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THAT ALL OUR YOUTH MAY LIVE FREE FROM AIDS!

MODELLING A THEOLOGY OF LIFE, A SPIRITUALITY OF LOVE, AND AN ETHICS OF HOPE

Gideon B. Byamugisha

Abstract

The greatest honour that would please Nyambura J. Njoroge (and other Champions of Long term Hope against AIDS like her) is seeing the 'End of AIDS' by the year 2030, contributed to by untiring labours of love, unwavering faith and resilient hope from African theologians, ethicists, activists and ecumenists. This essay seeks to highlight how that kind of 'untiring love, unwavering faith and resilient hope' movement is unfolding in Uganda and the kinds of contributions that will be required from all those Champions of Long-term Hope who seek for effective approaches to achieving social justice, holistic salvation and sustained freedom from AIDS in Eastern Africa; and to see how these can evolve and be strengthened through affordable youth education, integrated skills training and holistic empowerment.

Introduction

On Tuesday the 6th of June 2017, His Excellency the President of Uganda Yoweri Kaguta Museveni, launched the Presidential Fast Track Initiative (PFTI) to end AIDS as a public health threat in Uganda by 2030. The following day, HIV positive, negative and discordant Nobles and Champions of Long-term Hope from all walks of life: academia, civil society and Networks of People Living with HIV, the faith community and healthcare education and the cultural sector convened at the UNICEF Headquarters Building in Kampala. The conference was meant as a platform to brainstorm how they could use their own personal experiences, professional expertise and their theologies, spiritualities and ethics of life, love and hope, to achieve several goals some of which are listed below:

- Safe behaviours and practices
- Access and adherence to treatment and good nutrition
- Voluntary, routine and stigma sensitive counselling and testing
- Empowerment of the most at risk, including children and youths, most vulnerable families and the most AIDS impacted/challenged communities and community groups (SAVE)

The meeting was also meant to find ways of reducing stigma, shame, denial, discrimination, inaction and mis-action (SSDDIM). Reducing was recognised as a statistically significant contribution to implementing the Presidential Initiative to fast track the end of AIDS.

At the end of their deliberations, the gathered Noblests and Champions of Long-term Hope tasked the author and the Friends of Canon Gideon Foundation (FOCAGIFO) ministry to lead them in developing a Campaign that would make a statistically significant contribution to implementing the presidential initiative. There were three major strategies that were adopted to achieve this goal.

The first strategy had to do with re-energising the Champions' involvement and the Noblests' contributions to engaging men in HIV prevention and in closing the tap on new infections, particularly among adolescent girls and young women. Champions and Noblets were also meant to be re-energised in accelerating the implementation of 'Test & Treat' so as to attain 90-90-90 targets, particularly among men and young people. It was also an imperative for Champions and Noblets to be re-energised in consolidating progress reports on eliminating mother-to-child transmission.

The second strategy was to re-strategise our messaging and communication for holistic skilling against preventable disasters and distresses, controllable diseases and deaths. Re-strategising was also required in the long-term involvement of faith communities, educational institutions and the cultural sector in ending and sustaining the end of AIDS, its drivers, facilitators and sustainers.

The third and final strategy involved the mobilisation of internal resources to complement the National AIDS Trust Fund (ATF) and the One Dollar Initiative (ODI). These resources would be mobilised so as to ensure financial sustainability for HIV & AIDS prevention response by scaling up the necessary community resource partnerships, leaderships and championships.

Since that initial Noblests' and Champions' meeting, a series of meetings and engagements by Champions from various sectors and at different levels have helped to draft a campaign strategy dubbed KIKI EKIGANYE¹. The campaign strategy is systematically structured with a conceptual framework, goals and targets, a mobilisation song /hymn and an inter-faith liturgy on ending AIDS, gender-based violence (GBV) and sexual/reproductive ill-health.

