THE REPUBLIC OF UGANDA

REPORT

PHILLY LUTAAYA PUBLIC MEMORIAL LECTURE
Imperial Royale Hotel, Kampala

November, 2019

Theme: Sustainability of Uganda’s HIV and AIDS Response
Post 2020
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Acknowledgement

Uganda AIDS Commission greatly appreciates all our partners who supported the Philly Lutaaya Public Memorial Lecture. I would like to specially recognize the Embassy of Ireland for the financial support towards the exhibition of the ‘History of HIV’ during the Philly Lutaaya Memorial lecture. Much appreciation goes to: Ministry of Health; TASO, Infectious Diseases Institute, AHF-Uganda Cares for the contribution of information materials. Uganda AIDS Commission further appreciates all stakeholders who visited the exhibition booth and interacted with the materials and the Staff as a means of promoting information sharing on HIV and AIDS.

Special appreciation goes to the key Note Speaker Dr. Alex Coutinho for the phenomenal key note address about HIV and AIDS and what it would take for Uganda to end AIDS as a public health threat in Uganda by 2030. His inspiring insights presented the realities of the magnitude of the challenge at hand and on the other hand gave hope that if the key factors are addressed, it is possible to achieve epidemic control and sustain the gains made.

Appreciation to the Team of Panelists that included: Dr. Henry Mwebesa the Director General Health services Ministry of Health; Dr. Karusa Kiragu UNAIDS Country Director; Mr. Chris Krafft Deputy Chief of Mission US Embassy; Hon. Florence Namboozo, Member of Parliament and Chairperson HIV Committee of Parliament; Ms. Brenda Facy Azizuyo Project Officer International Coalition of Women Living with HIV in East Africa (ICWEA) and Associate Prof. Freddie Ssengooba, Makerere School of Public Health.

The commitment and physical presence of the Philly Lutaaya family at the lecture was invaluable. UAC wishes to thank Ms. Tezra Lutaaya for the moving speech she gave and for representing the family along with other family members.

Our gratitude goes to the Legends in the Ugandan music industry who presented music in honour of their Colleague and friend Philly Lutaaya (RIP).

Special thanks to Mr. Patrick Kamara for excellently moderating the Panel discussion and ensuring that the depth and richness of each topic is lucidly delivered. Further appreciation goes to Mr. Awel Uwihanganye for most ably moderating the entire memorial lecture and ensuring a smooth flow of the programme.

I acknowledge the strategic support and oversight of the national Steering Committee of the Presidential Fast Track Initiative chaired by the Minister in charge of the Presidency, Hon. Esther Mbayo. Much appreciation goes to the National Organizing Committee consisting of Ministries, Departments and Agencies of Government; People living with HIV; Civil Society Organizations, the Media; Religious and Cultural entities; Private Sector; Development Partners and the Academia, for the technical and operational guidance that made the event successful. Finally, I appreciate UAC Staff for putting in a lot of time, energy and skill that led to a successful Philly Lutaaya 2019 Memorial lecture.

Dr. Nelson Musoba
Director General
Introduction

On 29th November 2019, Uganda AIDS Commission was joined by key HIV and AIDS stakeholders including Ministries, Departments and Agencies, AIDS Development Partners, Members of Parliament, People Living with HIV (PLHIV), Implementing partners, the Academia, Religious and Cultural leaders, the Media, Artists, among others, to hold the Philly Bongoley Lutaaya memorial lecture ahead of World AIDS day on 1 December 2019.

The lecture took place at the Imperial Royale Hotel, Kampala, under the theme ‘Sustainability of Uganda’s HIV and AIDS response beyond 2020’.

The lecture was in recognition of Lutaaya’s selfless effort in breaking the stigma and discrimination around HIV/AIDS and was to provide a platform to explore possibilities of sustaining Uganda’s HIV/AIDS response. The keynote Speaker at the lecture was Dr. Alex Coutinho, an experienced Global Health leader who has practiced medicine and public health in Africa for the last 35 years. Key among the Guests was the daughter of Philly Lutaaya, Ms. Tezra Lutaaya who represented and spoke on behalf of the Lutaaya family. Other high level dignitaries included; the Minister in charge of the Presidency; the Minister of Health; Members of Parliament, the Head of Cooperation Embassy of Ireland; the US Deputy Chief of Mission; Heads of the UN Agencies; Religious and Cultural Leaders; District leaders, among others. Over 420 individuals and representatives of over 200 organizations participated in the lecture. The Lecture gave critical insights by Experts into the future of the HIV and AIDS response in Uganda. A key output of the Lecture is a policy brief that is being developed to guide the Country in strategically positioning itself to respond to the HIV and AIDS burden post 2020.

