

## **The 3<sup>rd</sup> session of the Uganda Think Tank on AIDS (UTTA)**

Topic: **Is the ABC message still relevant in contemporary Uganda?**

### **Background note**

Uganda AIDS Commission  
NADIC  
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## **The Debate**

Despite scaled efforts and increased resources for the national response, HIV continues to spread in the country. Increasingly, there have been debates about the effectiveness of the current prevention interventions that demand exploration to establish a common way forward. The following key questions are intended to guide this exploration:

1. What is fuelling sexual transmission of HIV in Uganda?
2. Which population groups are at higher risk of contracting sexually transmitted HIV and why?
3. What are the merits and demerits of the components of the ABC model? How best can we utilize the model for positive behaviour changes considering the changing environments?
4. What is hindering individuals from adopting and sustaining safe sexual practices?
5. What are the obstacles and where are the gaps in our current prevention interventions targeting sexual transmission of HIV?

## **Background**

HIV/AIDS still remains a global challenge that demands scaled and sustained prevention and impact mitigation interventions. Uganda's success story of the late 1990's evidenced by declining national sero prevalence rates from around 18% in 1993 to 6% by 2000 has put the country in the limelight of global efforts. This success was regarded as an outcome of combined factors including concerted prevention efforts by various stakeholders guided by the ABC (Abstinence, Being Faithful and Condom Use) approach.

Uganda championed the acclaimed ABC approach in the late 1980s. Different stakeholders developed and implemented prevention programmes hinging on any or all the components of ABC within respective capacities and mandates, also guided by the targeted populations. The decline in HIV prevalence is said to have been among other factors a cumulative effort of A, B and C and not by a single intervention alone.

However, since 2004 and in the wake of stagnating prevalence rates, there has been a growing debate about the merits and demerits of the ABC components and also the sufficiency of the ABC approach in responding to sexual transmission of HIV.

## **Context of the debate**

### **I Modes of transmission**

Heterosexual contact accounts for more than 80% of all new infections in the country and therefore a key aspect in all prevention efforts. Mother-to-child transmission, which accounts for 15-25% of the new infections, is also linked to heterosexual contact. Yet there are variances in sexual behaviors across cultures, age groups, and gender disparities that are also influenced by social, economic circumstances and cultural practices all of which compound prevention efforts.

### **II Epidemiological trends**

The country has since 2000 experienced “stagnating” HIV prevalence rates, at about 6%, with increases in some parts of the country. The most recent sero-survey put the national rate among adults at 7%. Stagnation trends have been attributed to message/information fatigue at individual level and complacency at organizational and individual levels. Perhaps the country’s biggest challenge lies in handling the success story.

Preliminary results of the 2883/4 sero survey also suggested a shift of the epidemic from young people 15 to 25 years to young adults 25 to 39 years. Yet whereas young people demonstrated the ability to adopt safer sexual practices as evidenced by the sharp declines in prevalence rates in age groups 15 – 24 years in the 1990s, adults have not exhibited this capacity. Moreover the rising rates of couple discordance, put at about 40% in some parts of the country, poses a bigger challenge in this age group where abstinence, which has worked for young people, cannot feature as a strong prevention intervention.

### **III The merits and demerits of the components of the ABC**

The ABC approach, which is synonymous with the country's success story, has been besieged with a heated debate about the effectiveness and feasibility of its individual components. Proponents of C pit it against AB and vice versa. After many years of harmonious implementation of the ABC approach within respective mandates, and recognition of the fact that positive behaviour changes informed by ABC messages collectively contributed to declining rates, the origins of the debate can be construed to be despair from failure to further reduce prevalence rates. The debate has instead resulted in competing and conflicting messages that confuse both the stakeholders and the target audiences. The other side of the debate raises concerns about the adequacy of the ABC approach especially considering the challenges of changing environments.

## **V Individual change Vs social change**

It has also been observed that the ABC approach heavily focuses on individual behavioural changes with limited consideration of the environments that shape individuals behaviours. Research shows that many individuals especially women and young people find themselves in circumstances that hinder them from acting on the messages received. Poverty, displacement, illiteracy, disability and gender disparities are among the contributing factors to the spread of HIV yet HIV/AIDS exacerbates the poverty situation and impedes development at individual and household levels.

## **VI Prevention in the era of antiretroviral therapy**

Government prioritized prevention and care including universal access to ART in 2003 to promote quality lives of the many already infected. Research from the developed world indicated an increase in risky behaviours especially among young people with the advent of ART. Local research so far has not revealed worrying trends though prevention strategies need to be revisited to promote prevention with those positive and negative

## **VII Expectations from the UTTA session**

Against this background, panelists to the 3<sup>rd</sup> Think Tank session are required to further explore the elements and context of the debate and come up with recommendations that will inform policy and program review and development at various levels of the national

response. The objective of the Think Tank session is to apply empirical evidence with innovation to come up with feasible and acceptable recommendations. The debate is set at two levels guided by the opening questions:

- What is driving sexual transmission of HIV, who is more at risk and why?
- Is the ABC approach still sufficient in preventing HIV transmission?

## **VIII Conclusion**

In the absence of a cure and/or vaccine, prevention of HIV transmission especially through sexual contact remains the major priority of the country's efforts against the epidemic. Uganda managed to drastically reduce prevalence rates when it was least equipped, with rampant poverty, ineffective laws against sexual offences and gender inequalities. It is therefore challenging to experience stagnation in the context of increased economic, social and political development. It is therefore pertinent to question the dependability of the current prevention interventions to promote innovation and effective approaches.