We have also participated in the regional launch of the fast-track activities which was coordinated by the Uganda AIDS Commission. We developed an introductory course in Contextual theology, Spirituality and Ethics for youths and young adults as a way of encouraging compassionate love, domestic resource mobilisation, commitment to the fight against AIDS, gendered violence and sexual/ reproductive ill-health. We also started the pilot project on interfaith liturgy and prayer service with the youth from FOCAGIFO Hope Institute, their chaplains, school directors, parents, guardians, community leaders, societal governors, cultural custodians and gatekeepers. This pilot project is based in Jinja – Kalori local community, Katooke town, Wamala Parish, Nabweru Division, Nansana Municipality and Kyadondo County.

Finally, we have also reached consensus on the resource mobilisation target and have agreed to involve three million Champions of Long-term Hope to raise one hundred and eighty billion Uganda shillings (almost USD 60 Million) in 60 months. This money will assist in scaling up affordable youth education, integrated skills training and holistic empowerment. We also hope that the money will contribute to ending AIDS expediently and in a smarter and more effective manner. As HIV positive, negative and /or discordant Champions and Noblests, we are committed to enhancing our partnerships for scaling up affordable education access for youths, their integrated skills training and their holistic empowerment to enable them to contribute to socio-economic transformation and to ending AIDS faster, smarter and better.

In this noble labour, we are collaborating with their faith leaders, spiritual mentors, educators and trainers, cultural custodians and gatekeepers, societal governors and community leaders. The work will be done in the

¹ Luganda and Popular Youth language for “What, In Your Opinion, Is Preventing You/US from Faster Progress, Better Results or More Convincing Victory?”

most burdened districts in the Central Region² before scaling up to other regions of Uganda.

In this endeavor we also refer to the transformative power of the theologies of life, the spiritualities of love and of holistic education models. We deploy the African philosophies of '*Obuntu Bulamu/Ubuntu*' (Civility/Humaneness), '*Harambe*' (Come and Contribute in Unity, Love and Solidarity) and '*Bulungibwansi*' (for the Holistic Health and Holistic Good of the Community)

We place these philosophies and strategies in conversation with the global ethic of solidarity and communitarianism so as to scale up community resource partnerships, leaderships and championships. These help to increase the levels of involvement and domestic funding for educating, training and empowering young people. We hope that the employment of these philosophies will also achieve holistic safety and security, health and peace, prosperity and spiritual fulfilment.

Winning the AIDS battle together in Uganda and for Central Region youth: Experts call for special attention to the most affected districts

The Central Region stretches from Lake Kyoga to Lake Victoria and borders Tanzania in the South. The region is inhabited by mainly Baganda people but is host to almost all the other ethnic groups of Uganda and beyond. The Uganda Districts Information Handbook (2011-2012) lists twenty-four districts by name and page as the ones that make up this region³ and the Uganda National HIV & AIDS Strategic Plan 2015/2016-2019/20 records the region as one with the highest HIV prevalence in the country (10.4%) This is in comparison to the National HIV Prevalence of 7.3% (Uganda AIDS Indicator Survey, 2011). The Districts of Masaka, Rakai, and Lyatonde were reported by the 2016 Uganda Population HIV Impact Assessment (UPHIA) as posting the highest percentage of people living with HIV in the country (8%). The districts in Central 11 of Luwero,

² Buikwe, Bukomansimbi, Butambala, Buvuma, Gomba, Kalangala, Kalungu, Kampala, Kayunga, Kiboga, Kyankwanzi, Luweero, Lwengo, Lyatonde, Masaka, Mityana, Mpigi, Mubende, Mukono, Nakaseke, Nakasongola, Rakai, Sembabule & Wakiso.

³ Uganda Districts Information Handbook (Kampala: Fountain Publishers, 9th edition 2011) pages 189-259.

Nakasongola, Greater Mubende and Mukono came third (7.6%) followed by other highly burdened districts in other regions, in the fourth position (7.2%).