History of HIV in Uganda - Exhibition

An important aspect of the Memorial Lecture was an exhibition of the History of HIV in Uganda. This was organized to promote information, education and communicate important messages that are in line with the values that Philly Lutaaya (R.I.P) stood for in the national response to HIV and AIDS. Most Participants at the Lecture visited the exhibition booth and were elated to see the rich material collection that included: pictures of Philly Lutaaya and other key Artists; Philly’s video documentary; songs; HIV and AIDS messages; selected items from the History of HIV exhibition; among others. The exhibition was organized by Uganda AIDS Commission in partnership with The AIDS Support Organisation (TASO) and Infectious Diseases Institute (IDI) Makerere University, with financial support from the Embassy of Ireland. Additional support was provided by the Ministry of health and AHF-Uganda Cares,

The Legends

Another highlight at the lecture were the Key Artistes and Legends in the Ugandan music industry who presented music in honour of their Colleague Philly Lutaaya (RIP). Among the Legends were the Band Leader of Afrigo Mr. Moses Matovu; the Directors of Ziwuna Band-Mr. Frank Mbalire and Mr. Sammy Kasule. Alex Mukulu and Troupe presented a Lutaaya Musical that crowned off the edutainment. Most of the music were renditions of Philly’s music in promotion of the fight against HIV and AIDS. Through this edutainment, key
messages were delivered about prevention of HIV; fighting stigma and discrimination and a call to support PLIHV. Additionally, Mr. Aloysius Matovu Joy delivered a poignant poem dedicated to his fallen Colleague and friend Philly Lutaaya.

This report gives highlights of the lecture and the key recommendations by the Stakeholders.

**Remarks by Tezra Lutaaya**

Ms. Tezra Lutaaya, daughter of the late Philly Lutaaya addressed the gathering. She read out an emotional letter that her late father left behind and underscored three important things from the letter.

i) **Stigma**: still a very big issue, its real and affects everybody in different ways. She pointed to the fact that we still need to reach out to those infected because we need them just as much as they need us.

ii) **Resilience**: Ms. Lutaaya rhetorically asked “how does one bounce back after diagnosis or how does a family that has lost a bread winner carry on in today’s climate?” She noted that it is the responsibility of Stakeholders to ensure that the support and tools available today are accessible to those who need them.

iii) **Social capital**: She noted that the social capital built by her late father started from a point of rejection but through his music, resilience and determination he got through to the masses. She challenged every one present to use their gift as social capital to collectively embark on the journey of strengthening Uganda’s HIV and AIDS response post 2020. Finally Ms. Lutaaya appreciated Uganda AIDS Commission for upholding the legacy of her late father.

**Opening statement: Hon. Minister in Charge of the Presidency**

In her opening remarks, Hon. Esther Mbayo, Minister in Charge of the Presidency noted that the Presidential fast track initiative to end AIDS as a public health threat in Uganda by 2030 has been critical to redirecting our efforts to coordinating and fighting HIV and AIDS. She noted that there are now better results with more men going for HIV testing as well as increased enrollment for HIV treatment. She called upon all stakeholders to put in place urgent and innovative strategies to bring down new HIV infections. There is need to strengthen social and behavioral campaigns.

The Hon. Minister further noted that H.E. the President of the Republic of Uganda has taken the first step by recording HIV prevention messages that will be running on media platforms. She thus called upon leaders at all levels to reflect deeply on what they would do differently to end AIDS. She called upon all stakeholders to address structural challenges i.e social, cultural and stigma, strengthen male engagement, and encourage community dialogue and social support if we are to achieve sustainable achievements.

Finally, the Hon. Minister called upon leaders to act as Role models in the fight against HIV and AIDS. She applauded the Ministry of Health for innovatively coming up with client centered models based on preferences and needs of clients. She noted that the government is
committed to supporting the response in terms of Human resources and promotion of the multi-sectoral response. She asked leaders to take full responsibility of the response and thanked Development Partners for their continued contribution to the HIV response.

