



CULTURAL LEADERS SHARE THEIR 2019 NEW YEAR'S MESSAGE TO FIGHT HIV/AIDS



Engaging Traditional and Cultural Institutions in the Roll Out of the Presidential Fast Track HIV Initiative



Since the national launch of the Presidential Fast Track Initiative on Ending AIDS as a public health threat in Uganda by 2030 in June 2017, Uganda AIDS Commission has been coordinating its implementation through several stakeholders at national and regional levels. Key among the stakeholders are the traditional and cultural institutions whose mandate is community mobilization for maternal child health services, family planning, preventing sexual and gender-based violence and HIV prevention. Cultural institutions are also mandated to mobilize resources to contribute to funding HIV related programmes.

The overall goal of the Presidential Fast Track Initiative is to achieve HIV epidemic control and eliminate AIDS as a public health threat in Uganda by 2030. The initiative aims to ensure that nobody is left behind and focuses on a five-point plan: a) to engage men in HIV prevention and close the tap on new infections particularly among adolescent girls and young women; b) to accelerate implementation of Test and Treat and attainment of the fast track 90-90-90 targets particularly among men and young people; c) to consolidate progress on elimination of mother to child transmission of HIV; d) to ensure financial sustainability for the HIV and AIDS response and e) to ensure institutional effectiveness for a well-coordinated multi-sectoral response.

In recognition of cultural institutions as a crucial platform for the mobilization of communities and a critical stakeholder for effective HIV response, Uganda AIDS Commission held eight cultural engagements during roll-out of the Fast Track initiative. They were Kumbania ya Bugwere and Inzu ya Masaaba in Eastern Uganda, the Karamoja Elders Association in Karamoja sub-region, Buganda Kingdom, Ker Kwaro Alur in West Nile sub-region, Busoga Kingdom in mid-eastern Uganda, Bunyoro Kitara Kingdom in mid-western Uganda, Acholi Chiefdom and Lango Cultural Trust in Northern Uganda and Isingiro District in South Western Uganda.

Fast Track Regional Engagement and Accountability Fora

In Eastern Uganda, a meeting was organized for the Kumbania ya Bugwere and Inzu Ya Masaaba cultural institutions in Namayingo District. This brought together about 600 elders and young people. Through this dialogue, traditional leaders recommitted to addressing the negative socio-cultural issues that negatively impact the HIV and AIDS response in the region. In particular it addressed the Imbalu ceremony and other rites in relation to HIV transmission. Other factors discussed included early marriages, cross generational sex, stigma, sexual and gender-based violence, widow inheritance, low levels of testing, and poor infection control during circumcision, Imemba dances and poverty. The kingdoms were involved in mobilizing communities for heightened services uptake ranging from HIV testing to linkage to care and treatment, HIV prevention, condoms and social and behavior change communication.

At the same time the Organization of the First

Ladies Against AIDS in Africa (OAFIA) Uganda Chapter held in-depth engagements with dozens of adolescent girls and young mothers in partnership with RHITES-E in Bugobero Sub-County. Messages on HIV prevention, family planning, antenatal care, immunization and prevention of mother-to-child transmission of HIV were disseminated. As a key outcome, the district leaders committed to follow up with the parents of the young adolescents in order to address the highly prevalent challenges like early marriages, school drop-outs and early pregnancies in the region.

In the Karamoja sub-region, the cultural event referred to as 'Etem' was held in Kotido District bringing together over 700 people including cultural leaders and young people from Karamoja. The Karamoja Elders Association presented progress made in the fight against HIV and AIDS and gender-based violence through community dialogue and sensitization. Cultural leaders recommitted to mobilization of communities to fight negative cultural practices that fuel the HIV epidemic, especially date rape and defilement, casual sexual encounters, sexual and gender-based violence and early marriages. Together with the young people, the leaders outlined key action points in engaging the community towards ending AIDS.