The need to raise, multiply and sustain our domestic funding levels

One of the key elements in HIV prevention and ending AIDS in Uganda but particularly in the Central Region, is to multiply our compassionate love and domestic resource mobilisation commitment. This will help in tackling structural sustainers, addressing behavioural drivers and increasing affordable education, integrated skills training and holistic empowerment for young people. This empowerment of young people remains inadequate to this day.

The need for strengthened benchmarking

Another issue that calls for contributions from the Champions of Long-term Hope wishing to see effective approaches to realising social justice, holistic salvation and sustained freedom from AIDS is the need for strengthened baseline benchmarking, monitoring and reporting on 'HIV Prevention & Ending of AIDS' messages, sermons and activities among the most at-risk adolescents and youth, the most vulnerable families, the 'most AIDS impacted' communities and community groups and the most AIDS burdened districts. They have up to now remained sub-optimal⁴ in relation to multiplying, saving and reducing SSDDIM so as to make statistically significant contributions to implementing the PFTI.

⁴ Friends of Canon Gideon Foundation (FOCAGIFO) World Philosophy Day Remarks by Rev Canon Prof Gideon B Byamugisha On Utilising the Transformative Power of Religious Love and The African Philosophy of Bulungi Bwansi to Scale Up Community Partnerships Necessary to End AIDS, GBV and Sexual /Reproductive Ill-health (FOCAGIFO Hope Institute Jinja-Kalori, Katooke: Thursday 15th November 2018).

Supporting young people to be saved from holistic disempowerment and persistent vulnerability

According to the Uganda AIDS Commission,⁵ youths' behavioural change choices and decisions of self-protection from HIV infection, sexual exploitation and violence continue to be hampered by some of their cultural realities, religious theologies and socio-economic environments. These quite often lead to less than optimum levels of SAVE and persistent SSDIM.

This double deficit leads to high-risk behaviours and non-voluntary actions that young people are involved in. These include but are not limited to:

- Early sexual debut, defilement, rape and other forms of sexual abuse
- Multiple sexual relationships that are as unsafe as they are unlawful
- Low individual risk perception
- High prevalence of STIs
- Low utilisation of antenatal care services
- Low uptake of safe male circumcision services
- Suboptimal use of and adherence to ART
- Emotional distress, psycho-social depression, spiritual grief, deviance and/or religious apathy

As Champions of Long-term Hope who wish for effective approaches to realising social justice, holistic salvation and sustained freedom from AIDS, we are being called to invest in supporting the youth to overcome holistic disempowerment and persistent vulnerability.

Need for more materials and messages which are 'youth friendly', 'holistic life and health compliant' 'spiritually sensitive' and 'ethically appropriate'

The limited availability of information, education and communication (IEC) materials and messages that are 'youth- friendly' in their cultural, religious and educational settings is still a challenge for accelerated 'HIV Prevention & Ending of AIDS' among persons, families and communities served by districts in each sub-region. Also, according to some of the most

⁵ Uganda AIDS Commission National HIV & AIDS Strategic Plan 2015/16-2019/20 (Kampala: UAC, 2015) page vii.

respected religious leaders and HIV educators, generally in Uganda and in particular the Central Religion, relaxation has taken over when young people hear that HIV prevalence as well as AIDS deaths have gone down. It is also important to note that because of lack of information, the misrepresentation of AIDS related sermons on HIV prevention and treatment continues to be a problem. Lack of adequate information also means that betrothed couples and pregnant wives and their husbands have not been sufficiently and continuously reminded and encouraged to go for counselling and testing so as to avoid the transmission of HIV to their unborn children. The lack of information also means that uncoordinated mainstream media messages are circulated, and these end up confusing the people and communities at risk. These uncoordinated messages do not pass the quadruple test of being culturally appropriate, by speaking to the African cultural philosophies mentioned earlier. The messages would also fail to be spiritually and ethically sensitive to issues of stigma, discrimination, abstinence, chastity, faithfulness, self-control, and life defending love. The messages from the media may not always be educationally empowering and scientifically accurate.

