

# The victory of reason

## **ABSTRACT**

The dramatic reduction of the seroprevalence of HIV in Uganda has been matter for debate for now near a decade.

What has been called the Uganda success has been indeed the success of the people of Uganda. It is necessary to remind the crucial role of communities and individuals and the effects of what has been rightly defined a social vaccine.<sup>1</sup>

The elements of social cohesion, based primarily on personal relationship and community networks, had impact all over the country. Even in the northern region affected by a protracted conflict, the elements of social cohesion brought about similar trends of prevalence reduction and allow the achievements of comparable coverage of service delivery.

The Ugandan experience, and also initially some trends happening in other sub-Saharan countries, indicates the urgency of facing the most dramatic anthropological crisis of our times. What is in crisis is the capacity of a generation of adults to educate their own children, of transmitting the value that can sustain a society and its development.

## **PART ONE: WHAT HAPPENED**

In the early '80s in the rural hospitals in Kitgum district in northern Uganda, I was used to manage the typical diseases of the tropical environment. I was faced by devastating measles epidemics; malaria was rampant in children mainly during raining seasons; neonatal tetanus was common especially in some villages where traditional rites implied contamination of the umbilical stump; Obstetrics and Gynaecology departments were so busy and to attend complications of pregnancy was my major occupation. Uganda was slowly recovering from the dictatorship of Amin Dada, though the second presidential mandate of Milton Obote was facing a serious armed insurgency in the south west of the country. Then I began to notice some young adults coming to our attention, who had been living for many years in the south of the country, in Kampala and Jinja, the capital and the major municipality of southern Uganda. They were severely wasted, with chronic diarrhoea, skin rashes and fever. Others were affected by disseminated tuberculosis. I still recall that I hardly believed the result of a biopsy diagnosing tuberculosis of the liver in a woman in her twenties. A young man had an aggressive Kaposi's sarcoma, a rare cancer we just studied in the medical school, but never seen before in the wards. Most of these patients were returning to their home villages after a long illness and unsuccessful medications. All of them died in few weeks, despite even heroic therapeutic attempts. We slowly realised that we were faced with a new disease. Only after a couple of years we knew of the new epidemic in the USA and Haiti and finally the disease was given a name

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<sup>1</sup> Stoneburner RL, Low-Beer D. "Population-Level HIV Declines and Behavioral Risk Avoidance in Uganda." Science 2004; Vol 304: 714-18;

in Uganda: *Slim Disease*<sup>2</sup>. Once the disease was identified, it was clear that there was no cure. The fear was great and stigma and denial pervasive.

***The initial response: the person at the centre.***

In 1987 the new NRM<sup>3</sup> government promoted a preventive campaign whose message was clear and direct: this is a deadly disease that can wipe away our country, but it is preventable and we can act now. The sick can be cared and they can still live and then die with dignity. The government did not have any qualms about being frank to the Ugandans on the gravity of the situation. The booklet “*Guidelines on Control of AIDS*” by the NRM secretariat explained the facts and the directives in a clear form and thus provided the nation with an unambiguous way forward. It stressed the need to change sex behaviours and habits, as the only realistic way to effectively uproot the cause of AIDS. This was a very important cultural judgement as realized that the cause of AIDS rests in the human heart and put confidence and hope in society’s capability to overcome the challenge.

The rationale of the brave campaign was later presented by Yoweri Kaguta Museveni, the President of Uganda, at the 1991 AIDS Conference in Florence, Italy. He emphasized the respect for the dignity of each person as the basis for the care of the sick and the need of a responsible behaviour to prevent the spread of the disease<sup>4</sup>.

Mr Museveni later insisted on the care for people with AIDS.

