Working to Empower
ABC Campaign in Uganda
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Introduction

In September 2000 a historical decision was made at the Millennium Summit to halve world poverty by 2015 through the Millennium Development Goals. One of the MDGs was to combat HIV/AIDS, malaria and other diseases and generally improve the health of people living in the developing world.

Health in the Developing World

Not only does poverty exclude people from the benefits of health-care systems but it also acts as a constraint by preventing people from participating in making decisions that affect their health (Macfarlane et al, 2000). Many people die of hunger or disease due to poor coverage and lack of health facilities without ever being able to communicate their needs (Macfarlane et al, 2000). One of the underlying problems associated with poverty is that people's needs are never heard. Poor people are assumed incapable of helping themselves and often inappropriate, top-down measures are imposed on the developing world without taking the time to understand the local situation. The greatest barrier to people achieving good health and working their way out of poverty is linked to the feeling of powerlessness (Macfarlane et al, 2000). The World Bank's "Consultations with the poor" concluded that it was important 'to recognise the realities of poor people and to invest directly in their organisational capacities' (Macfarlane et al, 2000:842). In order for health to improve in developing countries, 'it must be re-crafted in a framework that locates organised and active communities at the centre as initiators and managers of their own health.' (Macfarlane et al, 2000). Uganda's ABC approach went some way to achieving that kind of success as will be described later in this paper.

Relationship between HIV/AIDS and Poverty

'HIV/AIDS leads to many kinds of poverty' (Whiteside, 2002:320). Costs related to medicines, care and treatment and eventually funeral expenses all put pressure on the household. The impacts of HIV/AIDS are long term. It is 'a major threat to development, economic growth and poverty alleviation in much of Africa' (Whiteside, 2002:313). HIV/AIDS acts as a significant barrier to 'achieving the 2015 development targets in Africa' (Smith, 2004:63). The poorer populations have the highest infection of HIV/AIDS and they are likely to suffer most from the disease because they lack resources to deal with it.

The effects of ill health and death can plunge the survivors deeper into poverty. Poor people are more vulnerable to HIV/AIDS due to poor education, lack of political voice, poor access to productive resources and health care, and may take part in economic activities, such as prostitution or truck driving, 'which make them more vulnerable to infection with a greater chance to being exposed to the virus' (Kürschner, 2001:6). Poor people are also likely to be more susceptible to the virus due to: malnutrition, existing infection by other STDs or general poor health.

'HIV/AIDS is not only a consequence, but also a cause of poverty and a cause of deepening poverty' (Kürschner, 2001:7). HIV/AIDS can have a dramatic effect on a person's ability to earn an income and therefore work themselves out of poverty. Indeed, 'when individuals are infected, a chain of impacts on household follows', usually all of which are

negative (Smith, 2004:63-70). HIV/AIDS is a significant obstacle that must be overcome if rural poverty is to be halved by 2015.

What is the ABC Approach?

ABC of Sexual Behaviour Change
A= Abstinence or delay of sexual activity
B= Be faithful (including partner reduction and avoiding high risk partners
C= Condom use

(Shelton et al, 2004:891)

The objective of the ABC campaign is to reduce the number of people being infected by HIV and improve care for those who have already contracted it. The most effective way to prevent the spread of HIV, in areas where the epidemic is driven mainly by heterosexual transmission, is to alter people's sexual behaviour. The ABC approach is a 'three-pronged strategy promoted to reduce sexual transmission' (Schoepf, 2003:554). 'A' stands for abstinence or delay of sexual activity. B stands for "be faithful" and this includes reducing the number of partners and avoiding high-risk partners. C stands for condom use, especially with high-risk groups. It is hoped that the ABC approach will prevent more people from falling into poverty.