Maximising engagement of current and potential Champions of long-term hope

HIV positive and negative youths, as well as HIV positive, negative and discordant men, women and leaders in the faith, education and cultural sectors are not optimally engaged in the affordable youth education interventions, integrated training skills programmes and holistic empowerment efforts to help in fast tracking HIV prevention and ending AIDS faster, smarter and better⁶ There is need for their increased engagement in ‘providing hope, dignity and holistic empowerment’ to people, families and communities living with, vulnerable to and burdened by HIV.

⁶ Uganda National Prevention Committee Meeting Thursday 28th March, 2018, Mr Joshua Kitakule IRCU Secretary General on *Re-engaging Religious Leaders in HIV Prevention : Word From the Secretary General The Prophetic Voice* (Kampala: Inter-Religious Council of Uganda/Religions for Peace, May 2013) Issue No 3 Volume 3 page 3, See also *Stigma and Discrimination Threaten The Positive Living Drive; Fast Tracking the HIV/AIDS Response Through Religious Leaders & Cultural Leaders Taking The Lead Against HIV/AIDS in Uganda* AIDS Commission Uganda AIDS Commission *The Noble Battle : 25 Years of Learning, Service & Success* (Kampala: UAC, 2018) pages 62-63; 84-85 & 86 (respectively).

Wanted:

New methods of analysis and new forms of data collection

Although a number of strategies have been used since the 1990s, including the famous ABC strategy⁷ that helped countries and communities to gain great ground against AIDS, the pandemic ‘still rages on - unrepentant and unapologetic’⁸ and the ‘noble battle’⁹ to get to zero new HIV infections, zero discrimination and zero AIDS related deaths faster, smarter and better¹⁰ remains in the fast-track mode!¹¹ It is within that community leadership context of tackling and ending both the enduring HIV/AIDS epidemic, its behavioural drivers, bio-medical facilitators and structural sustainers; that ‘holistic life and health - focused’ educationists, theologians and ethicists, faith community leaders and cultural gatekeepers, social scientists and ‘structuralists’ have argued for the adoption of types of interventions and forms of inquiry. These interventions and forms of inquiry will be effective in doing the following things:

Tackling. Tackling the HIV risk and vulnerability realities of power and gender, religious beliefs, educational levels, socio-cultural and socio-economic challenges. There is also need to tackle issues to do with representation and involvement of the most at risk, most vulnerable, the most burdened and most impacted community groups in policy formulation, national planning, programme implementation, resource training, messaging and communication, budgeting and resource allocation and accountability. Tackling is also crucial when it comes to community leadership and societal governance for sustained and sustainable health and safety, equity and justice, peace and security and holistic prosperity.

⁷ Abstain, if you cannot Be faithful, if you cannot - use Condoms.

⁸ Wilson Muyinda Mande Adoption of Communitarian Servership in Controlling HIV/AIDS Among the Youths in Nkumba Business Journal (Entebbe: Nkumba University) Vol 17, 2018 page 215 & Wilson Muyinda Mande The Possibility of Communitarian Servership as an Ethic of Leadership Power for The Church of Uganda in Paddy Musana, Angus Crichton & Caroline Howell (Eds) The Uganda Churches and The Political Centre (Kampala: Ngoma Ecumenical Publishing Consortium, 2017) pages 171-191.

⁹ Uganda AIDS Commission, The Noble Battle: 25 Years of Learning, Service & Success (Kampala: UAC, 2018).

¹⁰ UNAIDS *World AIDS Day Report 2011* (Geneva: UNAIDS, 2011).

¹¹ Uganda AIDS Commission/Presidents Office *Presidential Fast-Track Initiative on Ending HIV/AIDS in Uganda: A Presidential Handbook* (Kampala: UAC/Presidents Office, June 2017).

Ensuring. It is important to ensure that all citizens have equal access and participation in the power structures of their societies generally and particularly those societies and communities most at risk and heavily burdened by HIV & AIDS.

