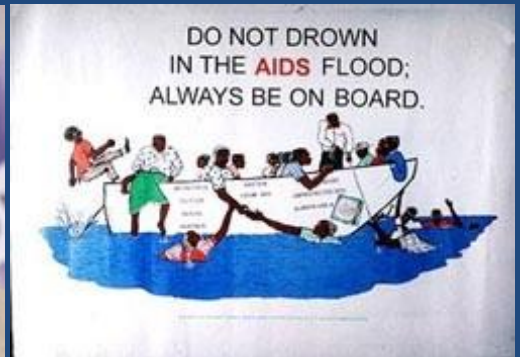
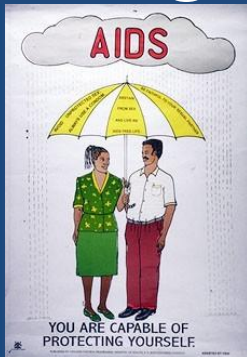


Success in Uganda



By Douglas Kirby, Ph.D.

How Uganda launched a successful decade-long campaign between 1986 and 1995 to change sexual behaviors and reduce HIV prevalence, subduing a generalized AIDS epidemic.

Introduction

Uganda is widely considered to be one of the world's earliest and greatest success stories in subduing a generalized HIV epidemic.¹⁻³ The first AIDS cases were identified in Uganda in 1982 among the fishermen and traders in the Rakai district on the shores of Lake Victoria.⁴ The number of HIV infections increased rapidly throughout the country and by 1988, Uganda had the highest rate of HIV infection in Africa. By 1992, HIV prevalence in major urban areas was as high as 30% among women receiving antenatal care at sentinel surveillance sites.⁵

In 1993 in Kampala, and at different times at other sentinel sites, there was a marked decline in HIV prevalence among these antenatal women, and by 2001, prevalence had declined by more than half in both urban and rural areas. According to the Uganda AIDS Commission, estimates of national prevalence in Uganda fell from 18% in 1992 to 6% in 2002.⁶ **No other country has had such high rates of HIV infection followed by such large declines.**

Given this success, it is important to understand 1) the behavioral changes that led to the decline in HIV prevalence and 2) the policies, interventions and other factors that led to the behavior changes.

This executive summary is one of a family of reports based on a study of the success in Uganda. All are available at <http://www.etr.org/uganda>

The reports include:

- 1) a more in-depth summary of the major findings that have policy implications for other countries with generalized epidemics,
- 2) an analysis of the evidence for behavior change,
- 3) a review of the HIV prevention efforts and other factors that affected perceptions of HIV risk and helped to change sexual behavior, and
- 4) a detailed historical review of events in Uganda that affected the epidemic.

This study is based on multiple kinds of evidence, including:

- HIV prevalence data in Kampala and other sentinel sites in Uganda
- Large behavioral surveys conducted in 1988/9 and 1995
- Smaller, less representative surveys collected from other years
- Newspaper articles in major national papers
- Interviews with key informants in Uganda
- Focus group interviews with community members
- Reports written by other researchers and scholars
- Reports of shipments of condoms to Uganda

Important Elements of the Ugandan Approach

Many people in Uganda experienced firsthand numerous other people suffering and dying from AIDS. As a result, nearly everyone (from individuals in their communities, to multiple organizations, to the President himself) acknowledged AIDS and talked about it. In addition, many groups provided accurate information about AIDS and clear and consistent messages about how to prevent AIDS—by abstaining from sex until marriage, being faithful within marriage and using condoms when having sex outside of marriage.

Because of their own vision, as well as support from many international organizations, Ugandans ended up implementing most, if not all, of the important elements in public health initiatives to prevent disease transmission. Observers and researchers often view Uganda's AIDS success story from their own perspectives and elevate particular elements in the Uganda initiative that they believe made the greatest contribution to ultimate success. In reality, it was not any single one or two of these elements

alone that produced behavior change. Rather, it was the total comprehensive and intensive package that ultimately made a difference. This does not mean that all elements were equally important. The clear and consistent emphasis on behavior, such as being faithful, was a particularly critical element.

Uganda's approach included a number of particularly important elements:

- It acknowledged the problem of AIDS and attacked it early and vigorously, employing a broad-based approach to changing sexual behavior.
- First it strove to reduce sex outside of marriage or long-term cohabiting relationships, to increase abstinence among people not in such relationships and to reduce casual sex and the number of sexual partners. Then it strove also to increase condom use with casual partners.
- Both national and local leaders addressed AIDS and provided leadership. In addition, all relevant sectors of the government and organizations and institutions in civil society also addressed AIDS.
- Government and civil society emphasized people's susceptibility to AIDS and the severity of AIDS, both for the individual and for society. They also emphasized that abstinence and faithfulness to an uninfected partner are the safest approaches and that condoms, while imperfect, should always be used when having sex with other partners. Government and civil society emphasized that avoiding sexual risk-taking was consistent with cultural values and strove to increase people's confidence in their ability to avoid sexual risk-taking. When condoms were not widely available, Uganda markedly increased their availability. In addition, it discouraged specific traditions (such as widow inheritance) that facilitated the spread of HIV.

- Not all organizations addressed all behaviors proportionately; some organizations focused on those behaviors most consistent with their own values or mission. For example, faith communities focused more upon abstinence and faithfulness, while some social marketing groups, health clinics and drugstores focused more on condoms.
- Once HIV testing became available (in the early 1990s in the capital and later elsewhere), Uganda encouraged people to be tested for HIV and encouraged those who were HIV positive to lead as healthful a life as possible, obtain appropriate and available care, and openly acknowledge their HIV status so that others would be more aware of the widespread nature of HIV infection.
- Uganda strongly encouraged people at all levels to acknowledge and talk about HIV/AIDS. And they did so. People talked openly and frankly about AIDS.
- To the extent feasible, Uganda tried to improve the status and rights of women and increase women's ability to avoid unwanted sex by providing them with education, increasing their employment opportunities, increasing their role in government, and increasing enforcement of laws against sex with minors, sexual abuse and rape.

Impact on Sexual Behavior and HIV Prevalence

As a result of the clear messages about behavior, the comprehensive efforts to change behavior and people's knowledge of many people dying from AIDS, people actually did change their behavior. First they became more faithful to their marital or long-term partners or became more likely to remain abstinent if single. Then, the smaller number of people engaging in sex outside of marital or cohabiting relationships began using condoms more consistently. This was a powerful

combination. As a result, HIV incidence and prevalence began to decline — and they did so in an unprecedented manner for a generalized epidemic.

Conclusion

These findings are consistent with some other analyses of declines in HIV prevalence in other generalized epidemics in sub-Saharan Africa (e.g., in Kenya and Zimbabwe), which suggest that giving a strong emphasis to partner reduction, while also encouraging condom use (and abstinence) for those not in long term relationships is much more effective than primarily promoting condom use (or abstinence).

If countries implement all of the programmatic elements that Uganda implemented, it is much more likely that they will help people remain faithful within marital or long-term relationships, reduce casual sexual relationships and increase condom use, thereby reducing HIV transmission. **Uganda's success demonstrates that it can be done.**

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