



NOERINE KALEEBA IN FRONT  
OF HER HOME IN UGANDA

## Noerine Kaleeba

*International AIDS Activist, Uganda*

IN THE STORIES OF THE breakthroughs in the AIDS fight, Uganda is often cited as a birthplace of change. But in 1986, when Noerine Kaleeba's husband, Christopher, learned he was HIV-positive, even their closest friends shunned them.

Kaleeba remembers one Sunday that year when she, her husband, and their four young girls—ages 8, 7, 5, and 3—slid into their regular pew at All Saints Church in Kampala, the nation's capital. Just as they sat, others around them stood and left.

"It's very difficult to believe that happened in Uganda, but it did happen," Kaleeba said.

That affront, still remembered clearly more than two decades later, propelled Kaleeba onto a path of activism. Her husband died the next year. She remained HIV-negative, surprising her doctor, who had never before heard of a discordant couple—

**written by John Donnelly**  
**photographs by Dominic Chavez**

**“To lament the plight of orphans,** to talk concrete—well, for us, that is not an option.”

about it, to write about it, and not doing something

**Q&A**

**WITH NOERINE  
KALEEBA**

with one partner infected, the other not. Kaleeba remembered the doctor telling her at the time, “We don’t know what’s going on. The virus doesn’t seem to show up in your blood.”

That same year, Kaleeba, a physiotherapist by training, helped start a support group in Uganda for those infected and affected by the virus. The group became The AIDS Support Organization, or TASO, which grew so surely and strongly that it soon was a model for the rest of the continent and beyond.

She sees all her work growing out of how she initially reacted to rejection.

“It was an act of self-preservation because we were so stigmatized and so alone,” she said. “When I met other people going through the same problems, I knew I was not isolated, and I decided I will not take this lying down. I decided I will set up a visible process where people could be cared for and have their health restored and have their dignity restored.”

Kaleeba, now 56, had ambitions outside Uganda. After eight years as TASO’s executive director, she joined UNAIDS in Geneva as partnership and community mobilization adviser. Organizations bestowed awards and honorary degrees upon her. Groups corralled her to sit on their boards. She became known internationally for not mincing words about problems facing fellow Africans. But in 2005, she was ready to return to her African roots, first to Malawi and then to her native

Uganda, to work on issues affecting women and children.

She seemed happy to be back in Africa. “I love being with people,” she said outside her Malawi office. “I love sitting with them as they do their planning, day by day, walking the journey with them.”

In Uganda, friends call her Mama Kaleeba. It fits her well. In 2007, she was supporting 38 children, almost all of them orphans.

“For us, to lament the plight of orphans, to talk about it, to write about it, and not doing something concrete—well, for us, that is not an option,” she said.

Her new mission, though, has been trying to slow the tide of children orphaned by AIDS deaths. “You can provide school fees and food for orphans, but if you ask the children what they want, they want Mom and Dad. So my part is to keep the parents alive. As long as they are alive, those children are not orphans.”

**Q: What are the current challenges now in the fight against AIDS?**

“I have always believed the response to HIV/AIDS should center on the people impacted the most. For Africa, it means the poor, the women, and the children. When you look at the programs, it doesn’t focus on that. We still are planning very generalized responses. We are not addressing the root causes of the problem. One of them is that women don’t have sufficient education. We are not addressing the central issue of poverty. A woman who has no access to money will not be able to take a bus to a clinic. It doesn’t matter how much money we pour into the clinic if women can’t get there.”

**Q: How would you change the programs?**

“I would put more resources and efforts with the village chief, the traditional healer, the small Christian or Muslim leader—the ones we know reach grassroots. I also would get better information to the local health worker. On an international level, we have even glamorized the work they do, but we haven’t put any effort into really teaching them. In many communities in Africa, the health workers are still churning out the same old false stories about HIV that they did 20 years ago.”

**Q: What will be the biggest challenge in five years?**

“The challenge will be still to work toward a day when there is community conversation about the impact of HIV, when there are basic conversations in a village. Now we talk about AIDS in AIDS workshops, in a meeting somewhere. Only rarely do women talk about it when they fetch water from a well. This silence in villages fuels HIV, and the feelings of shame and stigma that go with it.”

**Q: How do you get people to talk about HIV at a waterhole?**

“From my experience it’s a combination of things. There has to be a high degree of political openness arising from the political leaders, the heads of state. You should also have openness at the community level, in households. You need to get traditional leaders, people living with HIV, or families affected by HIV/AIDS to begin articulating their own issues and how AIDS has impacted them. And lastly, you also need international solidarity. Uganda would not have been able to do what it did without international solidarity. It’s not just about money, but it’s also about starting scientific studies that educate us. All of that leads to reduced stigma and learning more about the path of this virus.”