Activities were also held in the Buganda Kingdom, where the Kabaka is the UNAIDS Goodwill Ambassador for male engagement in the fight against HIV and is mandated to mobilize One Million Men for HIV testing. Uganda AIDS Commission collaborated with the Buganda kingdom to roll out the Fast Track Initiative at an event hosted by Kalungu District. This was preceded by a marathon that was led by His Royal Highness Prince David Wasajja of Buganda Kingdom and attended by several high-level dignitaries including Hon. Florence Nakiwala Kiyingi, the Minister of State for Youth and Children's Affairs, the Minister of Agriculture, Animal Industry and Fisheries Hon. Vincent Bamulungaki Sempijja, Buganda Parliamentary Caucus, Rotary fraternity and the Chief Runner, Deputy Governor, Louis Kasekende. During the marathon, fifty million Uganda shillings was raised for HIV prevention activities targeting young people in Kalungu District. As a pre-cursor to the Fast Track roll out in Buganda, 500 young people were addressed by the Buganda Ministry of Health. In addition, the Katikoro delivered the Kabaka's message on male engagement at a separate fund raising dinner. Buganda Health Professionals also held medical camps at landing sites in LAMBU Kamuwunga, Namirembe, Kalungu and Masaka.

The 'Ekyooto', fireplace was organized and presided over by the Pokino - the cultural head of Buddu County (Masaka region) Administrative Unit of Buganda Kingdom. Other dignitaries included the Director General of Uganda AIDS Commission, top leadership of Kalungu District including the Resident District Commissioner (RDC); LCV Chairman, Chief Administrative Officer (CAO); officials from the Health Department at the Buganda Kingdom; and over 500 Students from several schools

in Kalungu District attended the event. The Nnabagereka, who doubles as the champion of the elimination of mother to child transmission of HIV in Buganda Kingdom also held Kisakaate - sexuality education fora for adolescent boys and girls and these were sensitized HIV issues. The HE/SHE project was launched in Bulange, the headquarters of Buganda Kingdom where the Kabaka urged his male subjects to support their female counterparts. The Kabaka has continuously delivered his HIV prevention message on all Buganda Cultural functions and mobilized men towards the UNAIDS one million men target for HIV testing. Dr Kalinda, a member of Buganda Health Board presented documented cultural practices that impact HIV prevention and Buganda's contribution to the HIV and AIDS response during the roll out of fast track initiative in Buganda.

The cultural engagement in West Nile sub-region was through the 'Lange' - the cultural 'fireplace' - the dialogue was presided over by the Resident District Commissioner of Adjumani District. Cultural leaders who participated at the Lange included the Pakele Clan Chief alongside other clan leaders (Adropi, Lowi and Pagirinya) who represented the Madi Paramount Chief. Other participants included elders, women, people with disability, young people, Adjumani District leadership and over 500 participants from Adjumani District. During the event, the Pakele Clan Chief noted that key drivers of HIV in the community include the effects of war and insurgency in West Nile and negative cultural practices while the Alur Chief made pronouncements around keeping girls in school, widow inheritance and underage marriages.