ABC approach in Uganda

The ABC campaign in Uganda gained widespread praise for its successful reduction of HIV prevalence. Its success has 'become virtually synonymous with the… ABC approach' (Cohen, 2003:1). National HIV prevalence has decreased from '21.1% to 9.8% from 1991-98…The most important factor in this decline is a decrease in non-regular partners by 65%, 1989-95, and a contraction in sexual networks (decreases in overall sexual activity and increased condom use also occurred)' (Low-Beer and Stoneburner, 2004:2). Many people suggest that Uganda's unique achievement can be attributed to its prevention methods and its success at changing people's behaviour. 'Changes include delayed sexual debut among youth, reductions in partner numbers, increased marital fidelity and condom use in what are defined as high-risk encounters' (Schoepf, 2003:553). President Museveni and the NRM were open about AIDS and took an active stance in combating the disease early on in the epidemic. 'This exemplary openness created an enabling context for change, with debate, dialogue and action' (Schoepf, 2003:554).

Before one can truly understand the reasons for Uganda's success in reducing national HIV prevalence it is important to unpack the underlying assumptions made about Uganda's rural poverty and its links with the ABC campaign. Unlike many international policies and programs set up to deal with the HIV/AIDS epidemic, Museveni took a different approach. Instead of focusing solely on how to prevent HIV through technical means (increased surveillance, STD treatment, increased drug provision, etc), he decided to take a more direct approach by trying to alter people's sexual behaviour and improve communication about AIDS.

Critical evaluation of the ABC Campaign

A significant underlying assumption was made when Uganda developed its AIDS programme. As was mentioned earlier in this paper, HIV/AIDS 'is not only a consequence, but also a cause of poverty and a cause of deepening poverty' (Kürschner, 2001:7). Therefore

in order to alleviate rural poverty, measures have to be taken to reduce the number of people becoming newly infected with HIV/AIDS and provide better care for those who are already HIV positive. Uganda was the first country in the world to develop 'a dedicated AIDS programme' (Parkhurst, 2005:578). It came into being shortly after President Museveni and the NRM came to power in 1986.

Uganda's campaign was tailored to its unique HIV/AIDS situation. Uganda was the first country in Africa to identify AIDS in 1982. By the middle of the 1980s, Uganda 'had one of the highest HIV prevalence rates in the world' (Parkhurst, 2005:574). By the 1990s, Uganda was known as one of the worst hit countries in the world. Uganda was a very poor country and had been deeply weakened by decades of political upheaval. Its large population had limited education and healthcare systems, low life expectancy and high levels of illiteracy (Allen and Heald, 2004). However, despite the widespread nature of the disease, and the country's limited healthcare services available, the prevalence of HIV began to abate during the 1990s. 'In one rural site, Masaka, seroincidence fell from 7.6 per thousand per year in 1990 to 3.2 per thousand by 1998' (Mbulaiteye et al., 2002 quoted in Green et al, 2006:336).

Can the dramatic decline in HIV prevalence in Uganda be attributed to the ABC campaign? Would the campaign have being as successful if it had missed out one of the parts; either A, B or C? This section of the paper seeks to answer these questions to gain a deeper understanding of the ABC campaign.

The rural poor often lack a political voice, which acts as a barrier to improving their position in society. One policy that the president and the NRM have put forward is a way,

'to empower women and youth by giving them more voice, including in parliament where by law women make up a minimum one-third of the members…At least as importantly, grassroots women's organisations have fought to empower women socially, economically and legally. Their campaigns have resulted in legal reforms pertinent to the fight against AIDS, including strengthening of rape and defilement laws and laws governing property rights for women' (Green et al, 2006:339).

As we will see in more detail, later in this essay, young people – women in particular - are the most vulnerable to HIV/AIDS. HIV will continue to infect and affect the poorest people, for as long as they are not empowered. The empowerment of the youth, and particularly women, should directly decrease the risk of contracting HIV and reduce problems associated with poverty and ill health. In this example, an underlying cause of poverty - lack of political voice - was directly linked to the policy of empowerment.