*Owing to the magnitude of the problem, the traditional insurance systems, such as the extended family, are becoming overstretched and can no longer be expected to cope with without external assistance. These people need support, material and spiritual. In this regard I would like to commend the efforts of the people of Kamwokya who have organised themselves into cells, “obubondo”, to support the sick, materially and spiritually. This form of organisation and community service should be emulated by all of us. Every Ugandan should ask themselves “What I am doing to make the lives of people with AIDS liveable?”.*

*..... people who carry the virus and even those who contract the disease can still work..... Keeping the victims in employment ensures that their families do not become destitute, but, most important, it maintains their self-esteem and morale. .... Let the communities provide for the(se) orphans and let individual families adopt orphans.*<sup>5</sup>

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<sup>2</sup> Serwadda D, Mugerwa RD, Sewakambo NK, et al. Slim disease: a new disease in Uganda and its association with HTLV III infection. *Lancet* ii: 849-852.

<sup>3</sup> The *National Resistance Movement* of Yoweri Kaguta Museveni took power in January 2006, after a long guerrilla war.

<sup>4</sup> “...I have been emphasizing a return to our time-tested cultural practices, which emphasized fidelity and condemnation of pre-marital or extra-marital sex. I believe that the best response to the threat posed by AIDS and other Sexually Transmitted Diseases is to reaffirm publicly and forthrightly the reverence and respect every person owes to his or her neighbour. Young people must be taught the virtues of abstinence, self control and postponement of pleasure and sometimes sacrifice...” “AIDS and its impact on the health, social and economic infrastructure in developing countries” – Yoweri Museveni, Sunday, June 16th, 1991 – VII International AIDS Conference, Florence – Italy (The New Vision, Wednesday, June 26, 1991)

<sup>5</sup> AIDS, Awareness is growing. Yoweri Kaguta Museveni address to the nation 1<sup>st</sup> December 1991. (The New Vision, December 3<sup>rd</sup> 1991)

The government strategy has been accompanied and supported by a fierce fight against stigma, promotion of education, particularly girl education, empowerment of women and youth, young girl protection, involvement of religious leaders and PLWHAs.

In front of a dreadful disaster, the government concern has been based on the confidence that we could overcome the enemy, if the people were working together in a common effort. This led to an impressive mobilisation of the entire society, single persons, groups, the Church and other religious organisations and associations. It is an epic of the people of Uganda. The dramatic result, the reduction of prevalence in the adult population from about 18% in the late 80s to 6.4 % in 2005, has been called the *Uganda success story*<sup>6 7</sup>. It is indeed the *Ugandans' success story*, as we are indebted to the mothers who took care of their sick sons, to the grand parents who looked after the surviving grand children, to the health workers in the wards congested by very sick patients, to the educators who transmitted the proper preventive messages in schools and universities. The front line of the struggle has been the community-based response by many organisations taking up the responsibility of supporting the traditional safety net of the extended family, caring for the sick and the orphans and guiding the education of the young generations.

### ***The chief characters.***

There are so many persons and organisations to be recalled here.

Noerine Kaleeba, the founder of The AIDS Support Organisation (TASO), one of the first community-based organisations fighting HIV/AIDS in sub-Saharan Africa.

Elly Ongee, who started the Meting Point in Kitgum, which then spread to Hoima and Kampala.

The first Lady Janet Museveni, who affirmed "*Ours is a spiritually illiterate generation*"<sup>8</sup>. The behavioural change comes out of a persons educated to responsibility, and the responsibility begins with "knowledge", as culture and values-based programmes. Sr. Dr. Miriam Duggan, who had the great intuition to face the challenge into the community, creating the Kamwokya Christian Caring Community. Moreover she perceived that the core of the response was the education of the young generation and promoted the birth of the Youth Alive group.

The brave Lucille Teasdale Corti, a distinguished Canadian surgeon, who died of AIDS contracted during the surgical operations on wounded people in the conflict-affected northern Uganda. Despite the disease she continued offering her care and service to the people in the war torn northern Uganda.

Fr Steven Collins who created the AIDS Widows and Orphans Family Support organisation, gathering hundreds of youth and widows and creating a supportive network. Philly Lutaya , the renown pop singer, who broke the silence and gave the diagnostics of his disease to the people who worshipped his musical talent in his song "Alone and Frightened", in which he came out as HIV positive.

However amongst the giants of this great story, I want to recall a simple person.