In the mid-western sub-region, the Uganda AIDS Commission worked closely with the Bunyoro and Tooro Kingdoms and here Ekyoto, a traditional mobilization tool in Bunyoro and Tooro sub-regions came in handy. In preparation for the stakeholders' engagement and accountability forum in Hoima, Ekyoto was organized and more than 300 people attended, community members, District leaders, Special Envoys of the King of Bunyoro Kingdom led by the Kingdom Prime Minister inclusive. A cultural troupe greatly contributed in the mobilization of people to attend the event but also provided interlude as the Ekyoto programme went on. Tooro Kingdom held an HIV conference at Muchwa Chambers which is the Parliamentary Building for the Tooro Kingdom. The conference was presided by His Majesty King Oyo Nyimba Kabamba Iguru who is the special UNAIDS Cultural Leaders Champion for HIV and AIDS Prevention Among Young People. The conference attracted participants from the districts of Kyegegwa, Kyenjojo, Kamwenge, Kabarole, Bunyangabu, Kasese, Ntoroko and Bundibugyo Districts. Youth leaders, District Health Team members, the Prime Minister of Tooro, Tooro Kingdom Minister of Health and his Deputy, the Resident District Commissioner and District Police Commander of Kabarole, County Chiefs and other cultural leaders from the Kingdom and Guild Leaders from the Pentecostal University participated in the event. Discussion during the conference centred on the main factors driving the epidemic in the kingdom, emphasis on family values in fighting HIV and AIDS and reinvigorating the Isaazi Rya Tooro. This is a practice where 20 people meet at village level to discuss issues that affect the community, 20 village representatives meet at the parish level, 20 parish representatives meet at the sub-county level and 20 representatives from the county level meet with the King to discuss issues that affect the kingdom. The King of Tooro, known for his passion for nurturing innovation among youth, participated in a special event with an inter-university group of leaders at Uganda Christian University and urged them to live as models and to set a good example. As a special UNAIDS Cultural Leaders Champion, the king has been active in advocating for meaningful involvement of leaders in the fight against AIDS.

In the Eastern region, the Obwa kyabazinga Bwa' Busoga Chiefs Royal Council (Balangila, Bamedha, Bakungaanya, clan leaders) were oriented on the Fast Track concept. The kingdom officials were actively engaged in the mobilization and sensitization of communities through community dialogues with men ('olwekobaano'), women, youth; clan leaders; and radio talk shows. The main update was on reduction of sexual and gender-based violence from 96% to 43% and efforts are still going on to sensitize people to see the link between sexual and gender-based violence and HIV acquisition.

In the south western region, the Fast Track roll out event was hosted by Isingiro District. The HIV/AIDS cultural/camp fire event "Ekiteramo" was organized by the District leaders in collaboration with Implementing Partners. The event targeted young people and was attended by about 700 people. These included; the technical, political, religious, cultural and civic leaders; elders, the schools, youth groups, refugee community, Boda-Boda groups and the community members. The day was crowned with a panel discussion and panelists presented objectives of the Fast Track Initiative and the cultural and traditional practices that impact HIV prevention. Discussions centered on the socio-cultural drivers of HIV among the different population sub groups. The panelists included; two religious leaders, Mothers Union representative, an Opinion leader (former Ambassador), the District Youth Chairperson, and the Chairperson of Persons living with HIV Isingiro District. The session was chaired by the former District Chairman Isingiro district. The elders shared rich experiences giving their perspective on HIV/AIDS; and the possible measures to control new HIV infections, especially among the young people. The campfire was a good platform for disseminating HIV/AIDS messages especially to the young people. The elders commended such mobilization strategy to discuss HIV/AIDS related issues and pledged to promote it.

Key outcomes of the cultural engagements

Raised awareness among young people on HIV prevention using the strategic cultural platform that was shared by the technical team and traditional cultural leaders to interact with young people on issues of preventing new HIV infections. This was greatly appreciated by both young people and cultural leaders and Uganda AIDS Commission plans to coordinate the cascading of similar engagements at lower levels working with the respective cultural institutions

1. Commitment by the cultural leaders to hold similar events at a more decentralized level – parish level.
2. The cultural leaders have rolled out the Presidential Fast Track Initiative focusing on community mobilization to advance the objectives of the initiative through their structures. The Olwekobaano in Busoga (brings together all clan leaders), Ekisaakatte in Buganda, Ekyoto in Bunyoro and annual cultural events have prioritized HIV prevention.
3. "The Fast Track message hand book" was disseminated. The book contains key messages that leaders need to pass on to the communities in regard to HIV prevention. Cultural leaders raised awareness among young people on values that will support them to work harder and promote morals that negate sexual risky behavior.
4. Cultural leaders made commitments towards participation of their institutions in HIV and AIDS prevention activities.
5. The Chairperson in charge of Imbalu in the Inzu Ya Masaaba was tasked to develop fact sheets concerning issues of Imbalu for dissemination to share the steps that have been taken towards improving on the imbalu celebrations and HIV prevention.