Minister in charge of the Presidency Hon. Esther Mbayo, opening the Philly Lutaaya Memorial Lecture

Presentation by the Keynote Speaker: Dr. Alex Coutinho

The Key Note speaker opened his address with 5 key questions;

1. How are we going to get the people engaged and reinvigorated so that the HIV response reaches everyone in Uganda?
2. Will PEPFAR and Global Fund continue to provide 400-500m USD annually to tackle HIV?
3. If PEPFAR scaled down will Government fill the gap and if it did, which criteria will Government use to disburse those huge amounts without distorting other obligations?
4. How will Ministry of Health adapt to be fit for purpose to provide chronic care?
5. What will be the role of other players (NGOs) as Government takes on the major role of funding and fighting HIV?

The Key note Speaker cautioned that we don’t need to go back to the old days of the HIV epidemic, but if we don’t ensure the sustainability of interventions then we are likely to go back to the old hard days of 1982 - 2002.

The Legacy of Philly Bongoley Lutaaya (1951-1989)

Philly Lutaaya gave a human face to AIDS in Uganda and Spoke out at a time of silence denial and stigma. He reached a wide spectrum of society especially the youth, demonstrated
personal courage and resilience in the face of illness, pain and discrimination. Beyond HIV, his music is still regarded as the best in Uganda and a standard for Christmas Carols. His lyrics for “Alone and Frightened” continue to be relevant and resonate today.

**Why we need the dialogue on HIV**

The recent UPHIA 2016/17 shows that one in seven households has at least one person living with HIV. One in eight adolescents is having sex before the age of 15 years. Only 25% of the young, poor and those living in rural area have comprehensive knowledge on HIV i.e. can identify the correct ways HIV can be transmitted. And 33% of men had sex intercourse with a non-marital/cohabiting partner, of whom only 33% used a condom during sex. Of concern, the HIV prevalence was 1.5% among the single women/men, and 6% among the individuals in marital/cohabiting relationship. Only over half (54%) of PLHIV have Viral load suppressions and hence 46% are not suppressed and continue to provide a community pool for HIV transmission.

**It took a Global village to get to where we are;**

- His Excellency Yoweri Kaguta Museveni, Ministry of Health, UAC
- Philly Lutaaya (RIP), Dr. Noreen Kaleeba, Prof. Elly Katabira, Prof. Peter Mugyenyi, Dr. Sam Okware, Prof. Nelson Sewankambo, Prof. David Serwadda, Dr. Sam Kalibala
- TASO, Kitovu Home care, Nsambya Homecare, AIC, JCRC, Mild may, Baylor, MJAP, International NGOs
- UK, Ireland, Denmark, Sweden, USA, Germany,
- Global Fund, PEPFAR, World Bank, CHAI, UN family
- Private sector, and
- Communities of people living with HIV

Dr. Coutinho stated that initially, activists led the way and then science followed. But even Science is not done yet because to end this epidemic we need a vaccine and a cure for HIV, which we don’t have. He highlighted the need for more science not only basic but also behavioral science. He noted that science intersects with reality, the reality of life, and as a consequence, program results are not what are seen in Randomized controlled studies. He noted that translating Science to real Life requires adequate investment in and an understanding of:

- Behavioural science especially the science of Sex
- Social science
- Implementation science
- Political science
- Economic Science

The key note speaker called upon individuals, institutions and donor communities, PLHIV and community leaders to form one global village that got Uganda’s response where it is currently. He went on to emphasize the fact that the epidemic is not yet under control and
needs more effort in terms of resources to attain control before sustainability is thought of. Uganda alone can’t do it, he emphasized. He therefore called upon all stakeholders not to leave it to the government alone, but instead strengthen the response and not lose the gains.

**Investment in HIV epidemic response**

Studies have shown that each person on ART requires around USD 250-400 per year including the cost of the drugs. This is less the cost incurred by patients as out of pocket expenditure and that spent on the health system platform. In fact, if all unit costs are factored in, Ugandan people contribute 50% to the cost of treatment and donors around 50%, but the funding gap is about USD 0.5 billion per year.

The Keynote Speaker further observed that the current investment in HIV response is USD 700m annually which is almost equivalent to the Ministry of Health’s USD 700m annual budget. Considering this huge investment and the funding gap in HIV of USD 0.5 billion, Uganda is not able to take on the HIV response in its current stand.