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<sup>6</sup> Adults (15-49) rate (%) at the end of 2001 ranged between 3.5 and 7.9 (UNAIDS – 2004 Report on the AIDS Global Epidemic – 4<sup>th</sup> global report – June 2004).

<sup>7</sup> *Uganda HIV/AIDS Sero-Behavioural Survey 2004-05*- March 2006 - Ministry of Health, Uganda and ORC Macro.

<sup>8</sup> Janet Museveni - Media House International, 2001.

Early 1991 when my young secretary Rose Akumu was tested positive, she wanted to attend a meeting where Elly Ongee from Meeting Point of Kitgum offered his testimony of facing AIDS with courage and meaning, trying to transmit to other the conviction that life could yet be full on sense and positive, despite the deadly disease. She decided to devote her free time to support and help the people affected and infected by AIDS. So during lunch break the reception of the AVSI office became a discussion room: dozens of interested persons could come, discuss issues and pose questions or bring experiences about the disease. After a long struggle, despite a heroic therapeutic attempt with AZT<sup>9</sup>, as she died in May 1992. In October Rose Busingye, a young and committed nurse, and Noelina Namukisa, a mother of 10, took up the experience of Akumu and so Meeting Point in Kampala was born. Today Meeting Point is one of the most renowned organisations based in various areas of the city and suburbs, from Namugongo to Kireka up to Wakiiso district.

***The greatest Tsunami: the wave of solidarity.***

AIDS constitutes a devastating pandemic. Since 1981 AIDS killed more than 25 million people. An estimated 38.6 million persons live today with HIV. Only in 2005 about 4.1 million people were infected worldwide. Sub-Saharan Africa is the hardest hit region, with more than 24.5 million people living with the virus<sup>10</sup>. In addition to the 5 million of children infected by HIV, an estimated 15 million children living today have been orphaned due to AIDS, having lost one or both parents to the epidemic. 12 million live in Sub-Saharan Africa<sup>11 12</sup>.

The epidemic spread with a destructive series of waves.

An enormous number of sick people make the first wave, stretching the capacity of the families to cope with the needs of care, the fear and the sufferings.

Then there is the terrible wave of deaths.

Followed by the challenge of million of children orphaned by HIV/AIDS.

Now we are confronted with the daunting task of scaling up the access to antiretroviral treatment for million of persons in need, especially in Africa. At the end of 2006 countries in every region of the world were making substantial progress in increasing access to HIV treatment. More than 1.3 million people in sub-Saharan Africa were receiving ART in December 2006, representing a coverage of approximately 28% of those in need compared to just 2% in 2003<sup>13</sup>.

However the tragedy of the pandemic of AIDS carried along an extraordinary wealth of solidarity. Together with situations of extreme anxiety, rejection and shame, the epidemic led to an amazing mobilisation of families, communities and political leadership, to provide care and support for people living with AIDS. The generosity of volunteers in

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<sup>9</sup> AZT is the abbreviation of the antiretroviral drugs *Zidovudine*, the first anti-HIV drug. The multi-drug therapy (HAART) was introduced in 1996, few years after her death.

<sup>10</sup> UNAIDS and WHO *AIDS Epidemic Update*. December 2006

<sup>11</sup> UNAIDS 2004 *Report on the Global AIDS Epidemic*. July 2004.

<sup>12</sup> [http://www.unaids.org/en/Issues/Affected\\_communities/orphans.asp](http://www.unaids.org/en/Issues/Affected_communities/orphans.asp) (last time accessed 29th April 2007)

<sup>13</sup> WHO/UNAIDS/UNICEF – Significant growth in Access to HIV Treatment in 2006. More effort needed for Universal access to services. <http://www.who.int/mediacentre/news/releases/2007/pr16/en/index.html> (last time accessed 29th April 2007)

Zambia's Copperbelt, in Tanzania's Kagera region, in Kampala's slums and in the suburbs of Harare, has been an inspiration for a continued and consistent commitment to meet the challenges of the epidemic<sup>14</sup>.

These initiatives are characterised by a holistic, person-centred response, not only a technical and "medical" response. As in the Middle Ages, care again came before cure.

