USAID FROM THE AMERICAN PEOPLE | AIDS Support and Technical Resources

AIDSTAR-One

SPOTLIGHT ON PREVENTION

UGANDA'S ZERO GRAZING CAMPAIGN

Epidemiological Pragmatism Contributes to Collective Action

In 1990, some 18 percent of Ugandan adults were HIVpositive, the highest rate in the world at the time. But shortly thereafter, the HIV rate began to plummet, and by the end of the decade it had fallen by almost two thirds. How did this happen? And what can other countries learn from this experience? In the early 1990s, Uganda lacked many of the programs—condoms, HIV testing and STD treatment—that are commonly assumed to be part of a comprehensive prevention response. Instead, Uganda's program was based on a very African process of community mobilization, collective action, compassion and mutual aid. It was rooted in the fundamental recognition that the virus was spreading not just among high risk groups such as prostitutes and truck drivers, but among relatively ordinary people in relatively ordinary relationships and everyone was at risk. The word "concurrency" was not used, but the government devised a series of slogans including "Zero Grazing" and "Love Carefully" to warn people about the dangers of multiple sexual relationships, including long term ones. As community and church groups, women's groups, the media and ordinary people joined the fight against the disease, sexual norms began to shift in favor of fewer sexual partnerships and more consistent condom use in casual sex.

In 1978, the Ugandan dictator Idi Amin sent bombing raids into northern Tanzania. In response, the Tanzanian government raised a large volunteer army, which massed at the border, and a large informal trading center with brothels, bars and small shops selling cheap imported goods, sprang up to serve them. Before long, a number of soldiers, smugglers, and prostitutes began returning from the border, not just with the usual sexually transmitted diseases, but with strange symptoms that no one had ever seen before. The new disease soon spread rapidly through the region's complex networks of sexual partnerships—concurrent and otherwise—and by 1987, nearly a quarter of all pregnant women in Bukoba, the capital of Tanzania's Kagera region were HIV positive.[1] In the southern towns of Uganda—Masaka, Rakai, Kampala—the HIV infection rate was almost as high.

[1] Kwesigabo G, Killewo J, Urassa W, Lugalla J, Emmelin M, Mutembei A, Mhalu F, Biberfeld G, Wall S, Sandstrom A. HIV-1 infection prevalence and incidence trends in areas of contrasting levels of infection in the Kagera region, Tanzania, 1987-2000. J Acquir Immune Defic Syndr. 2005 Dec 15;40(5):585-91.

The views in this editorial do not necessarily reflect those of USAID or the U.S. Government

HIV Infection Rate Drops

Then something remarkable occurred. Sometime during the late 1980s or early 1990s, the HIV infection rate in this entire region began to fall. By 1997, the infection rate among pregnant women in Kampala had fallen by half and by 2002 it was two-thirds lower than it had been at its peak fifteen years earlier.[2] Declines of similar magnitude occurred throughout most of the country at around the same time, even in the north, where conflict between the government and rebel groups would continue for years.[3] Millions of lives were saved as a result.

The drop in Uganda's infection rate was announced at scientific meetings in 1995 and 1996.[4] At first, many people assumed it was due to the natural course of the epidemic. The most susceptible people—mainly prostitutes and promiscuous men—succumbed to the disease first, and as they became sick and died, HIV prevalence naturally fell. As people witnessed their suffering, they took heed and changed their sexual behavior, and this ensured that the HIV rate remained low.

Uganda's anti-AIDS response was based less on imported medical technologies than on a very African process of community mobilization, collective action and mutual aid.

But as the HIV rate continued to soar nearly everywhere else in the eastern and southern arc of the African continent, some public health experts began to wonder.

In 1992, epidemiologists reported that 20 percent of pregnant women in Francistown, a city in the southern African nation of Botswana, were HIV positive—a rate similar to southern Uganda's at the time.[5] But while Uganda's HIV rate fell by half during the 1990s, that in Francistown nearly doubled. In Zambia, Zimbabwe, and Malawi, the HIV rate remained high throughout the 1990s, even though the epidemic struck these countries only a few years after it hit Uganda.

