



HISTORY OF HIV EXHIBITION IN UGANDA

(JUNE - DECEMBER 2018)

Sylvia Matovu - TASO

Health Innovation Conference

20 March 2019

Kampala Serena Hotel

Background

- ▶ A joint project between the Ugandan Academy, TASO and Uganda AIDS Commission
- ▶ Proposal to Embassy of Ireland in 2018 - for 6 months (June to December 2018)
- ▶ Launched on 28 November 2018, opened to the public on World AIDS Day 1 December 2018
- ▶ Extended to January 1 - 31 2019 and then to February 3, 2019

Aim and objectives

Aim

- ▶ To establish a mobile exhibition to highlight the social history of HIV communication material in Uganda and to determine if exposure to this exhibition could decrease high risk sexual behaviour.

Objectives

- ▶ To showcase historical IEC/BCC materials used in the early days of the HIV epidemic in Uganda
- ▶ To determine whether exposure to an HIV/AIDS exhibition using historical IEC/BCC materials can lead to change in behaviour especially among high risk populations.
- ▶ Assess whether exposure to an HIV/AIDS exhibition leads to increased uptake of HIV VCT in those never tested or not recently tested
- ▶ Develop new materials that can be used for communicating HIV messages based on the most memorable older materials.³

Tracing the history

- ▶ Formed an Organizing Committee and an Advisory board
- ▶ Held two Stakeholder meetings - plotted the timeline
 - ▶ Researchers, academicians, politicians, HIV activists, historical figure heads and a conservator from the Uganda Museum.
 - ▶ Beneficiaries of HIV related services (including PLHIV and one spouse who is HIV negative)

- ▶ Combed through the extensive library collections of TASO and UAC
 - ▶ Audio-visual material
 - ▶ Print material
 - ▶ Artifacts



Lutaya has AIDS

Ofungi, Maswere suspended

By Jolly Azabo

A RENOWNED Ugandan musician and artist, Philly Bongoley Lutaya based in Sweden, declared that he was an AIDS victim.

At the Kampala Sheraton Hotel, he read to members of the Press a statement, reacting to rumours about having acquired the killer virus.

Lutaya said he was shocked when diagnosed in Sweden as HIV-positive after his recent tour to Uganda. He called on AIDS victims to help inform others rather than keep quiet, adding "this way millions of lives would be saved".

He refuted reports that he had been kicked out of Sweden and that he was hiding in his mother's home. He said he was here for two weeks and would soon go back to Sweden. He called on people to assist AIDS victims and asked the victims not to give up but to continue to do something useful

for the nation before they finally die.

Lutaya was accompanied by Mr Anders Nordlouf of the Swedish Red Cross Society. Others present included the Secretary General of the Uganda Red Cross, Mr Peter Oryema and Mr Runar Soerensen of the Norwegian Red Cross and League of Red Crescent Societies based in Uganda.

The full text of Lutaya's letter is as follows: "Fellow comrades of Uganda, It is with utmost regret that today I inform you that the sickness bothering me has been diagnosed as AIDS.

Surely this will no doubt be a shock, but it's true, I am one of the victims of this dreaded disease, AIDS.

For me, this is what I see as the biggest crisis in my life. There won't be another one, not for me. I have gone over the shock and I realise that, despite all that, the world must go on.

It is my duty as a citizen of Uganda to inform and give the public a clear picture of what has happened to me. Thus armed with such knowledge I really hope that we might save those who are not yet infected by this deadly virus by being open and straight to the point.

For the short time which I am left to live in this world, I want to do at least something in lending a hand to fellow Ugandans who are fighting AIDS with informing the people. What I am doing now is "giving AIDS a face" as we call it here in the West.

That by publicly exposing and admitting before the masses through media that one has AIDS will: (a) make people yet take more care in their day to day habits, so as to protect themselves and protect others thus preventing the spread of this disease.

(b) to give confidence and hope for those victims of the



Philly Bongoley Lutaya with his family during the happy days.

disease who are in weak social position and who are often discarded and rejected by their nearest relatives and friends as soon as the disease is diagnosed.

Furthermore, at this time, when our young nation Uganda is fighting to reconstruct herself, it needs all of us including the sick and disabled. There must be no feeling of giving up. We must fight with all possible means to the last day.