### ***The lead wire***

All these experiences have a unique cross cutting element. The response to the epidemic has not been a reaction to a disease, but the moved answer to people in need and sick. This is the tiny and fundamental thread connecting Akumu and Ongee, Museveni and Kaleeba, Meeting Point, TASO and AVSI: the response to a person who is affecting you. It has been and it is a matter of a loving relationship. Indeed the AIDS epidemic has been and it is a terrible tragedy. At the same time it has been and it is a formidable provocation, awakening people to discover the full dignity and value of human life and love. It has been this natural and sometimes educated awareness, which made possible a realistic response to the epidemic. In fact nobody could find energy and adequate reasons for a change or for hope, without the presence of friends and the support of others. We cannot love faithfully only out of fear, but only because the great and beautiful task given to each of us to walk together towards our true and common Destiny. We can really care for the orphans only out of love for the destiny of each of these young people.

The *Icarus* by Matisse is the picture we can see on the logo of the Meeting Point groups<sup>15</sup>. Man like *Icarus* has an infinite desire to be happy and free. Yet day after day he comes face to face with his failures, weakness, sickness and finally death that cannot be avoided. Meeting Point was born so that nobody could be left alone facing sickness and suffering, difficulties and fears; so that everybody could encounter a companionship able to sustain hope, sacrifice and respect of the others.

## **PART TWO: THE CASE OF NORTHERN UGANDA**

Acholiland in Northern Uganda is devastated by a 21-year old conflict, which caused, especially since 1996, a massive displacement, involving at present about 90% of the civil population. The dimension of the conflict has caused severe vulnerability in the population, forced in congested Internally Displaced People (IDPs) camps, lacking basic services and exposed to brutal disruption of the economic and social fabric of communities and the families.

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<sup>14</sup> See the *Strategies for Hope Series* a Teaching at Low Cost (TALC) project founded by the British NGO Action Aid. Particular reference is done to a) *Living Positively with Aids: The Aids Support Organisation (TASO) in Uganda*; b) *AIDS Orphans: a community perspective from Tanzania*; c) *The caring community: coping with Aids in urban Uganda*; d) *Under the Mupundu tree: volunteers in home care for People with HIV/AIDS and Tb in Zambia's Copperbelt*; e) *Open Secret: people facing up to HIV and AIDS in Uganda*.

<sup>15</sup> Really the ancient Greek myth of *Icarus* is the symbol of this epic. *Icarus* was a boy filled with wonder at the birds not bound to remain to the ground, but free to fly to the sky. He too wanted to fly. So his father attached feathers to his arms with wax in order to transform them into wings. While enjoying his flight, *Icarus* went too close to the sun. The sun's heat melted the wax, the feathers came unstuck and *Icarus* fell to his death. Matisse represents the black figure of *Icarus* flying with his artificial wings up into the blue sky, amidst glittering stars. Within the dark outline of *Icarus* body is the vivid red spot representing his heart.

This situation is matter for a great concern that the national declines of HIV seroprevalence might be reversed in the conflict affected areas. Several reports in the national and international press and information disseminated by international organizations have indicated that in northern Uganda and especially in Acholiland HIV prevalence is higher than in the rest of the country. Most of these reports did not mention the methodology of investigation neither provided the sources of data and information.

### ***The Ugandan success story***

As described above, Uganda experienced substantial declines in HIV prevalence during the 1990s. In other sub-Saharan African countries with epidemics of comparable severity and longevity, similar declines have yet to occur. Accordingly, Uganda's success has been the subject of intense study and analysis.

It appears that Uganda's decline in HIV prevalence was associated with positive changes in all three ABC behaviors: increased abstinence, including delayed and considerably reduced levels of sexual activity by youth since the late 1980s; increased faithfulness and partner reduction behaviors; and increased condom use by casual partners. The most significant of these appear to be faithfulness or partner reduction behaviors by Ugandan men and women, whose reported casual sex encounters declined by well over 50 percent between 1989 and 1995. This conclusion is supported by comparisons with other African countries<sup>16</sup>.