Dr. Coutinho went on to note that actually HIV response sustainability is more than just financial but includes more issues that need to be addressed including:

1. Financial
2. Epidemiological – are the programmes responding
3. Political -difficult decisions like giving prisoners condoms
4. Structural
5. Programmatic skills to run the program
6. Human rights: every Uganda has a right to health and care
7. Country capacity to implement

Uganda has moved far and has advanced capacity in all the seven elements above apart from the gap of 0.5bn USD need to control the epidemic and later sustain it.

**How do we manage the Success?**

The success Uganda has includes: 1) the 1.2m PLHIV alive and on treatment; 2) Building and maintaining a strong health system that HIV funding has contributed to and has provided a platform for other diseases; 3) HIV prevention for young people is complicated (consider the incidence and prevalence) but Uganda has an open door and compared to other countries, it seems to be on track; and Government of Uganda has learnt how to work with thousands of NGOs. This unique success can be leveraged on by other sectors.

**Epidemic control**

According to Dr. Coutinho, it doesn’t matter what the population is or does: they need health care and we need to separate our emotions, values, perceptions from our responsibilities. All
that is needed is for all PLHIV to be enrolled on treatment irrespective of these emotions, beliefs etc. For example if one considers the five groups below, all these require a different approach to be reached and provided with a service.

1. Newly identified positives: how prepared are we to support them
2. Stable clients
3. Young people- least adherent
4. Pregnant and lactating PLHIV
5. Key populations e.g. Mobile Men with Money (MMM), Truck drivers, fisher folks, prisoners, constructors, People with disabilities etc

The country has adopted a Client Centered approach- the Differentiated Service Delivery approach which is a learning curve for Uganda and this cannot fit into the Primary health care system.

That is even with cheap drugs, the costs of managing HIV outweighs the local funding to the health sector for example the laboratory cost of monitoring patients is more than the cost of drugs. Therefore, there is need to work harder and ensure efficiency in services delivery; there is need to design cheaper treatment protocols, and leverage from community organizations.

What issues need to be addressed in order to ensure sustainability of HIV Viral reservoirs concept and control

Dr. Coutinho noted that two community reservoirs exist: 1)Positive stable- these people still have the virus hidden in the body if they don’t adhere to their drugs, they can infect others; and 2) Virus reserve - among individuals who are not suppressed and have potential to flare the virus to epidemic level. Note: HIV is caused by a virus not by people; therefore, we need to find the people with the transmissible virus and start them on ART, irrespective of their beliefs, behaviors or sex orientation.

Key and priority Population are Potential viral reservoirs and bridge to the generalized population epidemic. They should be targeted with services. However, they are unique and different from each population, sub group and therefore need to be targeted based on their preferences and needs if we are to attain epidemic control

HIV prevention 2020 and beyond Pessimists, Proponents and Pragmatists

To ably discuss this topic the Guest speaker noted that there is no single efficacious intervention - we only use partially efficacious interventions. He paused a question to the
audience of how this could be communicated to the public without distorting the message. He noted that discussion/communication on key drivers of the epidemic is very challenging. The young people need to be educated about sexuality at an appropriate age. Currently this is not happening yet these are engaging in sex which is risky and “illegal”.

If we are to have sustainable HIV response, we need to find ways to talk about sex and how to make it safe.

**TEST and TREAT - the Magic bullet!**

The Test and Treat strategy is good success but it comes with the challenge of adherence to life-long treatment and also life-long use of the health system. The system needs to adapt to the customers who will chronically come to use the service. For Uganda Health system and globally, drugs are no longer the issue. But other challenges with supply chain, adherence (10% on second line ART in Uganda), human resources, and more time spent collecting data for reporting to the donor for accountability than attending to the patient. The Health system is already overloaded and needs redesign. Are current technologies like Voluntary Medical Male Circumcision (VMMC) and ART - mainly a male dividend?

**Seeking Efficiency, Saving money, serving more Patients**

We must prioritize combination HIV prevention, opting for cheaper HIV drugs, lab tests and protocols, treatment protocols that require fewer health system/patient interactions, use of volunteer resources – Community Health Workers (CHW), PLHIV, CBO, quality protocols to reduce wastage of commodities and HR time, as well as integration into Primary Health Care and Universal Health Coverage.