Lessons and New Year Message

Through our engagement with cultural institutions, we learnt that political, cultural, religious and opinion leaders present great potential to transform societal norms, values, beliefs and practices that render individuals especially women and girls vulnerable. We shall continue to work closely with cultural and traditional institutions in the country to fight, modify and or eliminate harmful cultural practices that increase the vulnerability of women and young people HIV infection; and promote male involvement in the fight against HIV and AIDS. As we enter the new year, we would like to give a reminder that HIV and AIDS is still real and continues to adversely affect us. It hampers sustainable development and in the new year let us raise our guards up and guard against new infections. Take an HIV test today and know your status. If you are HIV negative stay negative and if you are positive always remember that undetectable = untransmittable. Religiously take your medicine and keep your loved ones safe.



Cultural Leaders and Elders engaging young people 'Ekyooto' on HIV and AIDS issues at Kalungu District Gardens



Participants at the Lange cultural engagement in West Nile

By Dr Nelson Musooba, Director General Uganda AIDS Commission.



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Obwa Kyabazinga Bwa' Busoga's (OBB) Responds to HIV and AIDS in Busoga Sub-region



Kyabazinga inspects HIV work done by Partner Organizations after a health camp ahead of the 4th Coronation Anniversary

The Global and National theme for this year's World AIDS Day, "Live life positively: know your HIV status" and "This is the time to know your HIV status" respectively resonated well with the efforts of Busoga Kingdom traditionally known as Obwa Kyabazinga Bwa' Busoga (OBB) to end AIDS as a public health threat in Busoga. Obwa Kyabazinga Bwa' Busoga (OBB) is a cultural institution covering ten districts of Busoga sub-region in Eastern Uganda: Jinja, Buyende, Kamuli, Kaliro, Iganga, Mayuge, Luuka, Namutumba, Bugiri and Namayingo. Busoga has 11 chiefdoms, 350 clans and 750,000 households populated by almost four million people. The Basoga are the third largest ethnic group in Uganda constituting more than 10% of the country's population. Over 90% of the population in Busoga lives in rural areas and most people are strongly traditional in their way of life.

Administratively, the Obwa Kyabazinga Bwa' Busoga cultural structure is parallel to government administration but extend to reach every household and individual through the clan system. The chiefdoms thus serve as self-containing systems within which the clan system operates. The chiefdom and clan structure are a valid institution to address the challenges people and communities face. The Busoga cultural leadership plays an important role in influencing community perspectives, attitudes as well as mobilizing demand and utilization of health and social services. Clan governance is fundamentally about building of the cultural institution, clan networks and processes that deliver well organized action and genuine decision-making control to people in Busoga over the issues of most importance to their lives and future communities. This makes OBB a great mobilization tool for health programming in general and HIV programming.

Busoga is not yet doing very well in as far as combating HIV and AIDS is concerned. Recent assessment indicates a dismal drop in HIV prevalence rate from 5.2 percent posted from a five-year study which commenced in 2009 to 4.7 percent in 2017. According to the 2016-17 UPHIA results, HIV prevalence in Busoga stands at 4.7 per cent as compared with the national prevalence rate which stands at 6.2 per cent among adults aged between 15 and 64 years old. This is still high in the context that by region, the lowest prevalence rate is at 3.1 per cent while the highest is at 8.0 per cent. In terms of viral load suppression Busoga posted the lowest suppression rate at 48.8 per cent whereas the highest viral load suppression rate is at 70 per cent. What this means is that many people in Busoga sub-region can pass on the HIV virus and infect others and therefore if not sufficiently and timely addressed we are likely to see a rise in new infections in Busoga sub-region.