### ***HIV/AIDS and conflict***

Conflicts are creating conditions that increase the risk of contracting infections such as HIV and may lead to their spread. Factors that increase conflict affected and forced-migrant populations' vulnerability are well documented.<sup>17</sup> Evidences from Sierra Leone, Angola and Bosnia Herzegovina indicate that there is a complex relationship between HIV and conflict. In Sierra Leone at the end of the ten-year civil war in 2002, a study indicated low levels of HIV-related knowledge and high levels of sexual violence. At the same time the study showed much lower levels of HIV infection (1 – 4%) in the population.

In Bosnia Herzegovina, where the conflict raged from 1992 to 1995, at the end of the conflict characterized by heavy displacement and high levels of sexual violence, studies registered very low levels of HIV infection (0.0003% of population in 2001).

In Angola when the conflict ended in 2002, the country had substantial lower seroprevalence (between 5-10% in Luanda and 1-3% in rural areas) than neighbouring countries (not affected by armed conflicts). These facts confirm that conflicts can cause situations where the epidemic can spread as well act as a brake on the infection's spread. A recent study indicated that internally displaced women in northern Uganda have a lower risk of being infected probably because of their reduced mobility and increased access to health prevention services<sup>18</sup>.

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<sup>16</sup> The ABCs of HIV Prevention [http://www.usaid.gov/pop\\_health/aids/News/abcfactsheet.html](http://www.usaid.gov/pop_health/aids/News/abcfactsheet.html)

<sup>17</sup> Khaw AJ, Salama P, Burkholder B, Dondero TJ. HIV Risk and Prevention in Emergency-affected Populations: A Review. *Disasters* 2000; 24(3): 181-197.

<sup>18</sup> Fabiani M, Nattabi B, Pierotti C, Ciantia F, Opio AA, Musinguzi J, Ayella EO, Declich S. HIV-1 prevalence and factors associated with infection in the conflict-affected region of North Uganda. *Conflict and Health* 2007; 1:3

### ***The evidences in northern Uganda***

Published data from Gulu district's ANC surveillance site<sup>19</sup> and results from PMTCT sites in the same region (Kitgum and Pader districts) show a declining prevalence trend over the years consistent with that observed at national level since 1993. Moreover the results of the recent Uganda HIV/AIDS Sero-Behavioural Survey<sup>20</sup> confirm the prevalence estimates of the PMTCT sites in Acholiland and the trends, with a seroprevalence of 8.2% in the conflict-affected north central region.

The observed results indicate an ambiguity in the relation between conflict and HIV prevalence (initially considered in the theoretical debate to be two realities positively correlated) and the existence of a rural-urban gap in prevalence rates of HIV (confirmed in type and size). In fact recent studies show a trend similar to the national results, with an analogous urban –rural difference.<sup>21</sup> Albeit conflict is often locally reported to accelerate the spread of HIV, prevalence in northern Uganda conflict affected areas, though higher than the national average, is similar to rates in other peaceful regions.<sup>22</sup> Some factors associated with conflict do increase vulnerability to HIV infection: the breakdown of health services, the use of rape as a weapon of war, food insecurity, and increased incidence of commercial and casual sex. But other factors appear to play a protective role. These include the isolation of communities from higher prevalence in urban areas, better access to health services and HIV/AIDS education in camps.<sup>23 24 25</sup> Preconceived assumptions stigmatise refugees and displaced persons, but are often non-evidence based.<sup>26</sup>

The HIV seroprevalence declines in Uganda are increasingly attributed to changes in sexual behaviour particularly a delay in sexual debut among the youth and a decrease in number of sexual partners among sexually active adults. Prevalence declines relate more to reduction in sex partners than condom use. Some evidence suggests that in addition to the prevention and care interventions commonly supported by National AIDS Control programs throughout the continent, there existed in Uganda positive elements of *social*

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<sup>19</sup> HIV/AIDS Surveillance report (June 2003) – STD/AIDS Control Programme – Ministry of Health of Uganda.

<sup>20</sup> *Uganda HIV/AIDS Sero-Behavioural Survey 2004-05* - March 2006 - Ministry of Health, Uganda and ORC Macro.