By the late 1990s, a number of AIDS researchers were scrambling to find out what had happened in Uganda a decade earlier to bring the infection rate down. Few international public health officials had been working in the country when the decline occurred, and little had been written about it. Nevertheless, it was clear that Uganda lacked many of the programs typically assumed to be part of a comprehensive prevention response to HIV.[6] At the time the HIV infection rate began falling, few people used condoms consistently, HIV testing services were not widely available, and there was only one clinic in Uganda that specialized in the treatment of STDs. Mass-media campaigns, limited by the fact that the cadres of Amin and his successor Milton Obote had stolen most of the TVs and billboards, consisted mainly of rudimentary handpainted signs and radio announcements.

---

[2] Kirby D. Changes in sexual behaviour leading to the decline in the prevalence of HIV in Uganda: confirmation from multiple sources of evidence. *Sex Transm Infect.* 2008 Oct;84 Suppl 2:ii35-41.

[3] HIV/AIDS Surveillance Report, STD/AIDS Control Programme, Ministry of Health Uganda 2000.

[4] G. Asiimwe-Okiror et al., "Declining trends in HIV infection in urban areas in Uganda," paper presented at the 9th International Conference on AIDS and Sexually Transmitted Diseases in Africa, Kampala, Uganda, 1995; Alex Opro et al., "Declining Trends of HIV Transmission in Uganda," 12th International Conference on AIDS, Vancouver, July 7–12, 1996.

[5] NACA et al. (2002): Botswana 2002 Second Generation HIV/AIDS Surveillance.

[6] Stoneburner RL, Low-Beer D. Population-level HIV declines and behavioral risk avoidance in *Uganda.* Science. 2004 Apr 30;304(5671):714-8.

Uganda's Anti-AIDS Response

What did Uganda's anti-AIDS response actually consist of? It was based less on imported medical technologies than on a very African process of community mobilization, collective action and mutual aid that is impossible to quantify or measure. It resembles "collective efficacy" the tendency of people to come together and solve common problems that no one person can solve on his own.

In Uganda, this process was very African, but it was similar in many respects to the compassionate, vocal, and angry response to AIDS among gay men in Western countries during the 1980s, when HIV incidence in this group also fell steeply. Such "social mobilization" is actually quite hard to program, but it can be supported if agencies base their programs on accurate epidemiological information about the epidemic, and foster appropriate community based interventions in ways that build and sustain local ownership.

Soon after taking power in 1986, Uganda's young coup leader Yoweri Museveni quickly recognized the gravity of the AIDS crisis. Many of his own soldiers had succumbed to the disease, and he saw the threat to the future of the country. At the time, there were few Western health experts in the country, but Museveni assembled a team of Ugandan health experts who launched a vigorous AIDS education campaign of their own. Warnings about AIDS were broadcast on the radio each day at lunchtime, accompanied by the beating of a drum in the traditional rhythm of warning. The slogans "Love Carefully" and "Zero Grazing"—meaning, in the words of the head of Uganda's AIDS Control Program, "avoid indiscriminate and free-ranging sexual relations"—were posted on public buildings, broadcast on radio, and bellowed in speeches by government officials. Teams of AIDS educators trained by the Ministry of Health fanned out across the country and held all day meetings with women's groups, village elders, teachers, and church congregations. Religious leaders scoured the Bible and Koran for quotations about adultery. Newspapers, theaters, singing groups, and ordinary people spread the same message.

The slogans "Love Carefully" and "Zero Grazing"— meaning, in the words of the head of Uganda's AIDS Control Program, "avoid indiscriminate and free-ranging sexual relations"— were posted on public buildings, broadcast on radio, and bellowed in speeches by government officials.

Topic of AIDS Widely Debated, and Gender Attitudes Shift

Condoms were hotly debated in newspaper letters to the editor, church gatherings, and everyday conversation. Some said they promoted sin; others said sinful or not, condoms were necessary. Before long, a nationwide conversation about formerly taboo sex related topics was under way. In 1993, The New Vision, Uganda's government owned newspaper, began distributing a newsletter called Straight Talk, which provided frank, nonsqueamish information about sexual feelings, puberty, AIDS and other STDs, contraception, sexual abuse, drugs and alcohol, and many other topics that had never been aired publicly before.

