

Untold success

Uganda's dramatic decline in HIV/AIDS levels

By SUSAN KOPP

THE STATISTICS ON HIV/AIDS ARE staggering. The death toll from the disease has been placed at twenty million people, with thirty million others currently estimated to be infected with the virus. But, taking a closer look at trends in the world's developing countries, where an estimated 800,000 children under the age of 15 contracted the disease in 2001 alone, and 15 to 24 year olds now make up one third of those living with the disease, the numbers in Uganda just don't add up.

In 1991, 15% of pregnant women in Uganda tested positive for HIV. By the year 2001, that number had fallen to 5% in sharp contrast with the 10-20% increase seen in other African nations throughout the same period. Such numbers reveal some startling changes in Ugandan society. The African Medical and Research Foundation reports that in

one urban area of Uganda, sexual activity among 13-16 year olds plunged from a level of almost 60% in 1994 to less than 5% in 2001.

Equally striking are the changes in adult relationships. According to some HIV/AIDS experts, fidelity in marriages and in monogamous relationships, with a corresponding decrease in the number of sexual partners reported by much of the Ugandan population may be the most significant factor at the heart of the dramatic decline of the disease in Uganda.

What's at the root of Uganda's success? The battle against AIDS began in 1986, and was led by Uganda's president himself, President Yoweri Museveni. Unlike other countries, the fight against the disease was direct, open, and aggressive, with collaboration that came to involve every sector of society. President Museveni moved quickly, mobilizing and encouraging, and in some cases mandat-

ing, government, civic and religious leaders, and even sports and other celebrities, to speak out pointedly on the risk of AIDS and how to prevent it. The campaign was at first dismissed by other countries as "ineffective." Leading health experts in other parts of the world stated that it was unlikely that such a program would carry the country on the road to real success against the virus. Then the numbers started coming in.

What was Uganda's approach? Giant billboards and informational campaigns were organized and brought ahead at all levels of society. They reached out to women and teenage girls, encouraging them to act in ways that allowed them to maintain their dignity and take control of their relationships with male partners, and in order to protect themselves from AIDS. Fidelity in relationships and in marriages became something that was spoken about and encouraged as a way to stop the virus and save lives. Ugandans began to hear

Fighting for children: the war against HIV/AIDS

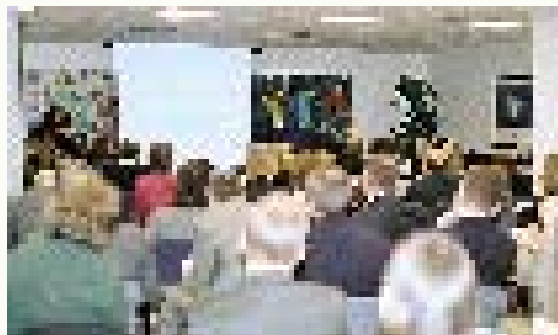
IN APRIL REPRESENTATIVES OF 35 non-governmental religious organizations and faith-based groups from across the United States met for a day-long conference sponsored by the U.S. Fund for UNICEF and the United States Conference of Religions for Peace (USCRP). In bringing representatives from UNICEF and religious organizations together, the conference, entitled, "HIV/AIDS and Children: Strengthening Partnerships and Response," wanted to begin to "build bridges" between faith-based organizations and UNICEF

field programs throughout the world.

The need for collaboration is more acute than ever. Incidences of HIV/AIDS

in most developing nations are rising dramatically among young people, with teenage girls particularly vulnerable. Tragically, hundreds of thousands of young children have also been left orphaned as parents themselves succumb to the disease, with many of these children ending up on the streets to fend for themselves.

Speakers at the event included UNICEF field officers, USCRP representatives, public health officials, and representatives of faith-based organizations working on HIV/AIDS initiatives in those developing countries most severely affected by the epidemic. They discussed the current world situation, presented various initia-



Dr. Rabia Mathai of the Catholic Medical Mission Board addressing the conference in New York.

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CITTA NUOVA / GIUSEPPE DISTEFANO

In 2001, 800,000 children under 15 contracted the disease in developing countries. Uganda's successful action against HIV/AIDS is reversing the general trend.

tives in the fight against HIV/AIDS, and shared their visions and hopes for concrete collaborative efforts. "Faith Based Organizations are nested in the communities right where help is most needed, providing HIV/AIDS care and counseling. They work from within the communities and are able to use the networks that already exist in towns and villages," commented Dr. Rabia Mathai of the Catholic Medical Mission Board, a speaker at the event. "In many small rural communities, it is not unusual to find religious organizations providing at least

50% of needed health care to HIV/AIDS patients and their families."

"Faith groups do what government groups are unable to do. They play a key role because they can influence moral and social values and are able to enact social changes," commented Meg Gardinier, Director of Non-Governmental Organizations at U.S. Fund for UNICEF. "These organizations have been caring for people with HIV/AIDS for a long time. Now is the time for greater collaboration in the fight against this disease."

