender dynamics in homes many women contract the Virus because they have no control over their husband's actions.

2.5 Mr. John Kakembo representing the President of the Council of Bishops

Mr. John Kakembo represented the President Council of Bishops Metropolitan Arch Bishop Orthodox Church Yona Lwanga. He explained the privilege cultural and religious leaders have as people of influence working with large congregations and communities. He urged the participants to use their platform to sensitize Ugandans about the importance of testing for HIV and the need to live responsible lifestyles, noting that “All the prongs are about choices and information or the lack of it influences these choices”. Cultural and religious leaders have the capacity to influence the choices people make and they should use their influence to share information that will help to reduce the transmission of the Virus.

He observed that Uganda’s success in reducing AIDS, has been as a result of information dissemination that enables people to choose behavior. A person makes the choice to abstain from sex as a result of the information they have received. He pointed out that the rise in the HIV prevalence is an indication that the vigilance in information sharing evidenced in the late 80’s had cooled down and called on the participants to revive sensitization and mobilization to promote awareness about HIV/AIDS.

He thanked the development partners for their support, pointing out that in future Uganda should take the responsibility to fund her own programmes without depending on donors.

2.6 Remarks by the Hon. Minister of Health – Buganda Kingdom

The Hon. Minister for Health in the Buganda Kingdom Dr. Ben Kiwanuka, thanked the organizers for the initiative of bringing together cultural and religious leaders to the fore front of the battle against HIV/AIDS. He assured the meeting that the Buganda Kingdom will actively play its part in mobilizing cultural leaders to take on this initiative.

He applauded Africa for its rich and positive cultural heritage that should be adopted to address this challenge. He appealed to all the stakeholders to focus on the messages that are being sent out on the transmission of HIV, noting that Africans have abandoned their cultural values and norms and taken on the western ones that operate in an environment that provides all the safety nets to protect their own people.

He decried the inconsistency in attendance at the antenatal clinics that hampers the ability of mothers to protect their babies from acquiring the Virus. He shared his

experience in Makindye Division where only one third of the mothers who attend antenatal clinics for the first time make a second visit. He attributed this state of affairs to the fact that many women are just interested in having a scan of their babies and once this is done they do not bother to return. Other causes of poor attendance include negative cultural beliefs and lack of information about the importance of antenatal care. To address these challenges Dr. Kiwanuka explained that his team now makes an effort to follow up the mothers in their homes, to ensure that they do not miss out on their medical care.

Dr. Kiwanuka expressed the need to provide Voluntary Counseling and Testing (VCT) to the population in the rural areas since they lack access to these services. He shared his experience regarding the Buganda Health Day at which the prevalence rate in a community screened in the past one week was found to be 6.54 %. He also noted the need to keep the messages on HIV in the rural communities consistent and accurate.

“It is time to bring the rural people on board. Let us focus on people at the grass roots, we shall win this war nothing is impossible” he concluded.

3.0 Dialogue Deliberations

The opening remarks were preceded by a discussion on the issues emerging from the communication made by various presenters and the role cultural and religious leaders can play in the HIV response. Below are the issues that emerged during the Dialogue.

- a) **On gender dynamics that impact the transmission of HIV:** There are a number of issues regarding the gender dynamics at play in the spread of HIV. One participant wanted to know where all the men are. Another pointed out that the spread of HIV escalates because of issues of male domination that impact sexual relations between men and women. Culture dictates that women have no control over their sexual relationship with their spouses.

Response: *Male involvement is challenged by culture. How many of you have escorted your wives to the antenatal clinic? Men must give support to their wives. 96% of the women who attend antenatal services attend only once or twice. Men need to encourage their wives to go back. Women who are positive should not be sent away from their homes.*

A religious leader pointed out that there is also the stereotyping of men as the sole providers in the home, while in many households today women have taken on this role because they are now empowered. This has resulted in domestic violence; a key driver of HIV/AIDS.

A participant also observed that the boy child is increasingly being marginalized and there is need to move from promoting the interests of the girl child to also addressing the needs of the boy child. A number of boys are now victims of homosexuality and some are lured into sexual relationships by older women.

b) On the impact of the media in molding the lifestyles of the youth:

The liberalization of the media as well as video hall activities that are not regulated have resulted in children and the youth being exposed to inappropriate movies, news articles and programmes. It was noted that Government should revisit the laws governing media houses because the media and internet expose children to indecent information.

Response: *There are local by laws passed by community leaders that should be used to control the community video halls and limit their activities. They should be closed down by the authorities or supervised. Leaders do not have to wait for Government or the Police to mobilize for action.*

c) On the need to address issues pertaining to discordant couples: There is a growing number of discordant couples that need to be supported to accept their circumstances, live together and take measures to prevent infection. It was noted that religious leader's demands for VCT and the test results before marriage hinder the chances of discordant youth getting married. There is therefore need to address this issue.