<sup>21</sup> Ciantia F. HIV Seroprevalence in Northern Uganda: the complex relationship between AIDS and conflict. *Journal of Medicine and the Person*, 2004; 2(4): 172-75

<sup>22</sup> Pierotti, C and others - *Characteristics of PMTCT programs in peaceful, post conflict and conflict affected regions in Uganda* (Abstract TUPE0360) International AIDS Conference, Toronto Canada. 13-18 August 2006. Fabiani, M and others - *HIV-1 prevalence in the conflict-affected districts of northern Uganda* (Abstract MOPE0537) International AIDS Conference, Toronto Canada. 13-18 August 2006

<sup>23</sup> ART PlusPlus Special: ART at the frontline - AFRICA: Taking a new view of HIV and people who flee conflict - <http://www.plusnews.org/webspecials/ART/56039.asp>

<sup>24</sup> Spiegel, P Harroff-Tavel, H HIV/AIDS and Internally Displaced Persons in 8 priority countries, January 2006 – UNHCR and IASC [www.unhcr.org/home/RSDLEGAL/4414462d4.pdf](http://www.unhcr.org/home/RSDLEGAL/4414462d4.pdf)

<sup>25</sup> Spiegel PB. HIV/AIDS among Conflict-affected and Displaced Populations: Dispelling Myths and Taking Action. *Disasters* 2004; 28(3): 322-339

<sup>26</sup> Lowicki-Zucca, M Spiegel, P Ciantia, F AIDS, conflict and the media in Africa: risks in reporting bad data badly – *Emergency Themes in Epidemiology*, 2:12 (December 2005) [www.ete-online.com/2/1/12](http://www.ete-online.com/2/1/12)

*cohesion*<sup>27</sup>. It is suggested that these elements served as catalysts to convert AIDS knowledge and information to personal modification of sexual lifestyles. One element of social cohesion, supported in study findings, could be that in Uganda information about AIDS and about persons affected by AIDS is more likely to be transferred through personal communication networks, compared to other countries in Eastern and Southern Africa. Another important facilitating element in this process may have been a high-level of government and civil society leadership, to openly communicate the facts about AIDS risk and prevention to the population<sup>28</sup>

It seems that despite the chronic and complex conflict, these elements of social cohesion have served as catalysts to affect changes in northern Ugandan, which appear consistent with the trends of the rest of the country.

Moreover at the end of 2006 the coverage of services provided to people living with HIV/AIDS in conflict-affected areas of northern Uganda were comparable to the rest of country. In the districts of Kitgum, Pader, Gulu, Apac and Lira 35 % of people in need of Antiretroviral Therapy (ART) are in treatment, while the national average is 42%. In Kitgum district 62% of estimated pregnant women have access to Prevention of Mother to Child Transmission services (national average 64%). The social cohesion elements allow health services providers to respond to the need of people even in emergency context, making proper use of considerable financial resources available in the area from the humanitarian community. The existence of a relevant network of government and Private not for Profit Health providers make the scaling up of services for PLWHAs an achievable target.

It is necessary to sustain careful and accurate surveillance systems in the areas affected by the armed conflict, refraining from “ideological conclusions” on seroprevalence in the region, basing instead public health interventions on evidence-based information. It is a priority to implement and scale up prevention, care and treatment interventions in emergency situations, within the well established and experimented national strategy of the Ugandan Government as reaffirmed in the XV International AIDS Conference in Bangkok<sup>29</sup> and in the draft new 5-year HIV/AIDS National Strategic PLAN (NSP) 2007/08-2011/12<sup>30</sup>.

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<sup>27</sup> Social cohesion is defined as the norms and social relations embedded in the social structures of societies that enable people to coordinate action to achieve desired goals.