In order to further highlight and sup-

port the work being done by religious organizations throughout the world, UNICEF in collaboration with the World Conference on Religion and Peace (WCRP) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), has published a 42-page Information and Action Kit of Communication Materials entitled: "What Religious Leaders Can Do About HIV/AIDS." The packet is designed to provide factual information on HIV/AIDS to religious organizations and offer suggestions on how best to collaborate in the fight against the disease. Noteworthy is the fact that the Kit emphasizes the need for each religious organization to freely use the information contained in it in accordance with their respective religious and moral teachings. ■

not only of a dangerous disease, but also of proposals for changes in behavior that had never before been spoken of in public. Discussions on abstinence—in schools, village centers, and religious settings—were also a central part of the battle against the disease. Governmental, religious and non-governmental organizations reached out to everyone. Particularly important in 1992 was the creation by President Museveni of the Uganda AIDS Commission (UAC) to coordinate and bring ahead nationwide AIDS strategies, with the direct involvement of major church leaders and religious groups (although religious organizations had been involved in the work against AIDS almost from the beginning). The Commission, first headed by Museveni, was later chaired by an Anglican Bishop and the Catholic Bishop of Kampala. Some of the most dramatic decline in HIV/AIDS levels was seen during the period from 1991 to 1995, with a slow downward trend that has continued since that time. The reasons are many, but the involvement of major religious organizations in influencing behavior and educating communities appears to be one of the most significant factors in the process. A March 2001 statement prepared by a World Council of Churches' team of health professionals regarding the AIDS crisis, states: "More

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COURTESY OF THE U.S. FUND FOR UNICEF (2)

Uganda was the first country to publicly publicize a policy that included promoting behavior change, which could be the very key to its success. Top: AIDS education in Ugandan schools. Above: youth put on plays as a means to educate young people about HIV/AIDS.

than 80% of the world's population is identified with a religious community and any effective HIV/AIDS program needs to take advantage of the presence of these communities in all population areas."

Harvard Professor Edward Green, a researcher who is following firsthand Uganda's decline in HIV and the corresponding behavior changes among the population, referring in a *Washington Times* interview to the often quoted "ABC" program (Abstinence, Be Faithful, or as a last option, use Condoms) of AIDS prevention said, "The core of Uganda's

success story is big A, big B and little C." And, in fact, a national survey in the year 2000 confirmed a greater than 20% increase in reported abstinence practices for that year alone, with youth delaying sexual activity as a major contributing factor in these statistics.

Uganda's success, unfortunately, has not received the publicity it deserves. "Uganda was the first country to publicly publicize a policy that included behavior change, which is at the core of its success," commented Dr. Dorothy Brewster-Lee, coordinator of International Health Ministries for the Presbyterian Church-USA. "It has been the only country able to truly turn its HIV/AIDS situation around. The key is to disseminate this information throughout Africa."

In the United States, in recent months government leaders have been taking greater notice. In March 2003, the U.S. Agency for International Development (USAID) announced a new five-year agreement with international development and faith-based organizations to expand the agency's efforts and funding of faith-based initiatives against AIDS in developing countries throughout the world. The pressure to use a "condoms-only" approach, with often little or no long-term success according to data gathered in recent years from projects across the globe, seems to be fading. According to the USAID press release, even organizations "that want to focus exclusively on behavioral change will be eligible to apply for USAID funds." Perhaps Uganda's intense efforts on behalf of their nation's people will soon begin to pay off among peoples in far-away nations as well. ■



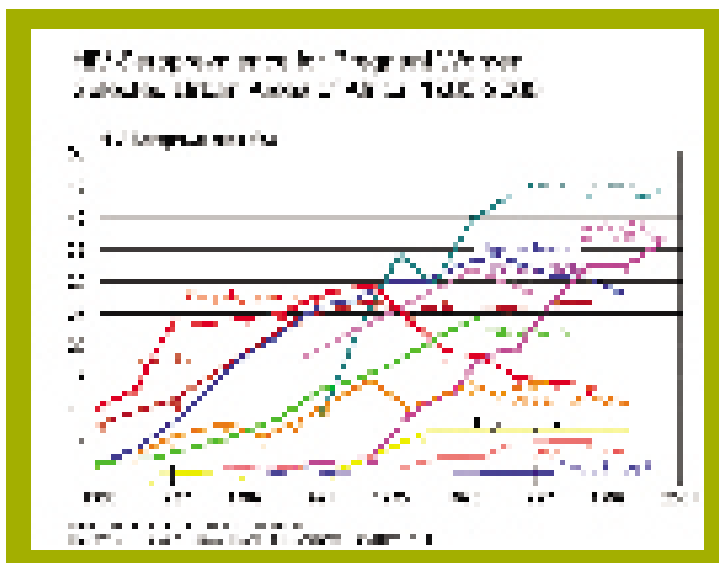
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THROUGH EDUCATION AND TRAINING in HIV/AIDS prevention, as well as caring for the spiritual and physical needs of AIDS victims and their families, Uganda's religious organizations have been essential in the country's fight against the disease. Visiting New York from her native Uganda to accept the Path to Peace Foundation's "Servitor Pacis Award," we spoke with Rose Busingye, protagonist of "Meeting Point International," an organization serving AIDS victims and working to prevent the spread of the virus.

Rose Busingye was born in Kampala, Uganda in 1968. Like the majority of Ugandans, she found herself enveloped by the suffering and hardship of the civil war that rocked her country in the mid 80s, and she felt an immense desire to do more to serve those in need. After the war, she studied nursing and midwifery and went to Italy for two years to specialize in infectious diseases.

Returning to Uganda in 1992, Rose attended the specialized training courses offered in her country to better counsel and care for patients with HIV/AIDS and their families. That same year, with friends, she founded "Meeting Point Kampala," a place where victims and their families could find treatment for their AIDS-related illnesses, but also a sense of community and of belonging, so vital to Ugandan life.

"Meeting Point Kampala" grew and spread in the poorest areas of the city,



The red line in the line graph indicates the dramatic decline in HIV/AIDS levels during the period from 1991-1995 in Kampala, Uganda, compared with the levels in other major African cities.

COURTESY OF USAID