Obwa Kyabazinga Bwa' Busoga's response to HIV

and AIDS epidemic is anchored on the Kingdom's Health Strategy whose mission is to build cultural platform for multi-stakeholder action for health for a Busoga where every person is healthy, productive and prosperous. The Obwa Kyabazinga Bwa' Busoga Health strategy has tripartite objectives of improving household health behavior; providing local solutions for local problems and strengthening socio-cultural support for health. To achieve these, the kingdom strengthens culture stewardship for health improvement; engages families and communities; enhances health service use and access; uses strategic culturally based communication and prioritizes learning and knowledge management. These are delivered through the well-coordinated traditional and cultural structures that the kingdom uses to mobilize and rally her subjects for the implementation of HIV prevention campaigns focusing on the cultural aspects and demand creation for service utilization. These structures offer an avenue to harness and leverage on the numerical demographics of the kingdom to communicate messages in a culturally sensitive, appropriate and easy to understand manner especially by rural men who majorly present challenges to effective service uptake and response to HIV and AIDS.

The Chiefs Royal Council, the highest cultural structure for example, influences policy at the chiefdom level to ensure comprehensive HIV programming throughout the kingdom including establishing cultural byelaws that promote marriage after 18 years and premarital testing as well as ensuring that HIV prevention messages are part and partial of all communications at cultural gatherings and conversations with chiefs; work towards ensuring all cultural structures work to identify those people that need to go for testing and support those on treatment to adhere; ensuring that there are cultural structures to reach each and every household and seeking for a platform with potential funders to share views on how the kingdom can end AIDS. The clan leaders structure, the second highest in the hierarchy, on the other hand disseminates resolutions to and supervise all 350 clan heads; uses family, neighbors and clan system to reach those not yet tested and yet known to be exposed; and uses cultural functions and ceremonies to dialogue on sensitive HIV prevention and treatment issues in the society for example intergenerational sex, couple testing and family planning among others.

Similarly the uses it Youth Leaders structure to share skills and encourages young people to go for HIV testing and utilize HIV prevention methods such as Safe Male Circumcision, abstinence, proper and consistent condom use, avoidance of alcohol and drug use as well as encouraging discussion on HIV status with partners before sex while princesses structure focuses on home visits to suspected homes and individuals and encourages those who do not know their HIV status to go for HIV testing and if

positive to access and adhere to treatment. The kingdom recognizes that traditional healers present hotspots for the spread of HIV given the nature of their work and the following they command. To close this tap, the kingdom works with cultural healers to address harmful traditional and cultural practices and encourages them not to share skin piercing tools between clients and abstain from having sex with their clients as a form of payment for services rendered. Traditional healers also refer clients at risk or with HIV positive partners for testing and convenes community meetings to discuss common social problems related to HIV spread.

In April 2017, the Traditional cultural leaders of Obwa Kyabazinga Bwa' Busoga including his Royal Highness, the Kyabazinga of Busoga, William Wilberforce Nadiope Gabula IV, Chiefs Royal Council, Clan Elders Council and Busoga Lukiiko (Parliament) made four priority pronouncements on interventions to quick start the health transformation process in Busoga. The prioritizing of these pronouncements was based on the widespread concern of the weakening socio-cultural values, norms, and practices that underlie the following deliberations:

- Teenage pregnancy was persistently high in Busoga with one in every five teenagers pregnant.
- Utilization of sexual reproductive health (SRH) and HIV services remains very poor contributed to by low involvement of men in Busoga as the men abdicated from their responsibility of discussing reproductive health issues with their sons and daughters, often leaving this to the women and cultural leaders.
- Family demand and uptake of Family Planning services remain low in Busoga despite increased availability of services.
- Poor domestic hygiene and sanitation in Busoga remains a major underlying cause of poor health.