<sup>28</sup> Stoneburner, RL, Low-Ber, D - *Analyses of HIV trend and behavioural data in Uganda, Kenya, and Zambia: prevalence declines in Uganda relate more to reduction in sex partners than condom use.* (Abstract ThOrC734. XIII International AIDS Conference, Durban, South Africa July 7-14, 2000  
Low-Ber D, Stoneburner R, Whiteside A, Barnett A. - *Knowledge diffusion and personalizing risk: key indicators of behaviour change in Uganda compared to Southern Africa.* (Abstract ThPeD5787)  
International AIDS Conference, Durban, South Africa. July 7-14, 2000

<sup>29</sup> President Museveni's July 12 speech at the XV IAC in Bangkok, Thailand  
[http://kaisernetwork.org/health\\_cast/uploaded\\_files/museveni\\_speech071204.pdf](http://kaisernetwork.org/health_cast/uploaded_files/museveni_speech071204.pdf)  
Interview: President Yoweri Museveni 14<sup>th</sup> June 2004  
[http://www.kaisernetwork.org/health\\_cast/uploaded\\_files/062304\\_kff\\_uganda.pdf](http://www.kaisernetwork.org/health_cast/uploaded_files/062304_kff_uganda.pdf)

<sup>30</sup> Uganda AIDS Commission. Intensifying the national response against HIV/AIDS in Uganda. A call for revived individual and collective involvement. Daily Monitor, Monday April 23, 2007. Pages 23 to25.

### **PART THREE: AN ANTHROPOLOGICAL AND CULTURAL CHALLENGE**

Despite the praises for the reduction of prevalence and the (for long) isolated success in Sub-Saharan Africa, the Ugandan experience has been subjected to suspects and even severe criticisms. At the root of the controversial debate there are not only political and economic issues, but mainly anthropological aspects.

The themes and the main debates at the latest International AIDS Conferences provide the crucial cultural and anthropological issues for a better understanding of the needed education for the young (and not) generations.

The 2000 Durban conference “Breaking the Silence”, brought the realities of the dramatic impact of the pandemic in Africa to the world’s attention.

The 2002 Barcelona’s theme “Knowledge and Commitment for Action” was fascinating, reflecting a focus on translating the knowledge gained from science and experience from all nations, particularly the most affected areas of the world: sub-Saharan Africa, South and Southeast Asia, Eastern Europe and Latin America, into action at all levels. In fact

*“The first important factor for an ethically dignified construction, the first important factor for a will for one’s own transformation, in order that our presence be more useful in the world and for the world, is in the order of knowledge, of self awareness; before doing, before getting to work, it is in the order of knowledge”*<sup>31</sup>.

There is need to affirm that knowledge is not only information and acquisition of skills, but a mentality (mens).

*“First, cultural values and beliefs that contribute to the spread of AIDS are fundamental components of the AIDS crisis itself. Second, behavioural monitoring programmes, in the long run, will be unable to counter the influence of those cultural values and beliefs”*<sup>32</sup>.

The behavioural change comes out of a persons educated to responsibility, and the responsibility begins with “knowledge”, as culture and values-based programmes. The method of showing a real change of behaviour and of life is called “witness”.

*“...you must adhere on the strength of a force of attraction.. In our education we need to discover how to perceive, how to bring to the fore and affirm the suggestiveness..... We take a proposal only if it is suggestive.”*<sup>33</sup>

Therefore families are the hubs of preventive approaches and efforts regarding beliefs and values. Parents are the most likely adults to be committed to the well being of their children in the long run. Moreover, especially for adolescents there is need of a “social cohesion factor” going beyond the family, i.e. communities supporting the youth within the environments where they live and work.

The XV AIDS International Conference “Access for all” took place in Bangkok from 11<sup>th</sup> to 16<sup>th</sup> July 2004. A relevant issue emerging from the conference has been the debate about prevention. Fundamental has been the debate ABC vs. CNN with Ugandan

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<sup>31</sup> Giussani L, “The miracle of a change” 1998

<sup>32</sup> Olson TD, Wilkins RG, “The family, Youth and AIDS: a neglected area of prevention”, 2001, UNGASS on HIV/AIDS.

<sup>33</sup> Giussani L, “The miracle of a change” 1998 (see 29)

speakers. Her Museveni after several years of silence spoke openly about a different approach to the pandemic. His speech was source of very strong criticisms.