Uganda's women's rights movement, one of the oldest in Africa, flourished in the politically liberal atmosphere allowed by the government in the late 1980s, and AIDS was high on its agenda. For decades, this movement had been suppressed by the paranoid dictatorships of Idi Amin and Milton Obote, but when a small number of Ugandan women returned from the 1985 UN

Conference on Women in Nairobi, Kenya, with new energy and ideas, Museveni who promoted community organizing and self-help, encouraged them. At rallies throughout the country, women were urged to keep their daughters in school, start small businesses, and challenge discrimination. As a result, a number of laws regarding rape, divorce, and women's property rights that previously favored men, were changed.[7]

Throughout the country, neighbors and extended families pooled their meager resources to comfort the sick, help families cope, and ensure that orphans had someone to care for them.

Gender-related attitudes also shifted. The enrollment of girls in school increased, as did the participation of women in the economy. In the early 1980s rape was generally considered an excusable crime in Uganda, and some Kampala lawyers and officials even joked about it. But then women's rights activists began speaking out about the double horror of rape and AIDS. They organized marches against rape in the city streets and warned women across the country to band together and confront abusive men.

"There was not a single workshop or meeting where the subject of AIDS did not come up," says Maxine Ankrah, who helped establish Action for Women in Development, Uganda's largest women's rights organization at the time. "We told women, if your husband is unfaithful and is going to kill you with AIDS, you divorce him." There was even a Ugandan Association of Co-wives and Concubines that policed the behavior of polygamous men, encouraging them to avoid the casual affairs that could endanger all their wives and future children. Meanwhile, the eloquent sadness of women throughout the country who nursed the sick and helped neighbors cope was a further harsh reproach to promiscuous men. So was their gossip, a highly effective method of spreading any public health message.

In bars and discos once mobbed with men and single women, men now sat drinking among themselves and went home early. Some bars closed down completely. Attendance at sexually transmitted disease clinics also fell sharply.

Prevention linked to Care and Support

Most ordinary Ugandans, accustomed to helping each other through war and other hardships, responded to AIDS with compassion. Throughout the country, neighbors and extended families pooled their meager resources to comfort the sick, help families cope, and ensure that orphans had someone to care for them. By 1991, there were hundreds of community- and church-based AIDS care and support groups in Uganda. Medically, there wasn't much that could be done for people with AIDS, since Uganda's healthcare system had been all but destroyed during the war, and drugs to effectively treat the disease had yet to be developed in any case. But Ugandans pioneered the concept of home-based care, which is now a central activity of AIDS organizations throughout Africa.

The AIDS Support Organization, or TASO, which is now one of the largest indigenous AIDS organizations

[7] Miria Matembe, *Gender, Politics and Constitution Making in Uganda* (Kampala: Fountain Publishers, 2002); Aili Marie Tripp, *Women and Politics in Uganda* (Oxford: James Curry, 2000); Sylvia Tamale, *When Hens Begin to Crow: Gender and Parliamentary Politics in Uganda* (Kampala: Fountain Publishers, 1999); Tripp and Joy Kwesiga, eds., *The Women's Movement in Uganda: History, Challenges and Prospects* (Kampala: Fountain Publishers, 2002).

in Africa, was established in 1987 by AIDS patients and their relatives who began holding meetings at Mulago to support each other and share information. They soon realized that many supplies and medications could be more easily delivered to peoples' homes than to the overcrowded, dilapidated hospital. By the late 1980s, TASO, along with a number of mainly Catholic hospitals throughout the country, was providing home-based care services to thousands of AIDS patients and their relatives. Throughout the region, home-based care counselors taught millions of people that it was safe to touch and care for AIDS patients, and that the affliction was neither a curse from God nor a punishment for sin, but a terrible disease than no one deserved.