In a bid to respond to the high teenage pregnancy prevalence coupled with early marriage in Busoga, the kingdom organized the second Ekigangu Kya Busoga for adolescent boys and girls between the ages of 9 and 16 years for a one-week retreat between 9th to 16th December 2017 at Emirates Secondary School in Bugabula, Kamuli District. The retreat brought together adolescent girls and boys from 10 districts of Busoga for a one-week training on many issues on life skills and sensitized them on the spread of HIV and AIDS and emphasized the value of education.

In its quest to end AIDS in Busoga, Obwa Kyabazinga Bwa' Busoga continues to collaborate with other institutions both government and non-governmental to advance the fight against HIV and AIDS pandemic mostly through its cultural structures and mandate. The Busoga Ministry of Health this year used its mandate in line with the health strategy and mobilized partners to accelerate awareness creation and advocacy, mobilize the communities using the cultural structures and re-emphasized the role of cultural leaders at household and community levels towards HIV prevention and control; and activism against gender-based violence in Busoga sub-region.

In a move to scale up the fight to reduce HIV infections in Busoga sub-region, Obwa Kyabazinga Bwa' Busoga partnered with the Uganda AIDS Commission under the presidential Fast Track Initiative that Uganda AIDS Commission is leading on and the kingdom actively participated in its launch in Busoga sub-region on the 17th May 2018. During this event the Busoga Kingdom Prime Minister Dr. Joseph Muvawala urged stakeholders who included Royal Chiefs, Clan Leaders, Youth Leaders and Traditional Healers among others to spearhead the fight against HIV to reduce infections and ensure development. The kingdom also received in kind activities worth shs 24 million from the Uganda AIDS Commission under the Uganda AIDS Control Project to boost an AIDS Project code-named the Busoga

Kingdom AIDS Advocacy Project. The overall goal of the grant is to reduce the overall infection rates in Busoga sub-region, using cultural institutions and to achieve this, the Kingdom will carry out a study to document aspects of Busoga Culture contributing to the spread of HIV and those that mitigate the impact of the epidemic; orient the kingdom officials on HIV and AIDS; and carry out radio programmes on HIV and AIDS prevention. In the same vein the kingdom in partnership with USAID Programme RHITES-E is working to reduce HIV infections in Busoga equipping various stakeholders with knowledge on how to reduce the HIV rates that are increasing in Busoga.

Cultural leaders from Busoga in partnership with Uganda Youth Forum pioneered a project to sensitize primary school pupils on the dangers of teenage pregnancies. This project was informed by the high teenage pregnancy rate in Busoga whereby one in five teenage girls get pregnant, making Busoga one of the sub-regions with the highest teenage pregnancy rate in Uganda. Under this initiative the Kingdom empowered senior women teachers and school heads with the necessary skills in handling teenagers' challenges that push them into early sex and also embarked on school outreach programmes aimed at encouraging learners to report men who get them pregnant and thus encroach on their right to education. Cultural leaders also encouraged 90 percent of young people, men and women to test and know their HIV status to avert passing on infections to new born babies during birth and thus curbing the high mother to child transmission rate in Busoga which stands at 8 per cent as opposed to the national rate of 4.1 per cent.

Over the years we have learnt that the strength of health programming in Obwa Kyabazinga Bwa' Busoga is grounded on the rootedness and the ability of the kingdom to reach out to every community and individual in the kingdom through its cultural structure which is organized from the lowest level, the Maka Kumi consisting of 7200 households to the highest decision-making institution in the kingdom, the Obwa Kyabazinga. The Maka Kumi is an organizational arrangement where ten households in the neighbourhood form a group to support each other in all the programmes that come on board. The great reverence with which the Basoga hold the institution of the Kyabazinga results in positive uptake of messages and practices thus enhancing probability of successful programming. Moreover, the Obwa Kyabazinga Bwa' Busoga structure presents formidable credible alternative, opportunities and potential as many people living with HIV serially, concurrently or alternatively use biomedical and traditional/spiritual health care in a complementary rather than alternative manner, and therefore not intended to replace anti-retroviral therapy. Also, many cultural people living with HIV think of enchantment as a distal cause of their illness, and the virus as the biological proximal cause of the disease, both of which require intervention. Additionally, traditional leaders are in a stronger position to work with their rural communities to address harmful socio-cultural practices that contribute to HIV, gender-based violence, teenage pregnancy, intergenerational sex or stigma and discrimination.