Tracking. It is also important to track the progress made in domestic resources mobilisation, inclusiveness of highly impacted and deeply vulnerable groups in community responses. Tracking must also be done on the local leadership's involvement in the prevention of new HIV infections, transmissions and illnesses, as well as AIDS related deaths.

Curbing. This involves ending new HIV infections, transmissions, AIDS related illnesses and deaths among the population.

Professor Wilson Mande in particular recommends the adoption of an Ethic of Communitarian Servership as one of the most appropriate and most effective in controlling HIV & AIDS among the youth of Uganda because of its emphasis on mutual, moral and responsible communal action which is aimed at achieving holistic, sustained peace, prosperity and well-being for all. The Ethic of communication also promotes and upholds communal values for the common good. It also provides guidance and participation in critiquing, improving and upholding established standards and traditions for social goals. An ethic of communication mediates peace, promotes unity, dispenses care, helps one to exercise their autonomy and cultivates personal integrity for the health and wellbeing of self, family, community and the larger society. It further promotes the safety of individuals through cooperative practices and virtues of solidarity. It offers long-term sustainability and intergenerational justice while at the same time encouraging active and informed citizenship. Finally, an ethic of communication provides a good balance between individual happiness, interests, self-actualisation, self-fulfilment as well as that of our families, communities and countries.

As early as 1992, Uganda resolved that the most effective battles and the most sustainable victories against HIV & AIDS would require a multi-sectoral approach¹² that brings on board faith communities, cultural institutions, people living with HIV, civil society organisations, the media, central government, local government, the private sector, parliament, researchers, the academy as well as AIDS development partners. From the perspective of both the religious and cultural leaders, it was agreed that

¹² Uganda AIDS Commission, *The Noble Battle: 25 Years of Learning, Service & Success* pages 23-24,33-35

taking the lead against HIV & AIDS¹³ was necessary and combining our efforts could be more effective in gaining victory over the epidemic. It would be even more decisive if we employ effective strategies against stigma and discrimination towards people living with or affected by HIV & AIDS. Other strategies would include increasing awareness, fighting prejudice, improving youth education, increased testing and treatment, resource mobilisation, denouncing socio-economic behaviours and cultural practices that put people at risk, tackling cultural beliefs that prevent women from negotiating safe sex and interrogating and transforming the societal beliefs and religious dogmas that prevent men from actively participating in the fight against and prevention of HIV & AIDS. Another strategy would be halting and ending new HIV infections and transmissions using the transformative power of the theologies of life, the spiritualities of love and the holistic models for youth training and empowerment.

In the Church of Uganda's vision 2025 strategic plan, almost all the seven core values for mobilising the Church of Uganda for work of service and the values of Godliness, integrity, selfless service and unconditional love¹⁴ bring out the best in the cultural and faith community contributions to ending AIDS.

The religious and cultural imperative in ending AIDS in Uganda

Contextual 'life theologies', lived spiritualities of love and applied ethics of hope and community are very central to our efforts to contribute to HIV prevention and to ending AIDS in Uganda. The reason for this is that Ugandans especially families in the Central Region are ultra-religious. The table below highlights this point by providing the statistics on religious minded people in Uganda.

¹³ Uganda AIDS Commission, *The Noble Battle: 25 Years of Learning, Service & Success* pages 84-86.

¹⁴ Vision 2025: *Provincial Master Strategic Plan 2016-2025* (Kampala: The Church of Uganda, 2016) pages 20-23.

