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Uganda: We Must Scale Up the Fight - New Taso Boss

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INTERVIEW

*As Uganda celebrated 50 years of independence, The AIDS Support Organisation (TASO) also marked 25 years of people infected by HIV. The milestone also marked with the appointment of a new executive director, **Dr. Christine Nabiryo**. **Elvis Basudde** caught up with her*

Who is Nabiryo?

I am a medical doctor, MmedPH (MUK) with 23 years' experience in health systems and HIV/AIDS programming in Africa.

As a pioneer fellow (2002-2004) with Makerere University School of Health Sciences /CDC programme, I was attached to TASO.

After the fellowship, I was retained at TASO in various capacities, eventually rising to deputy executive director.

I left TASO in 2009 after seven years and worked as a lecturer, Masters of Public Health at Uganda Christian University. I also had a short stint in district systems strengthening.

I lost my one and only love in 2001. I am mother of three beautiful girls and grandmother to two lovely boys.

Outside TASO, I am involved in community work in my Jjumbi village, Gomba district. I am passionate about mentoring the youth for a better Uganda.

As the new executive director, where do you see TASO in the near future?

My vision is to add onto the already rich legacy of my predecessors. I will also focus on scaling to new heights and my prayer is that the TASO team commits to inventing itself.

What issues still need to be addressed regarding the HIV/AIDS fight?

The silence surrounding the epidemic, which is reflected in the statistics that show a rise in HIV prevalence. The issue of complacency, inadequate partnership and unsustainable leadership in HIV prevention are also key. We also need to address the new HIV infections that are unforgivable.

What is your take on the increasing HIV prevalence?

As we reflect on the "golden jubilee new HIV infections" and given the silence about HIV, I am comforted by the fact that we brought the HIV prevalence down before and are capable to tackle HIV again. This time, however, we need to be careful not to be too pleased with ourselves. We must have a plan to sustain the vigilance and stay on guard.

What is the new HIV policy?

Currently, emphasis is on "zero new infections; zero AIDS deaths and zero stigma and discrimination".

This policy framework focuses on HIV prevention, particularly for the populations at risk, as well as care and treatment.

The policy also encourages support of orphans and vulnerable children as well improving the quality of life of people living with HIV (PLHIV) and their families.

What is your take on treatment as a prevention strategy?

Science has proved that treatment as a prevention strategy works. The challenge for us, however, is that we have not been able to cater for everyone who needs treatment. We are at less than 60% coverage.

In addition, messages on behavioural change and positive health as well as prevention of new infections must be emphasised.

HIV counselling and couple testing is also key. In fact, recently, together with 53 Taso staff, we spoke to community members in Fort Portal about HIV prevention. We are now working on getting audiences in Toro and engaging cultural leaders countrywide to get the message on HIV prevention back onto their agenda.

Following the phase out of Taso outreach centres countrywide, what are the alternative strategies?

Due to the need to increase efficiency in HIV service delivery at the district level, some Taso outreaches were closed. However, other partners have taken on the responsibility to support the affected health units and Taso still provides capacity- building to its partners.

The transition was not easy, especially where capacity was yet to be built, but our clients have, over the years, developed a relationship with Taso. Efforts, however, are underway to provide quality services.

If we remain focused and supportive, this approach will be more useful than the previous models.

Currently, our partners, including Johnson & Johnson and PEPAL are supporting Taso in piloting its work within some health units in Amuria, Kumi and Soroti. I call upon the private sector to invest in this approach.

Is it possible to end HIV infections in Uganda?

Yes it is. It takes focused leadership and commitment at the individual level. We have a lot of information which we must act upon, but communities need to be remobilised back to control the epidemic.

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