For sustainability, the following challenges must be addressed.

- We need to map and understand our risk post 2020
- We are emphasizing the role of communities and this need to be supported to understand their roles.
- Donors need to revisit who should be funded: communities
- ‘New blood- New thinking, New ideas’: We need to rethink. We need young people, why is the profession of HIV counselor dying? Why isn’t funding PLHIV organizations not a priority?

**Keeping PEPFAR and Global Fund Alive**

PEPFAR have expectations that we may not like. So we need to track how we use these funds. This money comes with some conditionality’s and we need to respect these conditions.
Transitioning to and integrating with government programs is important but who will likely be left out? NGOs and CBOs responding to Key Populations (KPs), where government doesn’t go will need to be considered for continued funding.

**Conclusion**

In his concluding remarks, the Keynote Speaker made observations on whether Sustainability is ‘Sustaining current efforts or going beyond current effort’.

- He advised that we are not at epidemic control and not yet for sustaining but requires more to this to achieve epidemic control then sustain efforts.
- He challenged everyone to think about what Philly Lutaaya would sing about if he was alive today.
- Philly Lutaaya spoke out, we have a duty to speak to each other even if we don’t agree with each other

Dr Alex Coutinho delivers the Key Note Address at the Memorial Lecture
Panelists, L-R: Panel Moderator, Mr. P. Kamara; Dr. H. Mwebesa Director General Ministry of Health; Dr. K. Kiragu Country Director UNAIDS; Mr. C. Krafft Deputy Chief of Mission US Embassy; Hon. F. Nambooze, MP and Chairperson HIV Committee of Parliament; Ms. B. Azizuyo Project Officer ICWEA and Associate Prof. F. Ssengooba, Makerere School of Public Health.

Panel discussion

The Academia:

1. How does Uganda fill in the gap of 0.5 billion dollar per year?

- Engaging communities in effective prevention
- Doing test and treat
- Community initiatives driven by drivers of new infection like focus on sex
- Emphasis on education about sexuality among young people.
- Looking at models of care: these are still the “BENZE model yet we are in the Toyota times. What is the current care
- Current response to HIV cannot easily fit into the primary health care system as donors leave
- We have to be mindful of the shortages of funds that may affect the core functions of the health sector if we are to transition abruptly
- Research should help Uganda understand what models to undertake during transition and the impact of such models
- Shading the light on what works needs to be supported by research
- Multitude of NGOS maybe an area to harvest dividends of efficiency

Young people: - addressing Stigma and discrimination

- Stigma and discrimination is a critical challenge in the HIV&AIDS response
- Stigma is very prevalent as one in eight people face stigma (Stigma index study 2018)
Irrespective of the type of stigma (intrinsic vs extrinsic), the causes are similar and influenced by surrounding environment.

For young people, MoH is using the YAPS model to fight stigma but this has not been rolled out to full scale in the country. A lot more needs to be done.

The laws are criminalizing HIV and propagating stigma and discrimination.

Government programs are not being owned by the local communities.

**US Mission: about Transitioning of PEPFAR**

There is need for stable democratic societies all around the world and PEPFAR is not interested in seeing all the achievements made over the last 15 years just lost.

The future funding to HIV is uncertain but we are seeing a decreasing trend every year.

No Country / Government can indefinitely fund a programme in another Country.

**UNAIDS: Alternative funding mechanisms**

The fact that new infections are still high; it’s a hard to talk about epidemic response sustainability.

As we are now the world will not meet the prevention 2020 goals unless we scale up.

There is need to get domestic financing i.e. AIDS Trust Fund working.

**In regard to financing alternatives,**

Uganda is doing well on promoting the AIDS Trust Fund and One-Dollar Initiative but this is not sufficient to cover the gap of 0.5 billion USD, and probably this needs to be targeted to address certain critical challenges in the response such as PMTCT or GBV or Drugs.

But the national health insurance is a great hope if well targeted it can leverage a lot of dividends but people will need a lot of education and commitment for the insurance to be successful.