The theme for the 2006 Toronto Conference (at least at the beginning as finally the theme was reduced to simply “Time to deliver”) was “Commitment. Action. Accountability. Every Person Matters”. However it is not enough to put at the center the person, the individual capable of positive decisions and able to change. It is necessary to qualify the meaning of the person. In fact we conceive the person as the “I” opened to the totality of the Mystery, as the origin of the person. For the modern mentality the “I”, the person is not in relationship with the Mystery. The person is measure of the reality. So we shall be faced by all sorts of vision of the person and of the society and therefore all kinds of the solutions and proposals.

*“When society reaches certain crucial passages, the real problem is that a judgment of praise or condemnation should take into account above all the need to educate young people and adults, i.e. everyone, because ordinary people need to activate their own capacity for justice and goodness. If mankind is not educated to a real appreciation of man, and thus, a real justice, it cannot feel free of the disasters that mankind itself provokes, and thus, forces itself to face”<sup>34</sup>*

If there is no clear anthropological conception of the person, it fades away. As it happened for the Toronto Conference, the debate on the human factor gave room to the debate on funding, life skills and tools, such as microbicides and technical solutions, such as circumcision.

## CONCLUSIONS

There are three major learning lessons that the Ugandans’ success can provide to the whole of Africa and beyond.

Firstly development produces health not when simply “transmits” technical and scientific tools, but when the people are the subject of the change, when there is a real involvement of the persons and communities. Peoples are the actors of development (and better health), i.e. persons carrying values, having a common history and recognised leaders and ideals of common good. “Masses and multitudes” are artificial; the “peoples” are real.

Secondly it is the need of basing our judgement on evidence and proper verification of facts. We cannot base ourselves on preconceptions and principles that are considered *a priori* effective.<sup>35</sup> The Ugandan experience provides, in the time of the *evidence-based medicine*, an African lesson to the whole world.<sup>36</sup>

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<sup>34</sup> Giussani L - *War and Peace: A Matter of Education - Certain kinds of pacifism, more hate thrown into the streets*. Corriere della Sera, February 25, 2003

<sup>35</sup> Allen, T and Heald, S, 2004, “HIV/AIDS policy in Africa: what has worked in Uganda and what has failed in Botswana?” *Journal of International Development*.

<sup>36</sup> Green, E.C., “Culture clash and AIDS prevention.” *The Responsive Community*. Vol. 13(4); 4-9 2003. [http://www.aidsuganda.org/pdf/Comments\\_on\\_ABC1.pdf](http://www.aidsuganda.org/pdf/Comments_on_ABC1.pdf)

The third element we have to consider with attention is the extraordinary efficacy of an approach focusing on the person and her/his responsibility and not in general addressing the “masses” An approach set on the person nurtures and develops the capacity of recognising what is true and good for the self and the entire society. Moreover this method provides the basis for sustained action and constructive and consistent social initiatives. Unfortunately the common mentality considers that AIDS finds a conducive environment in the fatalistic African mentality. Therefore the fight against AIDS is a moral duty of western governments and states! This attitude is not only “odious”, but even ineffective, as the experience is showing in Uganda and in other sub-Saharan countries in Africa. Efficacy is related to the enhancing of personal responsibility, to the original (indigenous) identification of the social, political and operational context and to the appropriateness of the response which can be therefore sustainable and respectful of the more profound human rights: the elementary and original needs of the human heart.

In conclusion what is most urgent today is to face the most dramatic anthropological crisis of our times. What is in crisis is the capacity of a generation of adults to educate their own children. It is possible and necessary to educate, that is to say, to introduce people to reality and to its meaning, reaping the fruits of the patrimony that comes from our cultural traditions and it is everyone responsibility.

Much more urgently than risk reduction, we need the risk of education. We need adults and teachers who can hand on this tradition to young people’s freedom, who can accompany them as they discover the truth of it with all its reasons, who can teach them to have esteem for themselves and things – because education is a risk, and it is always a relationship between two freedoms.<sup>37</sup>

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<sup>37</sup> If there were an education of the people, everyone would live better, Traces n. 11, 2005 – [www.appelloeducazione.it](http://www.appelloeducazione.it)