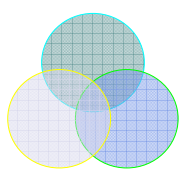


Briefs of a scientific lecture held on 6th July 2006 at Davies Lecture Theatre:

Topic	REVISITING THE ABC STRATEGY: IS IT WORKING?
Presenter	Dr. Sam Okware, Commissioner of Health, Ministry of Health.
Chair	Dr. Fred Nuwaha, Lecturer, Institute of Public Health
Rapporteur	Dr. Godfrey Bwire, Program Officer, USHS
Attendance	84 people attended.
Audience	Members of staff and students of Medical School, Staff of Mulago Hospital, Staff of IDI and Medical workers from other health facilities in and around Kampala, Staff from the ministry of health.
Main discussion points	<p>A SUCCESS STORY IN HIV PREVENTION</p> <p>The following have been noted as attributable the ABC strategy:</p> <ul style="list-style-type: none"> ✚ Decline in HIV sero prevalence among ANC – from 30% to 6.5% and in general pop. 6.4% ✚ Decline casual sex by 60% ✚ Age first sexual debut up from 14 to 17 yrs ✚ Condom use up from 5% to 60% <p>THE ABC STRATEGY</p> <ul style="list-style-type: none"> ● <i>The ABC</i> strategy was based on community mobilization and education stressing: Abstinence, Being faithful, Condom use ● ABC was accommodative, flexible, respected diversity of opinions and ideologies. ● Provided options for all- all for options... no blue print – none excluded. ● Enabling environment provided by Gov't and H.E. president – patron of NCPA ● Key Actors: Government of Uganda, Faith Based Organizations, NGOs, Community (<i>hardware</i>) ● Resource commitment: by community, GOU, Development partners. <p>UNDERSTANDING ABC</p> <ul style="list-style-type: none"> ● ABC- synergistic, intertwined, and inseparable "<i>software</i>" ● Each catalyses and reinforces or begets the other - continuum. ● Strategy non-existent without one (like trinity) ● Largest %: A and B <div style="text-align: center;">  </div>

ABSTINENCE

Role of Abstinence in HIV decline

- Greatest decline in prevalence in 15 to 20 yrs; median age up from 22 yrs ('85) to 35 yrs ('05)
- Delayed sexual debut from 14-17yrs
- Significant reduction in teenage pregnancy from 43% to 34% respectively in 1995 and 2000.
- **Note** – no reduction in teenage preg' before ABC intervention eg. From 44% to only 43% btn '85 and '90.
- Therefore primary abstinence to target the youth is a priority- (intensity youth programs eg PIASY, Straight Talk, Youth Talk)
- Intensify Virgins Initiative - 100% effective, sustainable, eliminates teenage pregnancies – Improves health indices.

BEING FAITHFUL

- Abstinence is protective up to 19 yrs (MRC, Whitworth 2004)
- Among 20-24 yr group no difference btn early and late starters - current sexual behavior most important risk factors
- “Zero grazing” is key to prevention in 20-24yrs.
- Evidence of contribution of “B”:
 - ↓ decline in ANC from 30% - 6% (MOH reports)
 - ↓ decline of casual sex by 60% with “non-regular partner” (UDHS 2000)

CONDOMS

- Role of condoms revolved around ideology and conviction rather than evidence
- HIV decline started in 1990, several years before condoms were readily accessible
- Generally, credit for the decline is due to **A** and **B** but condoms are effective -Scientific studies (Rakai) showed efficaciousness 70%;
- Condoms prevent STIs - Co-factor in HIV transmission
- Interesting finding: sharpest decline in urban in 1992 coincided with active condom promotion by NGOs; similar decline in rural areas 3 years later coincided with MAP universal condom promotion(1996)
- ?? Last straw that broke the camel's back (high prevalence)

CONDOMS IN THE ERA OF ART

- Condoms continue to be synergistic and complementary

especially with context of ART when pool infection is likely to increase

- Potential danger- complacency and misunderstanding that HIV is a curable disease like Diabetes, HT
- Misconception – treatment renders one non infectious – not true.
- Many categories of people need condoms: those who know their sero status (ART, VCT) (currently 1 million) should access condoms.
- Prevention of “friendly fire” through inadvertent transmission i.e. mutually consenting discordant couples, lovers, friends,
- commercial sex workers (e.g. Kampala) prevalence 47-60%;
- Prevention of STD (cofactor) eg. 5% female and 17% male reported STI (UDHS, 2000)
- Adulterous couples: 4%(F) and 10%(M) married respectively confessed having extra-marital non-regular partner (UDHS 2000). Failed test of **A** and **B**
- The ABC strategy **optimally** needed enabling environment free from prejudice
 - A pro people policy: no discrimination, no stigma, no victimization on basis of status prevailed.
 - Participation by and Promotion of Initiatives for PLWA without retrogressive laws criminalizing HIV and the persons

CONCLUSION

- Critical moment in era of ART - opportunities and dangers abound; complacency, and misconception should be addressed.
- Scaling up of ART requires concurrent scaling up of preventive interventions with urgency.
- Majority of people are still free from infection and need to be protected through ABC.
- ABC remains relevant, effective for all shades to ensure options for all and all for options.
- ABC has brought us a long way. Let us not stumble now.
- Always Be Cautious

Questions and Answers

Qn. What can you say about circumcision as a preventive strategy?

Ans. As of now there is no evidence in this country that show that circumcision works. Circumcision could actually turn out to be counter productive if relied on alone.

Qn. Some people are advocating for PEP following unprotected sex.

Ans. People are beginning to ARVs as morning-after pills. This is wrong and should be discouraged.

Qn. There seem to be a shift, especially within the donor communities towards A and B but neglecting C. What is the governments position on this?

Ans. Government has had to intervene to promote all the three. A and B are the best hope to keep people negative, however for those who fail the A & B test, should have an alternative.

Qn. There seem to be a shortage of condoms especially in rural areas, what is the ministry doing about it.

Ans. The government has enough stocks of condoms for those who need them.