**Ministry of Health: Achieving the global HIV&AIDS targets**

Acknowledged that the Ministry of Health is on track and we are optimistic to achieve the global 2030 targets. For instance the current programs of test and treat, and other innovations have resulted in noticeable dividends of increased identifying and enrolling men, young people and key population on treatment. New HIV infections and related Deaths have reduced. He however noted the following challenges;

- Men and young people are still difficult to reach.
The number of new infections outweigh the number of deaths even though they are both reducing
Sustainability most of funding is from partners but even government is increasing government 100b to 150billion this year

Conclusions and Recommendations from the Lecture:

Current efforts will not get Uganda to epidemic control

1. Added impetus is required particularly in HIV prevention across all population groups
2. There is critical need for added efforts to identify HIV+ people early especially in young people and key populations
3. There is need for added efforts to improve linkage to care, retention in care and drug adherence
4. There is need for added efforts to build a health system that can manage chronic care for HIV and Non Communicable Diseases, that goes beyond health facilities and that is stigma free

Closing Remarks by the Minister of Health

In her closing remarks, the Minister of Health noted that our work together as Stakeholders has put Uganda on a bold course to achieving epidemic control. The Minister further noted Uganda is at a historic moment in the national HIV/AIDS response. For the first time in history, we have the opportunity to change the very course of the HIV pandemic in the country, by actually controlling it – with evidence of 86% of people living with HIV now know their HIV status, 73% are on treatment, while 73% are virally suppressed.

She noted that while Uganda is not yet at HIV epidemic control, we are on track, and with the right push, we are confident we shall be. She called on stakeholders to continue to raise awareness, especially among the young people and key populations to achieve epidemic control by reaching the 90:90:90 targets.

Based on the current milestones, the Minister noted that we are very optimistic that we are winning the battle of AIDS. All our programmes, interventions and strategies have been designed to create synergy with increasing gain in efficiency.

The Minister acknowledged the extra ordinary contribution in this fight by all Stakeholders and pledged that the Government of Uganda under the leadership of his Excellence the President will continue to consolidate the efforts towards a sustainable HIV response. She lastly thanked the family of Philly Bongoley Lutaaya for keeping the candle burning.
Next Steps from the lecture

- Develop a Policy Brief to undertake the strategies recommended by Stakeholders at the lecture
- Hold the Philly Lutaaya Memorial Lecture on an annual basis
- Involve a wide range of partners including the Private Sector in organizing the lecture

Highlights about the exhibition of the History of HIV in Uganda

Material collection from partners: Selected archival information materials relating to Philly Lutaaya’s activities and some key Artists were collected from partners (TASO, UAC, New Vision, Uganda Broadcasting Corporation, Uganda Cares, Ministry of Health, Infectious Diseases Institute Makerere University and the internet). Items exhibited were carefully selected with a focus on Philly Lutaaya, some key Artists and integrated with the History of HIV and AIDS in Uganda. Materials included Pictures of Philly Lutaaya and some key Artists, Philly’s Video documentary, Songs, HIV and AIDS messages, selected items from the History of HIV exhibition (reality boxes, blankets, the timeline,) among others.
1. **Printing of HIV and AIDS Materials:** Old HIV and AIDS messages and pictures categorized on prevention, treatment and care, government interventions, social support and protection were selected, scanned and creatively designed and printed on 3 ABS Boards. Some of the messages were printed on backdrop banner while others on pull-up banners and Corex materials.

2. **Translation and Printing of HIV and AIDS Messages in English/Luganda:** 7 titles of HIV and AIDS messages extracted from the Presidential Fast-Track Initiative (PFTI) Handbook were translated into the Luganda language. Sample copies were printed and pretested during the Lecture and World AIDS Day in Kayunga District.

3. **Communication enhancement:** A video documentary was run on a TV screen at the exhibition booth. Staff from TASO, Uganda Cares and Uganda AIDS Commission were available to interact with visitors at the booth. A total of about 370 participants who registered for the memorial lecture had the opportunity to visit the booth. A video
recording of the event will be shared with stakeholders through UAC and TASO websites.

**Lesson Learnt**

Exhibition of the History of HIV and AIDS in Uganda continues to attract a lot of questions on HIV and AIDS. It is imperative that deliberate efforts to collect materials from partners for this purpose be a continuous process. A lot of archival materials exist out there that can either be donated or purchased for making future exhibitions comprehensive and all inclusive.

