

AIDS workers debate what lessons Uganda teaches

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This 14-year-old arrived at the Nsambya Home Center in Kampala, Uganda, for a checkup required of all patients receiving HIV medication through the U.S. PEPFAR program. (RNS photo courtesy of David Snyder/Catholic Relief Service)

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By Jason Kane

Religion News Service

WASHINGTON (RNS)—Stalled in the gridlocked streets of Johannesburg on her way to an AIDS event, Rukia Cornelius fumed about the tendency of Americans to mix their religious and political beliefs. South Africans have suffered as a result, she said.

“I’m a little bit tired, but I’m also angry, because we need the money, but treatment can’t be done with such a provision on abstinence,” said Cornelius, national campaign manager of the South African AIDS lobby group Treatment Action Campaign.

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Her frustration with President Bush's AIDS initiative has increased as a number of organizations formerly devoted to preventing HIV/AIDS have abandoned their efforts in favor of treating it. It's a shift specifically designed to avoid restrictions attached to U.S. AIDS-prevention funding, Cornelius said.



Caroline Tumuhembise, 20, sits with other young sex workers who met to discuss ways to prevent HIV infection in Uganda. The Bush administration has embraced Uganda's abstinence-first approach to fighting AIDS in Africa. (RNS photo courtesy of Ami Vitale/CARE)

"In a country like South Africa, the Bush administration's abstinence-above-

all-else approach is simply not working,” she said, pointing to religious, cultural and economic factors that have tangled such efforts.

Some workers, activists and scholars agree, saying the abstinence approach pushed into law by U.S. religious conservatives has translated poorly to Africa. The Christian doctrine of abstinence, they say, is a concept that doesn’t always resonate in traditional African cultures and is therefore stalling efforts to save lives.

But abstinence advocates point to Uganda as evidence their approach can work in an African context.

Embedded in the President’s Emergency Plan for AIDS Relief, the provision dictates a third of the initiative’s prevention funding should go toward abstinence programming. This amounts to 7 percent of the overall \$15 billion Bush has requested from Congress over five years.

Ironically, each side in the abstinence war of words is loudly demanding identical action—an evidence-based approach that “works for Africa.”

Most support the ABC philosophy successfully implemented in Uganda—Abstinence, Be faithful, and—if all else fails—use Condoms.

But there’s little consensus over the proper balance between the three, and some fear ABC emphasizes Western ideals at the expense of cultural norms in Africa, home to 12 of the initiative’s 14 “focus countries.”

Sibusiso Mas-ondo, professor of traditional African religion at the University of Cape Town in Rondebosch, South Africa, cited a number of factors that could undermine an abstinence strategy.

“Abstinence as defined by the Christian church was never a practice of traditional Africans,” Masondo said. “The only time when people abstained from sexual activity was during rituals and other major events in the life of

the community.”

The rigid nature of the prevention funding restricts efforts to tailor programming to local conditions, said Jodi Jacobson, executive director at the Center for Health and Gender Equity, based in Takoma Park, Md. In the male-dominated societies of Africa, critical gender issues prevent women from controlling their sexual relationships, she said.

According to Jacobson, the highest HIV/AIDS infection rates for women in their 20s and 30s are among married women who contract the virus from their husbands.

“What the abstinence-until-marriage programs do is funnel extraordinarily large amounts of money to particular programming,” she said. “This is completely and wholly ideological and flies in the face of all evidence of what works.”

But ABC advocates point to Uganda where, beginning in the early 1990s, President Yoweri Museveni launched a society-wide offensive on the epidemic, which at that time infected 15 percent of adults. Ten years later and with ABC programming firmly entrenched, the infection rate dropped to 5 percent.

Ambassador Mark Dybul, the U.S. global AIDS coordinator charged with distributing the President’s Emergency Plan funds, said the Ugandan model represents undeniable success. He uses it to tell participants in the debate to start “listening to the Africans” and stop bickering among themselves.

“We’ve got a balanced ABC approach while most people have a C-only approach,” Dybul said, adding the United States still is the largest supplier of condoms worldwide.

Catholic Relief Services maintains the ABC strategy has worked remarkably well on the ground. Jed Hoffman, director for the organization’s AIDSRelief

project, said despite the legislation's religious roots, abstinence programming simply is one of the most effective methods available in preventing the spread of the epidemic.

"We're a very pragmatic, evidence-based society, and we want to do what works. And evidence shows that promoting abstinence is one of the things that works," he said.

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