Uganda has one of the oldest AIDS epidemics in the world. This was important, because people already knew that a disease 'locally referred to as 'slim' ha(d) already been causing deaths for some time…before those infected were diagnosed as having HIV/AIDS in 1982-83' (Allen and Heald, 2004:1148). This meant that by the time a national program for HIV/AIDS was in progress by 1987-88, people were aware of the seriousness of the disease. As a result, Ugandans took note of the campaign, because they had already experienced a high mortality rate. They were afraid that HIV/AIDS would exacerbate inequalities within the country and make the poorest sectors of the society even poorer. The ABC campaign was used to try to reduce the negative impacts of HIV/AIDS on the Ugandan population. Botswana used similar methods to abate the spread of HIV/AIDS, but with no success. Some people attribute this lack of success to the fact that its campaign was started too early, before people had really been affected by HIV/AIDS (Allen and Heald, 2004).

Some authors, like Parkhurst, question whether it was Uganda's ABC campaign that led to a reduction in HIV prevalence or whether it was due to the high death rate (2002). Uganda's HIV/AIDS epidemic is older than in other countries, so did the reduction in national prevalence occur because of high mortality or because of Uganda's policies? Green et al argue that 'Uganda's falling HIV prevalence is unlikely to be due…to a "natural die-off syndrome"' because there was a significant decline among younger people which '…cannot

be explained by AIDS mortality, as very few people under age 20 die of AIDS' (2006:337). The dramatic decline in HIV/AIDS must then have been due to behavioural changes.

Slogans and messages used in the Ugandan campaign were sensitive to the local culture. Messages such as 'love faithfully' and 'zero grazing' were used to encourage people to be faithful or at least reduce the number of sexual partners they had. The simple nature of the messages meant that they were 'readily understood even by the many illiterate residents of this largely rural nation' (Green et al, 2006:342). Unlike in Botswana, there was very little reference to condoms in the early stages of the campaign in Uganda. By placing more emphasis on policies A and B it shows that the president advocating the campaign, supported abstinence and being faithful as being more appropriate within Uganda. Botswana's ABC campaign was ineffective because its early emphasis on using condoms and its culturally insensitive messages offended people. Unlike Botswana, Uganda's president, did not promote condoms in the earlier stages of the campaign because he believed they encouraged immoral behaviour and went against religious teachings.

Museveni eventually did accept that condoms needed to be incorporated in the campaign but this was much later on, during the mid 1990s. By then, the government and civil society were much more aware of the problems associated with HIV/AIDS and as a result, far more accepting of the use of condoms. Despite the acceptance and encouragement of condom use in Uganda's policies, President Museveni still maintains that 'the success of his government's programme has been more to do with the promotion of 'family values'' (Allen and Heald, 2004) than an increase in condom use. Indeed Museveni warned that condoms were not the 'magic bullet' for AIDS. There has been much discussion in the literature about the role that condoms play in the ABC campaign. Although many, believe that 'C' should be included in the campaign, many authors agree that abstinence and being faithful played the most significant role in reducing HIV prevalence (Low-Beer and Stoneburner, 2004, Shelton et al, 2004 and Cohen, 2003). This belief is echoed because 'when adults across African countries were asked what is the most important response to AIDS, they state reductions in casual sex and abstinence more highly than condom use' (DHS survey data quoted in Low-Beer and Stoneburner, 2004: 5).

If abstinence and being faithful were more important then why wasn't condom use dropped from the Ugandan policy? As Sinding recognised, 'the reality of AIDS in Sub-Saharan Africa- still the region bearing the overwhelming share of the global AIDS burden-is that marriage (and the illusion of fidelity among supposedly HIV-negative couples) is increasingly seen as a risk factor' (2005:38). Monogamous women are vulnerable to HIV infection due to their lack of rights within marriage and the powerlessness to negotiate safer sex. Therefore dropping the C from the Ugandan campaign would be irresponsible and naïve. It would lead millions of people, particularly youths and young women, to be powerless in protecting themselves against the ravages of the disease. As is widely acknowledged, HIV/AIDS can lead to poverty therefore all means of prevention should be available to everyone. 'Whatever the evidence suggests about Uganda's HIV decline, it does not point to censorship and discrimination as effective prevention strategies…people have a right to know about all effective methods of HIV prevention, and to be cautioned about the risk of getting infected with HIV, including in marriage' (Cohen et al, 2005:2076). People living in rural areas are especially vulnerable to the negative impacts of ill health because it would prevent them from carrying out agricultural or other work. They also have limited access to health facilities. Advocating policies A, B **and** C is essential to reducing the number of people affected and infected with HIV.