As we go into the new year, we call upon Basoga and Ugandans at large to be more careful, take an HIV test and know your status. If you are negative take deliberate steps to prevent acquisition of HIV virus by abstaining, being faithful and correctly and consistently using condoms. For those whose results turn out positive, take your medicine well, become virally suppressed and become healthy and protect your loved ones. Always remember we need all of us for effective HIV response and therefore avoid stigmatizing behavior and discrimination against our brothers and sisters living with HIV. Together we shall overcome the epidemic. Best wishes for the new year.

By Sheila Birungi Gandhi, State Minister Health,
Busoga Kingdom



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STATEMENT ON HIV AND AIDS



In regards to the effects of the HIV and AIDS pandemic, a lot of work has been done to sensitize men, women and especially the youth on the viciousness of the enemy and on how to deal with this scourge. We have been greatly assisted in our efforts by the Nabagereka and other Buganda Kingdom institutions.

There is now an awareness that for those unfortunate to be living with HIV and AIDS, they can live a normal span of life if they take the medication which is now available at affordable prices. We emphasize in the media,

health camps, clan meetings, and wherever the opportunity presents itself that living with HIV and AIDS is not a death sentence and urge all our people to eschew stigmatization. Now that people know how the disease is contracted and spread there is no reason why those living with HIV and AIDS should be shunned. So, today there is a harmonious relationship in our communities between those living with HIV and AIDS and those who are not.

Buganda Kingdom has established an excellent relationship with UNAIDS, JCRC, UAC and the Ministry of Health of the Uganda Government

and together a lot has been achieved and the incidence of HIV and AIDS has reduced from 7.3% to 5.5%.

We have undertaken policy pronouncements on the reduction of HIV and AIDS infection; sexually transmitted diseases, women dying in child birth, premature pregnancies, domestic violence and family planning. All these issues are related and our people need to pay attention to all of them in order to remain healthy and productive.

Most people in the kingdom and in Uganda own or have access to radios and even mobile phones, T.V. coverage is also increasing and we carry our HIV and AIDS campaign on CBS radio and BBS TV Telefayina. We hope to extend messages on mobile phones in due course.

The results are palpable. People (men, women and youth) now readily seek to establish their HIV and AIDS status at the health outlets we have – hospitals, clinics and at the camps which we hold from time to time especially in the rural areas and hard to reach places such as islands. Condom use is on the increase and married people too have actively joined the campaign through testing. Our most vulnerable groups, the fisher-folk and boda-boda riders are happily on board.

We get involved in immunization campaigns and in the fight against malaria whose incidence has reduced considerably. These efforts have led to steep reductions in children going to

hospitals to seek treatment of preventable diseases.

Sex education is a culturally sensitive issue but given the dangers of new diseases in our midst, we must find a way of conveying messages to our young people on the dangers that may arise from unprotected sexual activities. We are aware that culture is dynamic and must move in tandem with evolving circumstances. In this connection, we appeal to traditional healers to work with other health workers and not to mystify HIV and AIDS as has been the case in the past, making claims of being able to cure the disease when they have no such capacity.

Faith-based organizations reach a lot of people in our country; they are among the leaders of opinion especially in rural and remote areas. We wish to work with them to spread the gospel of HIV and AIDS prevention. Our local chiefs would liaise with the leaders of these organizations to liberate the people from the fear they live with of contracting HIV and AIDS and the other attendant worries.

Lastly, I wish to once again mention that I was pleased to be appointed by UNAIDS Goodwill Ambassador for Africa.

We send to you all Season Greetings and wishes for the New Year!