Response: *There is no cure but one thing that science has provided is very effective drugs that reduce transmission. There are drugs that reduce the chance of the virus being transmitted from the positive to the negative person by 90%. However discordant couples are advised to use protection. They also undergo counseling because one cannot tell them to separate.*

d) On promoting access and utilization of services to ensure EMTCT:

Traditional birth attendants should be equipped with Mama Kits as well as skills and information to promote EMTCT and curb maternal deaths.

e) On enhancing Information, Education and Communication regarding HIV prevention: A religious leader pointed out the need to educate the public on the right messages for communicating HIV prevention. There is also misinformation with some people claiming that ARVs cure the disease. "Zero Grazing" a message in circulation in the early nineties was not clear; we should not beat about the bush" she observed.

Response: *The inappropriate messages that the Clearing House have observed in the media have been communicated to radio stations to be removed. A firm has been contracted to monitor these messages and provide feedback for the Clearing House to*

use its power to assess which messages to prohibit. The work of the Clearing House has just begun and it has representatives from different religious groups.

A participant pointed out that the messages on Abstinence must be coupled with practical approaches to support adherence to them. It is also important to document success stories. One participant wanted to know the strategies that are being adopted to train young people on issues of abstinence. It was also noted that there are messages out there that compromise the youth and their ability to abstain.

Response: *There is need to address the target for each message. In Uganda the biggest number of new infections is not amongst the youth but adults above 25 years. Most of them are in men. In women the infected are between 30-34years of age and men are between 40 and 45years. The older people who constitute congregations are the ones causing the problem. It is important to tell them when they come to church and to discuss they should do to seek help. There are Mothers Union and Fathers Union and other groups that must be targeted.*

f) On the importance of reverting back to emphasis on Behavioral Change and Abstinence: One participant observed that when ABC approach had just started there was a real change and there a big achievement in reducing the prevalence rate in Uganda. What happened? Over the years there has been a commercialization of messages on HIV prevention. The standard demanded by the development partners was too high for the Church to reach. The Church was not helped to professionalize what they were doing; yet they had influence. The emphasis was placed on NGOs that have very little influence over communities but that were able to meet the stringent expectations of the donors as well as their guidelines and regulations.

Several participants discussed the issue of using a home grown solution to address HIV prevention. They questioned why the interventions used to address HIV prevention in the 1980's and 90's were discarded and yet they had contained the spread of the virus and even brought it down. It was noted that the focus of the 90s on values and godly behavior worked before the condoms came in. The meeting gave its overwhelming support for Ugandans to revert to abstinence and faithfulness as the main message on HIV prevention.

Response: *It is important to have standard information for everyone. The Commission with other stakeholders developed a Pastoral Letter to enable all the religious leaders to speak on issues of HIV and AIDS in the mosque and in the churches. It was approved by a team of religious leaders and it is currently being translated in local languages. The message will be shared once a week for one year after which its impact will be assessed. However some of the denominations were*

inadvertently omitted. The IRC is currently addressing this issue since it is important that all religions are brought on board.

g) On promoting the family as a key structure for IEC: HIV happens within a context. The family is the most important institution in every nation. However the family has been left out of the strategies on HIV prevention, this should be addressed.

Response: *There is need for family values to be brought back. Uganda is privileged to be a society that respects religion and religious leaders have a big influence in their communities.*

h) Conflict between cultural and religious values: Men with many children are respected in the African culture and polygamy is not challenged, while on the other hand religious leaders promote monogamy. There are many other cultural values that are very different from the religious values. It is important to harmonize these tensions since they impact on the development and dissemination of messages on HIV prevention.

The participants observed that the Pastoral Letter does not include consultations by the Pentecostal Churches which they said have been marginalized by the Inter Religious Council for a long time. It was also observed that the time provided for the Dialogue limited their contributions to the discussions. It is therefore important to arrange for a two day meeting to discuss these issues further. They also pointed out that there is need for stakeholders to convene to address strategies for home grown solutions to the National Response on HIV.

4.0 Discussion on the Way Forward

The Dialogue was concluded with a brainstorming session that drew out issues for implementation and deliberations in the future, as listed below:

- ☐ There is need for a Consultative Meeting for Cultural and Religious Leaders to amongst other things harmonize messages. These messages should also be sent out during cultural events like last funeral rites etc
- ☐ Address the transmission of the virus through homosexuality in schools. There must be political will amongst the Executive to pass laws that protect these children.
- ☐ Appoint HIV Focal Persons in all religious/cultural institutions trained by UAC.