The event (Lecture and Exhibition) as a precursor for commemoration of the World AIDS Day provided high motivation and great opportunity for stakeholders to actively participate at the World AIDS Day. Many Ministries, Agencies and Departments, Sectors, Civil Society and individuals travelled to Kayunga District to commemorate the national event.

**Recommendations**

Several visitors were very impressed with the information disseminated through the material and some of the recommendations recorded were:

a) Include works of other Artists and individuals who have contributed to the fight against HIV and AIDS
b) UAC and TASO should embark on collecting the quotes of these legends for future dissemination
c) The ‘old information’ should be available to stakeholders even after the exhibition,
d) Why not use the ‘scary’ information to the youth i.e why not go back to original messages in order to have impact on the youth?
e) Disseminate such information to the youth especially through existing structures in schools, places of worship, Local council systems, among others for them to benefit from such information.
f) Expand the Philly Lutaaya memorial to include dinner, music festival, and other build up activities
**Annex 1: PROGRAMME FOR THE PHILLY LUTAAYA MEMORIAL PUBLIC LECTURE HELD ON 29TH NOVEMBER 2019 AT IMPERIAL ROYALE HOTEL, KAMPALA**

Theme: Sustainability of Uganda’s HIV and AIDS Response Post 2020

Master of Ceremony: Mr. Awel Uwihanganye- Ministry of ICT and National Guidance

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<td>8:30am – 9:00am</td>
<td>Arrival and registration: UAC and Hotel</td>
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<td>9:00am – 9:05pm</td>
<td>Anthems and Prayer: UAC and Inter Religious Council of Uganda</td>
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<td>9:05am – 9:15am</td>
<td>Welcome Remarks by the Chairman Uganda AIDS Commission</td>
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<td>9:15am – 9.30am</td>
<td>Remarks by Philly Lutaaya Family Representative</td>
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<td>9:30am – 9:40am</td>
<td>Remarks by H.E. William Carlos – Ambassador of Ireland &amp; Chair AIDS Development Partners</td>
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<td>9:40am – 9.50am</td>
<td>Opening Remarks and Introduction of the Guest Speaker by: the Hon. Minister in Charge of the Presidency</td>
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<td>9:50am – 11.00am</td>
<td>Delivery of the Philly Lutaaya Memorial Lecture : Dr. Alex Coutinho</td>
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<td>11:00am–12.00noon</td>
<td>Response by the Discussants – Moderator : Mr. Patrick Kamara Representatives of:</td>
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<td>1. U.S Government</td>
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<td>12:00pm–12:50pm</td>
<td>Open discussion</td>
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<td>12:50pm – 1:20pm</td>
<td>Music by top Ugandan musicians in memory and honour of Philly Bongoley Lutaaya (RIP):</td>
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<td></td>
<td>1. Selected Artists – rendition of Philly Bongoley Lutaaya Music</td>
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<td>2. Local group composition of HIV&amp;AIDS songs</td>
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<tr>
<td>1:20pm</td>
<td>Official Closing by the Minister of Health</td>
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<tr>
<td>1:30pm</td>
<td>Lunch</td>
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Annex 2: Famous quotes from the participants during the lecture

“Lecture Bytes” at the Philly Lutaaya Memorial Public Lecture:

- “…Philly Lutaaya in his letter to his brother highlighted stigma as one of the challenges that affects the HIV response and called on Ugandans to embrace the campaign to fight HIV and AIDS… thirty years later stigma is still a challenge… **Ms Tezra Lutaaya, daughter to the Late Philly Bongoley Lutaaya**

- „…everybody can make a contribution in their reach to end AIDS… we must continuously ask ourselves this key question, “what can I do where I am?”… **Queen Mother of Alur kingdom, Mother Rosette Karinega**

- „….Lutaaya gave AIDS a human face amidst stigma, denial, discrimination and ignorance… **Dr. Eddie Mukooyo, Chairman, Uganda AIDS Commission**

- „….It is sad that complacency is high yet many challenges are still of concern in the HIV response including high new infections of over 1000 per week… we need to adapt appropriate messages and communications to raise awareness just like Philly Lutaaya….. **Ms Nicole**

- „…..while there is notable evidence that Uganda is ahead of schedule to achieving its target of ending AIDS by 2030, there is no room to relax, rather there is need to continue reminding the masses that HIV/AIDS is still here with us and the fight is on, we must invest more in the priorities that we have set for ourselves… **Dr. Nelson Musoba, Director General, Uganda AIDS Commission**