A New Generation of Activists Emerges

Before long, a new generation of Ugandan AIDS activists emerged, most of them women, most of them openly HIV positive, including Beatrice Were, the founder of the National Community of Women Living with HIV/AIDS, and Milly Katana, cofounder of the National Guidance and Empowerment Network of People Living with HIV/AIDS. They would combine the best elements of the two campaigns of the 1980s: the fight for women's rights and the fight for better care and treatment of people living with AIDS. "As a woman living with HIV," says Were, "I am often asked whether there will ever be a cure for HIV/AIDS, and my answer is that there is already a cure. It lies in the strength of women, families and communities who support and empower each other to break the silence around AIDS and take control of their sexual lives."

At first some officials from development agencies dismissed Uganda's AIDS programs. "For many of my colleagues, the problem was there was no 'theory' behind Uganda's approach," says Gary Slutkin, a former WHO official who worked in Uganda in the late 1980s. Public health programs were supposed to be rational, budgeted and targeted at those groups thought to be most at risk. They were not supposed to be a free-for-all.

> ***"As a woman living with HIV, I am often asked whether there will ever be a cure for HIV/AIDS, and my answer is that there is already a cure. It lies in the strength of women, families and communities who support and empower each other to break the silence around AIDS and take control of their sexual lives."***
>
> – Beatrice Were, Founder, National Community of Women Living with HIV/AIDS

But what those WHO officials may not have understood at the time was that the Ugandans did have a theory. It just wasn't their theory. The intimate, personalized nature of Uganda's early AIDS campaigns—the open discussions led by government field workers and in small groups of women and churchgoers, the compassionate work of the home-based care volunteers, and of ordinary people who nursed their relatives and cared for orphaned children, the courage and strength of the women's rights activists—helped people see AIDS not as a disease spread by disreputable high-risk groups or "others" but as a shared calamity affecting everyone.

This made discussion of sexual behavior possible without seeming preachy or prurient. Behavior change then became a matter of common sense.

A Social Movement Inspired by a Pragmatic Understanding of Risk

Why did this social movement emerge in Uganda, but not elsewhere in Africa until much later? It is hard to know for certain, but it may have had something to do with the fact that Ugandans understood earlier than others that in this part of Africa, AIDS was not just a disease of stigmatized high-risk groups. Although the word "concurrency" would have been unknown to those who joined this social movement, government campaigns made one thing clear: the virus was spreading through relationships that were relatively ordinary in this part of the world, and everyone was at risk. This in turn may have created a sense of collective urgency that helped people overcome their prejudices and rouse themselves into action.

A number of agencies and governments are exploring how to apply the lessons of Uganda to their own HIV prevention programs, and this website provides some examples of this. Uganda's success depended crucially on social mobilization and the sincere engagement of civil society and the general population. This is a very local process that unfolds differently everywhere, but programs can support it. Two general recommendations follow. First, although Ugandans did not use the word "concurrency" they seemed to understand early on the risks networks of overlapping relationships posed to everyone, including those who considered themselves "faithful" and who did not practice casual sex. Programs should therefore endeavor to explain this by using accessible communications materials comparing how HIV spreads through populations practicing concurrency, compared to "serial monogamy". Second, programs should encourage more open discussion of sex, gender relations, concurrent partnerships and HIV through role plays, workshops and other structured activities. These two approaches may not lead to behavior change on their own, but they can help facilitate a process of social change that will. ■

About the Author

Helen Epstein, MSc, PhD, is an independent consultant in public health and freelance writer. Her book The Invisible Cure: Why we are Losing the Fight against AIDS in Africa (originally The Invisible Cure: Africa, the West and the Fight against AIDS) was published in paperback by Picador in 2008. The hardback was a New York Times Notable Book of 2007 and rated the #1 Science Book of 2007 by the editors at Amazon.com. She has advised numerous organizations on HIV prevention, including the United States Agency for International Development, The World Bank, UNICEF and The New York City Department of Health and Mental Hygiene. Her articles on public health in developing countries have appeared in *The New York Review of Books, The New York Times Magazine, Granta* and other publications.