As a musician and writer, I regret that many songs, ideas and sounds will never be heard. My work is nearly finished but I promise that I will go on working even with double effort to see that I do all I can to serve you, the Nation of Uganda. For me, there won't be any capitulation, there won't be any raising of the white flag to AIDS. I will die fighting for I have always been a fighter.

For 20 years you have li-

By Vision Reporter

THREE top police officers have been sent on indefinite leave, to make way for a commission of inquiry to investigate financial mismanagement and abuse of office in Uganda Police Force.

According to a press release from the Ministry of Internal Affairs dated yesterday, Luke Ofungi the Inspector General of Police and his deputies, Mr Maswere and Mr Kyefulumya go on leave with immediate effect. The press release stated: "In order to facilitate the work of the commission, it has been necessary to send... officers on leave."

It goes on to say that in the absence of Mr Ofungi, David Psomgen will be in charge of the Uganda Police on an acting basis. Psomgen was before appointment the Director of the Special Branch.



Works report doubted

By Robinah Basolirwa

THE Public Accounts Committee was yesterday angered by officials of the Ministry of Works who presented false accounts documents.

The Committee members charged that it was an insult to the committee and intended

the Committee was quizzing the Ministry of Works officials. The money in question which the Permanent Secretary, Mr P. Sebbowa cannot account for, involves 19m/= allegedly spent on materials and 5m/= spent on allowances and labour for the surveying of the Masaka town by-pass.

red the Committee pointed out to Sebbowa that he was trying to cover up irregularities in the Ministry. Some of the vouchers were not signed, others were dated December 2 1988 while the money was received as having been paid in March 1987.

Sebbowa attempted to explain that the money could

imposed. He later changed his statement and suggested to the Committee that the chief materials engineer and the senior staff surveyor who were responsible for drawing the money, be summoned to explain.

Mr Wamusi suggested that the vouchers could have been made this week. One voucher

Africa has been hardest hit. 70% of adults and 80% of children infected with HIV are African

Leaders to reverse HIV epidemic

GOVERNMENTS must intensify their fight against HIV/AIDS, "the most formidable development challenge of our time," said Kofi Annan, UN Secretary-General.

In a report released in preparation for the UN General Assembly Special Session on HIV/AIDS in June, Annan called on governments around the world to meet seven critical challenges which would help reverse the epidemic.

They are effective leadership and co-ordination; alleviating the social and economic impact of the epidemic; reducing the vulnerability of particular social groups to HIV infection; achieving agreed targets for the prevention of HIV infection; ensuring that care and support is available to people infected and affected by HIV/AIDS; developing relevant and effective international commodities and mobilising the necessary level of financial resources.

"Leadership is fundamental to an effective response. One of the key issues facing the global

community is developing and sustaining such dedicated leadership, vital if the nature of the epidemic is to be clearly understood throughout society and a national response mobilised," Annan said.

His report also highlighted the need to alleviate the economic and social impact of the HIV/AIDS epidemic, noting that in many countries the killer virus had affected key sectors, and that conflict, war, economic uncertainty, gender inequality and social exclusion had left many more people vulnerable to HIV infection.

Africa has been hardest hit by the epidemic and according to the report, 70% of adults and 80% of children infected with HIV are African, as are 75% of all those who have died of AIDS since the epidemic began two decades ago.

Last year, the report said, 3.8 million people were infected in sub-Saharan Africa and 2.4 million people died.

Annan also stressed in the report the need for more effective prevention strategies and for greater financial commitment from governments and other stakeholders.



A NEW HOPE: Nalubega, right, talks to Nakayiwa who looks after 10 AIDS orphans

"As well as the need to strengthen health care systems, the affordability of medicines for opportunistic infections and antiretroviral therapy — one of the greatest bar-

riers to improving access to care — must be dealt with. Some progress in reducing the price of medicines has resulted from the dialogue between the UN system and several

research and development based pharmaceutical companies, initiated in May 2000, as well as through the increasing availability of generic versions of anti-

retroviral drugs.

Despite their efforts, much more needs to be done if access to care and treatment is not to remain out of reach for the majority of people living with HIV and AIDS," the report said.

Annan also said that continuing inequalities in access to effective care and treatment should be specifically addressed through all possible means, including tiered pricing, competition between suppliers, regional procurement, licensing agreements and the effective use of the health safeguards in trade agreements.

Stressing that people living with HIV/AIDS were central to a collective global response to the epidemic, Annan said experience had shown that "it is now possible to state with confidence that it is technically, politically and financially feasible to contain HIV/AIDS and dramatically reduce its spread and impact".