- Introduce therapy rooms at the AIDS Information Center with religious leaders to support clients.
- Inform the followers to adopt their religious values to protect themselves from being infected. Go back to the basics.
- Focus on issues of gender and how they impact on the transmission of the virus
- Focus on the rural areas and how to share this information at that level.
- Advocate for the creation of an enabling environment to promote behavioral change. Promotion of law and order impacts on behavioral change and therefore there should be political will to ensure that laws are enforced to the letter.
- Religious leaders should set a good example to their flock. Parents should show their children a good example and everyone should take up their role in ensuring an HIV Free Generation.
- Religious leaders can encourage the faithfuls to take HIV tests before testifying that they are healed. This will enable intending couples to have evidence of their healing before they get married.
- Develop a curriculum for passing on messages for and equipping young people. Each religious denomination should customize their communication messages to be forwarded to the Clearing House committee
- Adopt life skills approaches when addressing HIV/AIDs issues amongst young people so as to provide them with practical approaches to abstinence and being faithful.

5.0 Closing Remarks

5.1 Remarks by the Country Representative UNAIDS

Mr. Musa Bungudu the Country Representative UNAIDS acknowledged the First lady and EMTCT Champion for recognizing that it is high time that every level of leadership in Uganda takes up personal responsibility to addressing the problem of HIV/AIDS. He called upon all stakeholders to accept the reality that the majority of cases in Uganda are transmitted through unprotected sex and MTCT and that 577,000 Ugandans are currently on treatment.

He noted that this is not the time to trade blame but to lay strategies to address the reasons why the prevalence rate is going up. It is important for all individuals to ask themselves how they can participate in preventing the spread of the Virus. He called

on the religious and cultural leaders to send messages loud and clear to their communities. He advised that VCT services should be availed outside places of worship regularly to make them more accessible to the community members.

He concluded his remarks by appealing to the Government and the people of Uganda to prioritize funds for the management of the increasing numbers of people being infected each year, because the major donors the USA and the Global Fund are decreasing aid to other countries. *“Fifteen million Ugandans are expected to test for HIV by next year and no less than 400,000 will need treatment. Who will help us fund this?”* he asked.

5.2 Remarks by the Chairman Uganda AIDS Commission

In his remarks the Chairman UAC Dr. Kihumuro Apuli talked about the alarming level of exposure of primary school children to sexual relationships. He pointed out that a baseline survey in some primary schools indicated that 30% of boys and 70% of girls had had sex by P7. The Commission then introduced activities and messages to create awareness about HIV/AIDS and within three years the level of involvement in sexual activity in the same age group of students, had gone down remarkably. Efforts are now under way to introduce similar programmes through the Ministry of Education and the Ministry of Gender, Labour and Social Development who deal with youth out of school.

Advocacy work is currently also being done with MPs to establish alternative sources of domestic resources to fight HIV AIDS. Several initiatives are also in place to involve the cultural leaders in the PMTCT events in different parts of the country.

Finally Dr. Kihumuro, called on Religious Leaders to caution those amongst them who prevent their followers from taking the ARV treatment claiming they will be healed through spiritual means. The participants were also urged to fight against cultural norms such as widow inheritance and polygamy that are drivers of the epidemic.

5.3 Closing Remarks by the Minister for the Presidency

The Minister for the Presidency Mr. Frank Tumwebaze thanked the participants for making the time to attend the Dialogue and for the proposals they had made for the way forward in the future. He pointed out that there has been a debate on the HIV/AIDS messages being diluted and political will having been reduced. He assured the participants of the fact that issues of HIV/AIDS are high on the Government's agenda and that the inappropriate messages are being handled by the Commission.

With regard to his personal strategy to address HIV/AIDS Hon. Tumwebaze explained that he uses a marathon group of youth in his constituency that grew out of a few youth who joined him regularly to jog around the community, as an avenue to discuss issues of health with a number of youth. Through this group funds are mobilized to support the members.

He also shared the importance of adopting the media as another constituency that needs to be addressed in the battle to fight HIV/AIDS, noting that there is need to question why issues of HIV/AIDS are not given prominence by the print media. HIV/AIDS should be a political issue that every leader should be involved in, especially since HIV contributes to the diminishing productive levels of Ugandans he said.

Conclusion

The Dialogue was a great success. It provided space for the participants to interface with key stakeholders who provide leadership to the National Response on HIV and AIDS. Discussions were held and issues raised in regard to the role the cultural and religious leaders should play in advocating for public response to interventions to promote EMTCT, the importance of providing information and guidance on issues of HIV/AIDS and behavioral change as well as the need for these leaders to create awareness about the dangers of stigma with regards to those infected and affected by the AIDS scourge.