'Religious Minded' Populations in Uganda¹⁵

Religious Group	Population %	Population Total (2010 Figures)	Annual Growth
Christian	84.74	28,639,121	3.4%
Moslem	11.49	3,883,213	3.6%
Ethno-religionist	2.65	895,606	-1.4%
Hindu	0.35	118,288	3.9%
Baha'i	0.30	101,389	3.3 %
Non-religious	0.47	158,843	4.2%

These statistics show that if the HIV & AIDS epidemic in Uganda continues to be a big challenge, then it is substantially a challenge to the religious mind and heart of religious groups. It is a challenge to their status quo, theological scholarship and spirituality, and a challenge to their ethics and pedagogy as HIV risk and vulnerability continues to demand contextual exegesis, applied social analysis and a lived and modelled 'spirituality of love' that is holistic.

Thankfully, the holistic spirituality and leadership example shown by various institutions have been both redemptive and liberative against HIV & AIDS. Some of these institutions include active dioceses, churches, mosques, Christian councils, Muslim councils and various interfaith and ecumenical initiatives. The former chairpersons of the Uganda AIDS Commission who were in their own right, religious leaders, spiritual mentors and rigorous thinkers, have also demonstrated exemplary leadership. The Uganda Network of religious leaders living with or personally affected by HIV & AIDS have played an important role in demonstrating holistic spirituality and leadership. The work of Champions of long-term hope who are people of faith among HIV positive, negative and discordant Ugandans cannot be ignored. Finally, the life enhancing and health transforming programmes facilitated by the Inter-religious Council has shown that informed and attuned theologies of life, spiritualities of love and ethics of hope can be both redemptive and liberative in the fight against HIV & AIDS. The fight against HIV & AIDS is more effective when both the believers and their leaders are moved to think about and to holistically act

¹⁵ Jason Mandryk *Operation World: The Definitive Prayer Guide to Every Nation* (Colorado Springs/ Secunderbad, 2010) page 840-841.

on the very meaning of human life and God's holistic purposes for individuals and communities.

Our religion and HIV experiences in Uganda have shown us that we need moral norms, spiritual values and religious ethics based on selfless service, empathic love and empowering grace. These values should be seen as binding to all of us that grow, live, work and serve among the most at-risk adolescents and youths, the most vulnerable families, the most 'AIDS impacted' communities and community groups, the most 'AIDS challenged' towns, the most 'AIDS burdened' districts and the most 'AIDS oppressed' countries, regions and continents of our common globe.

Conclusion

We can and we will end HIV & AIDS and all our youth will be able to live free from new HIV infections, transmissions, illnesses and AIDS related deaths. Yet, for this great reality to happen faster, smarter and better, the 'love of God' and 'love your neighbour' canon laws become a theological call, a spiritual duty and an ethical leadership demand upon every current aspiring leader who is involved in halting, reversing and eventually ending AIDS at individual, family, local community, district, country level and beyond. This command to love holistically and resiliently becomes an all-important civic urgency, a local community engagement responsibility and a cultural morality demand upon all of us citizens, leaders and visitors alike. This moral demand becomes even more urgent if Nyambura Njoroge, the youth in her family, her community and her continent are to have joy in a world without AIDS by 2030. Indeed, living in Uganda without AIDS demands that faith leaders and congregations as well as the cultural gatekeepers and educators of young people repeatedly stress, untiringly model and unwaveringly live this moral maxim, spiritual virtue and civic principle of '*Obuntu*', '*Ubuntu*', '*Obuntu Bulamu*' which dictates that:

- One should think, say, and theologise about, behave towards and/or treat others as one would like others to think, say and theologise about them (**positive or directive form of the Divine Canon Law**).
- One should not think, say and theologise about, behave towards and/or treat others in ways that one would not like others to think, say and/or theologise about them (**negative or prohibitive form of the Divine Canon Law**).
- What you wish, pray, behave and will upon self, you wish, pray, behave and will upon others (**empathic or responsive form of the Divine Canon Law**).

This law differs from others based on the *'quid pro-quo'* which goes along the lines of *'I give so that you will give in return.'* It is, instead, a unilateral leadership duty, unconditional leadership responsibility, and unwavering leadership commitment to the safety, health, peace, prosperity, well-being and holistic fulfilment of the *Other* without expecting anything in return.

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