The first round of substantive negotiations for the UN special session set for June, take place at the end of this month.

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HIV TESTING POLICY



UGANDA NATIONAL COMMITTEE FOR PREVENTION OF AIDS
(NCPA)
AIDS Control Programme
Ministry of Health
P.O.Box 8, Entebbe
UGANDA
November, 1990

Can You Spot Which Person Carries HIV?



The Answer is NO! The AIDS-Virus can hide in a person's blood for many years.
People who carry HIV may look and feel healthy, but they can still pass HIV to others!

Adapted from the Uganda School Health Kit on AIDS Control (Item 5) Ministry of Education, Ministry of Health (AIDS Control Programme), UNICEF Kampala

Documenting lived experiences

- ▶ Video interviews of key people
 - ▶ Dr. Elly Katabira - first AIDS clinic
 - ▶ Mrs. Mary Oduka Ochan - formerly of Embassy of Ireland
 - ▶ Prof. Pontiano Kaleebu - Vaccine research
 - ▶ Prof. Sam Okware - first head of the AIDS Control Programme
 - ▶ Dr. Christine Ondo - former Minister for Health and Director General UAC
- ▶ Video and audio recording of testimonies from service beneficiaries.

Experience while gathering information

- ▶ We are either infected or affected or both
- ▶ There is A LOT of information about HIV and AIDS.
- ▶ 3 decades is a long time, but not long enough. Dates are forgotten, but the pain is never forgotten
- ▶ Every AIDS Service Organisation in Uganda is called "TASO"



Experience - while gathering information continued...

- ▶ In the 80s and 90s the messages were clear, straight forward and instilled fear but they were stigmatizing to those already living with HIV.

“Love faithfully” , “Zero grazing” , “AIDS Kills”

- ▶ The world has changed and so has AIDS/HIV. Message development takes more time and requires a lot of care.



The Tree of Knowledge



Layout of the exhibition

- ▶ HIV Testing booth - pretest counseling, HIV testing and post test counseling.
- ▶ Main exhibition area divided into sections