It is unfortunate that the Bush administration funding for HIV/AIDS prevention programmes is conditional upon adherence to A and B only – to the exclusion of C (Walgate, 2004, Das, 2005 and Wakabi, 2006). Considering that the US funds finance a large

proportion of the AIDS programme in Uganda, the Bush administration's requirements have a great influence over how Uganda carries out its policies. President Bush has recently put 'excessive weight on abstinence and discriminates against any group that provides information about safe abortion' (Walgate, 2004:192). This could possibly impact on Uganda's success in the future.

Communication played a significant role in Uganda's success. President Museveni must be credited for most of this success, as he made an active commitment to fighting AIDS – right from the beginning of his rule. He demonstrated this commitment in 'face-to-face interactions with Ugandans at all levels, he emphasized that fighting AIDS was a "patriotic duty" requiring openness, communication and strong leadership from the village level to the State House' (Green et al, 2006:338). Museveni launched an aggressive public media campaign 'that included print materials, radio, billboards and community mobilization for a grass-roots offensive against HIV' (Green et al, 2006:338). Inspired by the country's leaders, the general population began to take an active role in fighting AIDS and over time, 'personal channels predominated in communicating about AIDS in both urban and rural areas, among men and women. In Uganda, 82% of women heard of AIDS from this source compared to 40-65% in other countries. Personal networks are also dominant stratified by urban (74%) and rural areas (84%), and among men (70%)' (Low-Beer and Stoneburner, 2004:5). The use of personal networks was successful in conveying information about AIDS, because it meant that 'strong nongovernmental organization (NGO) and community-based support led to flexible, creative and culturally appropriate interventions that helped facilitate individual behaviour change as well as changes in community norms, despite extreme levels of household poverty following the civil war period' (Green et al, 2006:339). Low-Beer and Stoneburner wrote 'despite more sophisticated approaches elsewhere, the basic communication and behavioural process…identified in Uganda may be necessary for HIV prevention to be successfully scaled to the population level' (2004:6).

Conclusion

Has the ABC campaign achieved its objective of reducing the spread of HIV and improving the care of people already infected? The first objective of reducing the spread of HIV has been very successful. Early surveillance systems and personal commitment by President Museveni and the NRM were vital in combating the spread of HIV/AIDS. Communication programs encouraging behavioural change also played a significant role in reducing HIV prevalence and improving care in Uganda.

Are the underlying assumptions about the nature and causes of rural poverty linked to policy content? As was mentioned earlier in the paper, poor health, poor education, lack of political voice, poor access to productive resources and health care, and being forced to take part in risky economic activities are all reasons for and causes of rural poverty. There were many links between policy content and the underlying nature and causes of rural poverty in the Ugandan ABC campaign. For example, to counteract the lack of a political voice, the Ugandan government promoted empowering vulnerable groups – particularly young people and women. The issue of poor health was addressed by encouraging people at all levels of society to participate in the struggle against HIV/AIDS. The direct consequences was that people were given access to productive resources as they were being paid to communicate about HIV/AIDS (Green, 2006). Poor people forced into risky economic activities were encouraged to use condoms, thereby reducing their exposure to infection with HIV/AIDS. Overall, the policies used in the Ugandan ABC campaign were appropriate for the country and helped reduce rural poverty, or at least prevent it from getting worse. However, one would be wrong to assume that the problem of HIV/AIDS is solved. Recent US policies have

put the success of the programme into jeopardy by only financing projects and communication about policies A and B. The challenge for Uganda now is to try to convince the US government to accept that C is a vital part of the campaign. The lessons learnt in Uganda are significant, but its campaign should not be used directly as a blueprint by other countries. Uganda's campaign was hailed a success because it developed its own unique approach to tackling AIDS. An approach appropriate to its culture and country. Other countries should develop their own unique policies while keeping in mind the reasons for Uganda's success.

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