Ronald Mutebi II
KABAKA



Bunyoro Sends Out New Year Message to Fight HIV/AIDS



The Omukama of Bunyoro Kitara Dr Solomon Gafabusa Iguru I in March received an award in recognition for his fight against the HIV/AIDS pandemic. The award was presented to him by Mr Michel Sidibe, the UNAIDS Executive Director who led a United Nations delegation that paid a courtesy call on him at his Karuziika Palace in Hoima District. The King has discouraged wife inheritance, early marriages and other cultural practices that previously escalated the spread of HIV infections.

Bunyoro Kitara Kingdom remains committed to ending AIDS and has implemented numerous activities aimed at fighting the spread of HIV as part of the Fast Track Initiative.

In partnership with Uganda Aids Commission, Bunyoro Kitara Kingdom participated in the Presidential Fast Track Initiative to end AIDS as a public health threat in Uganda by 2030.

The Presidential Fast Track Initiative is focused on a 5 Point Plan:

1. Engage men in HIV prevention to close the tap on new infections particularly among adolescent girls and young women.

2. Accelerate Implementation of Test and Treat and attainment of 90-90-90 targets particularly among men and young people
3. Consolidate progress on eliminating mother-to-child transmission of HIV
4. Ensure financial sustainability for the HIV response
5. Ensure institutional effectiveness for a well-coordinated multi-sectoral response.

Fast Track Initiative was launched in Bunyoro region this year and the Kingdom held a pre-event vigil where youth and women were sensitized on the fight against HIV/AIDS at a fireside discussion.

A fireside discussion is an ancient cultural tradition where elders sit by the camp fire in the evening and they discuss pertinent issues affecting the development of the area. The elders use this platform to summon and advise the children and the youth to instil discipline and morals in them.

His Royal Majesty the Omukama of Bunyoro Kitara directed his officers, clan leaders, elders and parents to use this approach in sensitising young people about how to prevent themselves from contracting HIV.

The key messages which are sent to the public advises the unmarried young people to abstain from sex, those who have contracted HIV to seek timely treatment and the general public to avoid prostitution and other vices that expose them to contracting HIV.

The Kingdom discourages wife inheritance and early marriages, says Haj Bruhan Kyakuhaire, the Special Assistant for culture in Bunyoro Kitara Kingdom.

Wife inheritance and early marriages used to be cultural practices in Bunyoro which many communities practiced. After realizing that the vices were accelerating the spread of HIV/AIDS, the Kingdom has started a campaign to fight them.

The Kingdom is also in a campaign against early marriages. In traditional marriage, a husband is required to obtain a marriage certificate from Bunyoro Kitara Kingdom.

The Kingdom first ascertains that the couple which are going to get married are above 18 years of age.

We do not issue a certificate where one or both couple are underage, says Haj Kyakuhaire who supervises the offices that issues marriage certificates.

According to the Prime Minister of Bunyoro Kitara Kingdom, Rt Hon Andrew Byakutaga, the fight against HIV/AIDS is a priority for the Kingdom because His Royal Majesty Dr Solomon Gafabusa Iguru I, wants a healthy and productive population.

To underscore the importance of health in his administration, the Omukama of Bunyoro Kitara appointed Dr Florence Asimwe as a Minister for social services. The King also appointed Ms Annet Mutagaywa as a Special Assistant for Health and Gender in the Office of the Prime Minister. Mr Richard Businge, the Head of Research, Development and Documentation is also coordinating the HIV interventions in the Office of the King.

The fight against HIV is part of the Kingdom's strategic plan, Byakutaga adds.

The Kingdom is sending a special message to the population as the country enters the New Year. It is urging all to know their HIV status during the New Year. It is encouraging those who are negative to protect themselves and remain negative. And it is urging those who test positive to get treatment, and to also protect their loved ones.

By Owek Annet Mutagaywa, Special Assistant for Health and Gender, Office of the Prime Minister Bunyoro Kitara Kingdom