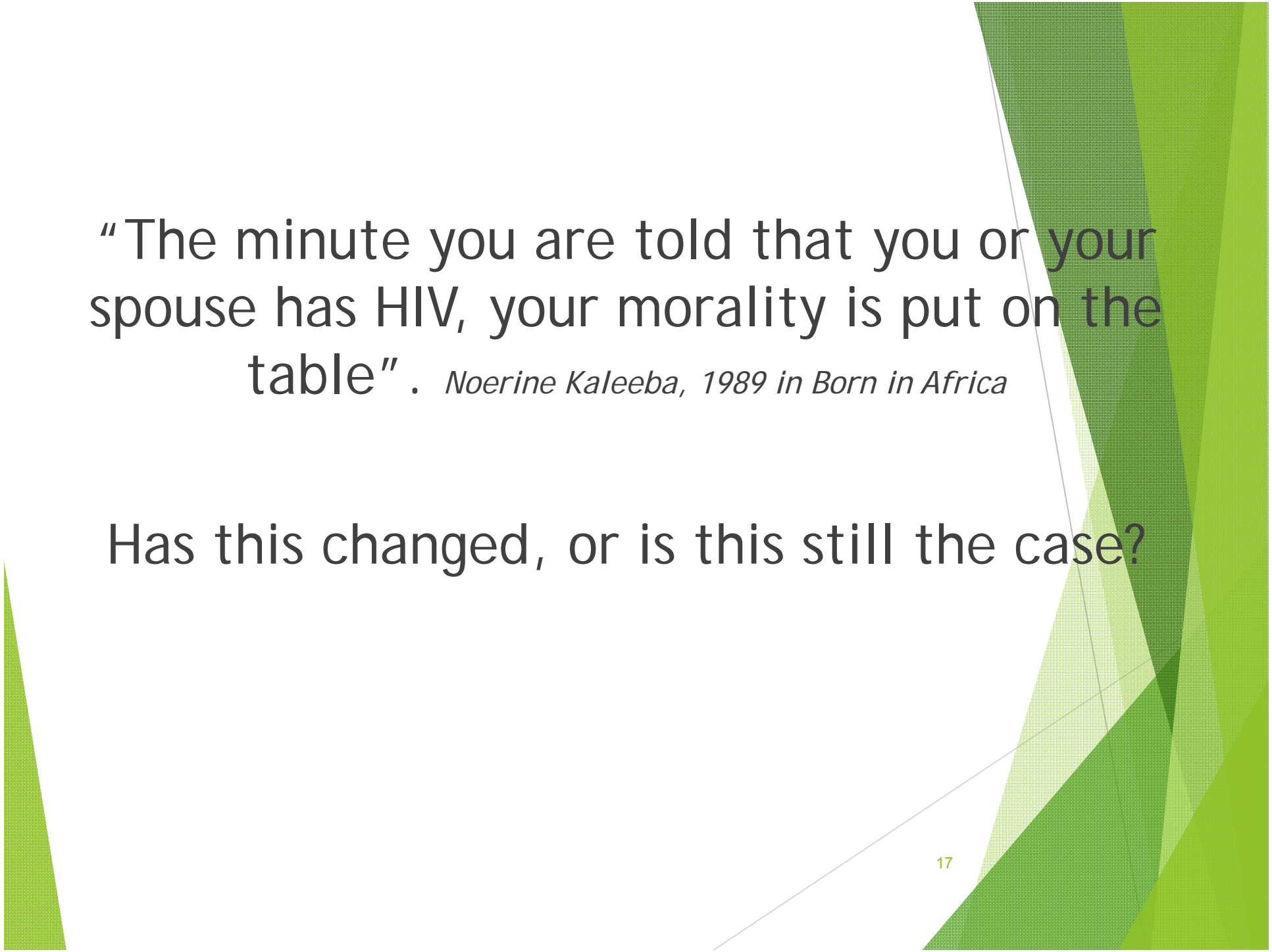


Observation

Sunday afternoon is the best time to engage young people in a friendly environment - the young couples come out to the museum.

Experience - at the exhibition

- ▶ It generated a lot of interest and discussion about Uganda and the HIV response - even from visitors who could hardly speak English - guests from China, Israel, Tanzania, Turkey and many other countries.
- ▶ Many people want the exhibition to be taken to their areas - Kapchorwa, Kalangala and even Kenya and Tanzania.
- ▶ Religious groups (especially the Muslim community) visited in large numbers.



“The minute you are told that you or your spouse has HIV, your morality is put on the table” . *Noerine Kaleeba, 1989 in Born in Africa*

Has this changed, or is this still the case?

Who came to the exhibition?

Development partners – Embassy of Ireland, EU Community, US Embassy, UN Family.

Implementing partners – IDI, TASO, UAC, MRC, Dr. Peter Piot and Council of LSHTM, NACWOLA, Mildmay, AMICAALL, Straight Talk Foundation,

Youth and Adolescents – in and out of school – had a team of adolescent boys from the slums.

Students from Institutions of Higher learning – both undergraduate and post graduate

Key and Priority populations – e.g. Safe Boda, uniformed personnel, MSM, FSW

General Public



The experts, the brave, the curious and a few crazy people.

- ▶ Visitors - over 2, 000
- ▶ Tested for HIV - Over 200

What next?

- ▶ Roving exhibition - partners in regions to host exhibition.
 - ▶ Requirements - Venue/Hall, PLHIV to guide, HIV Testing Services team, mobilization, publicity
 - ▶ Target audience - adolescents, youth, historical people in HIV (to fill in gaps especially for regional HIV history - their experiences), KP/PP, general public
- ▶ Set up of AIDS/HIV corner in the Uganda Museum
- ▶ Permanent exhibition - TASO Museum (virtual and physical museum)

Items for roving exhibition

- ▶ Myth/Reality boxes
- ▶ Sound boxes
- ▶ Timeline

Acknowledgement

All the people and institutions that contributed to this exhibition - directly or indirectly.

We simply stood on the shoulders of giants



Ambasáid na hÉireani Embassy of Ireland



MAKERERE UNIVERSITY



INFECTIOUS
DISEASES
INSTITUTE



Ugandan Academy
for Health Innovation
and Impact

janssen
PHARMACEUTICAL COMPANIES
of Johnson & Johnson



UGANDA AIDS COMMISSION



UGANDA MUSEUM

On the Advisory Board and Organising Committee we had....

- ▶ Medical doctors, clinical officers, nurses, laboratory technicians
- ▶ Counselors, psychologists
- ▶ Social Scientists, anthropologists,
- ▶ Information Scientists, archivists, conservator, mass communicators
- ▶ Artists, musicians, playwrights

Thank you