- „…..Philly dedicated his last times to transverse churches, schools and sensitizing communities on HIV and AIDS as well as fighting stigma… we need to emulate this social responsibility as our individual contribution to the HIV response in Uganda…. **Hon. Esther M. Mbayo, Minister in charge of the Presidency**

- „….we must reflect deeply as leaders on what we must do differently to end AIDS in Uganda… **Hon. Esther M. Mbayo, Minister in charge of the Presidency**

- „….it took individuals, the community, leaders, institutions, donor communities, and PLHIV to form one global village that got Uganda’s HIV response to where it is today….and indeed all these are still critical players of the response… **Dr. Alex Coutinho, Global Health Leader**

- „….to attain HIV epidemic control, we must separate our emotions, values, perceptions from our responsibilities; it doesn’t matter what the population is or does, they all need health care and all should be enrolled on treatment irrespective of their beliefs… **Dr. Alex Coutinho, Global Health Leader**….we are not at epidemic control and not yet for sustaining…we require more to the current efforts to achieve epidemic control then sustain efforts…. **Dr. Alex Coutinho, a Global Health Leader**
Annex 3

Biosketch of Dr. Alex Coutinho

Dr Alex Coutinho is a Global health leader who has practiced medicine and public health in Africa for the past 35 years. He most recently was the Executive Director for Partners in Health in Rwanda 2015-2018 and the previous Chair of the Boards for the International AIDS Vaccine Initiative based in New York and the International Partnership for Microbicides based in Washington DC. Dr. Coutinho has been involved with the HIV/AIDS epidemic since 1982 when the first cases emerged in Uganda and over the years has provided care and treatment services directly to HIV+ people as a physician as well as designed and led large scale HIV prevention, care and treatment programs in Swaziland and Uganda. He was the executive director of TASO - The AIDS Support Organization - from 2001 to 2007, where he built on the work of his predecessors to scale up care and treatment services to over 100,000 HIV+ in Uganda. From 2007 till 2014 he was the Executive Director of the Infectious Diseases Institute at Makerere University, Kampala where he led teams that scaled up HIV care and treatment access to 105,000 HIV+ in 8 districts in Uganda as well as established a male circumcision program for 140,000 young men over a 36 month period. In addition between 2013-2018, IDI led the Saving Mothers Giving Life initiative to a population of 800,000 in Western Uganda and the intervention was able to reduce maternal mortality by 41% over 36 months and >50% over 60 months of intervention.

In 2015 he helped to respond to the Ebola epidemic in West Africa by building the capacity of academic institutions in Nigeria to train and build teams of first responders to Ebola. He also worked with the University of California, San Francisco (UCSF) led Pre-Term birth initiative (PTBi) to lay the groundwork for the intervention in Kenya, Rwanda and Uganda, and has continued to serve on its advisory board. As ED of Partners in Health in Rwanda, Dr Coutinho led teams in Rwanda to support the Ministry of Health build innovative health systems in 3 districts with a catchment population of 900,000, using a network of community health care workers, health centers and district hospitals. This included work in the areas of MCH, HIV, malaria, oncology, neonatology, mental health and NCDs. In this work Dr Coutinho led teams that developed digital tools to capture and use data generated by both health center workers as well as community based workers, leading to better referrals and follow up of patients.

Dr Coutinho served on the interim board of the Global Fund and served as Vice Chair of the TRP of the Global Fund 2002-2005. In 2013 he was awarded the prestigious Hideyo Noguchi Africa prize by the Japanese Government together with Dr. Peter Piot, recognizing his contribution to global health and scale up of innovative health approaches. Currently Dr Coutinho serves on the IPM board in Washington DC, on the WHO strategic advisory board for the elimination of Malaria, on the strategic advisory board of the UCSF PTBi as well as on the Ashinaga Board in Japan. He is also a senior Lecturer at the University of Global Health Equity in Rwanda.

His passion is Global Health as well as leadership development and mentoring. He is an articulate and compelling public speaker who has addressed many large scale global health
meetings with key note addresses and presentations and is able to communicate complex issues in an accurate but easy to understand narrative to varying audiences. Currently Dr Coutinho is back in Uganda, working as an independent consultant, motivational speaker and global health mentor.