During the 2003 State of the Union Address, U.S. President George W. Bush announced his vision for the President’s Emergency Plan for AIDS Relief (PEPFAR), a five-year Emergency Plan designed to provide $15 billion to address HIV/AIDS prevention, treatment and care, most heavily concentrated in 15 focus countries. The strategy for preventing seven million new infections focuses on sexual transmission and draws on the “ABC” (Abstain, Be Faithful, use Condoms) approach, with strong emphasis on abstinence for youth and fidelity in marriage (accompanied by testing). Consistent use of condoms is promoted for those most at risk for transmission of HIV (OGAC, 2005).

Current discussion of ABC almost always equates the ABC approach with Uganda, as if it originated there (Cohen, 2002; Garbus and Marseille, 2003; Blum, 2004; Stulman, 2007). Did the ABC approach originate in Uganda? Ms. Mukasa Monico, head of TASO (The AIDS Support Organization) in Uganda until 2001, said, “ABC came to us from the World Health Organization…it was the standard public health approach to prevent sexually transmitted diseases” (quoted in Rosenberg, 2003). Slutkin (2004) noted, “I supported their program [under WHO/Global Program on AIDS] from 1987–1994 and I think I remember having heard faint reference to it perhaps around 1994 in the halls around Geneva, perhaps as a USAID term. It [ABC] does not appear in any of the formative documents on Uganda’s program that I was involved with nor was I aware of…The program was primarily one of promoting fidelity…” Dr. Edward Green of Harvard University and a member of the President’s Council on HIV/AIDS, and one of the primary writers about Uganda and ABC, (2003a) acknowledges that, “I don’t think anybody knows who originally formulated ‘ABC.’”

This report demonstrates that the building blocks of the ABC approach have existed for many years and were implemented in independent ways in various countries. Programs aiming to prevent the sexual transmission of HIV quickly promoted these three behaviors in different combinations and using different messages, as will be illustrated in this report.


2 This paper focuses on prevention programs addressing heterosexual transmission of HIV, the dominant mode of transmission in Africa and most of the developing world.
METHODOLOGY
This report was developed through review of the early literature on HIV/AIDS policies and programs in non-industrialized countries and of media material promoting prevention of heterosexual transmission of HIV in those countries. Material from the early days of the epidemic was difficult to obtain. Most materials were long ago archived or are in personal files in “basements” as some respondents indicated. While the report focuses on the experiences of three countries, it also examines the early responses of international organizations to HIV in many other developing countries. Additional data were obtained using a snowball sampling technique through which the authors contacted people who had worked in HIV/AIDS programs in the 1980s and early 1990s to learn more about historic HIV/AIDS prevention strategies. The pool of respondents is not intended to be exhaustive, but the respondents provide important voices of those working in the developing world at the beginning of the epidemic.

INTERNATIONAL ORGANIZATIONS RESPOND TO HIV/AIDS
International awareness of AIDS began in the early 1980s and, by 1985, the World Health Organization (WHO) had begun drafting a strategy for dealing with the emerging problem of HIV/AIDS. WHO’s strategy identified three objectives: the prevention of HIV infection, the reduction of the personal and social impact of HIV infection and the unification of national and international efforts against AIDS. In 1987, the Global AIDS Strategy was endorsed at the UN General Assembly, the Venice Summit of Heads of States and the World Health Assembly. That same year, the Global Programme on AIDS (GPA) was started, which eventually became the United Nations Joint Programme on AIDS (UNAIDS) in 1996.

By the early 1980s, it was clear that HIV could be sexually transmitted and that a public health strategy for preventing sexual transmission required avoidance of the virus through three methods: not having sex, reducing the risk of transmission by reducing the number of partners and blocking the virus from transmission through condom use. Information about abstinence or delaying the start of sex, fidelity or sticking to one uninfected partner, and condom use was included in materials developed to provide information on HIV/AIDS. During the first decade of the epidemic, much attention was given to reaching high-risk groups (sometimes referred to as core transmitters), namely sex workers and their partners, truck drivers, men who migrate for work (such as in coal mines) and men who have sex with men. Until generalized epidemics became common in many countries, particularly in sub-Saharan Africa, the emphasis tended to be on partner reduction and condom use, in addition to diagnosis and treatment of ulcerative STIs, which facilitate the transmission (Garnett and Anderson, 1994).

From the beginning, then, the international response addressed A, B, and C (without so terming them) as separate elements—all important behaviors to stem the spread of HIV/AIDS. The realization in the late 1980s that HIV transmission in most of the developing world was dominated by heterosexual transmission led to consideration of broader initiatives that focused not only on the modes of sexual transmission, but also on factors that influence the acceptability of those behaviors. Specific behaviors were mentioned in GPA’s revised Global AIDS Strategy in 1992, in the context of addressing other social factors, including improving women’s ability to protect themselves from HIV. “Changes in the strategy respond to the rapid emergence of heterosexual intercourse as the dominant mode of transmission…Specific measures proposed range from the creation of an environment in which mutual fidelity and the use of condoms are the social norms, through support to all groups that can help women protect themselves, to the provision of humane care…” (WHO, 1992). IMAGE 1 shows a poster from Uganda based on the 1992 GPA strategy message.

3 The HIV prevention programs of industrialized nations in the early years of the epidemic tended to be directed toward so-called high-risk populations (gay men and injection drug users); the experiences of countries such as Thailand, which did not base its early prevention strategy on an ABC approach, are also not included.
Dr. Michael Merson, Director of Duke University’s Global Health Institute and former Executive Director of the GPA, reported after reviewing his GPA files, “There is mention in documents from the early 1990s of condom promotion, partner reduction (no grazing) and abstinence (less so), but I cannot find the term ‘ABC’” (Merson, 2004). Paul DeLay (2004), Director of Evidence, Monitoring and Policy at UNAIDS and formerly chief of the AIDS Division at USAID, recalled early messages about abstinence, fidelity and condom use—as well as other messages—but no consistent set of information used in program materials. From 1988 to 1991, DeLay worked in Malawi for WHO and was closely involved in the planning and implementation of behavior change campaigns. At that time it was considered appropriate to stress certain facets of what would be later called the “ABCs” depending on the audience and the provider of information. For instance, working with the Catholic Church in Malawi, the messages primarily focused on faithfulness. DeLay made specific reference to a 1991 poster from Senegal with three messages: “stick to one partner; should you have more than one partner, be sure to use condoms correctly [or without damaging them] and dispose of them after one use; and adulterous conduct between men will make them be hit by incurable diseases.” The Senegalese poster made no reference to abstinence (DeLay, 2004).

Dr. Eric van Praag, currently Country Director for FHI’s AIDS Institute in Tanzania, worked with WHO in Zambia from 1988 to 1991, when the country’s national response started. He recalls that various NGOs at that time promoted abstinence, fidelity and condom use with WHO support. “For example, in 1988 to 1993 the Kristi Baker Anti AIDS Clubs focused on primary school kids with abstinence messages, while the Christian Medical Association of Zambia (CMAZ) had various fidelity messages between 1988 and 1990 while at the same time the National AIDS Control Programme with support from WHO and others promoted proper use of condoms. At an historic CZAM-MOH meeting facilitated by WHO in 1989, each partner agreed to promote its line without criticizing the other” (van Praag, 2004). While early responses to HIV/AIDS recognized the modes of transmission and the importance of prevention strategies, activities and messages reflected the lack of a systematic, comprehensive approach; instead, organizations tended to focus on one or two strategies. ABC

USAID Responds to HIV/AIDS

In the mid-1980s, USAID undertook two large scale projects called the AIDS Public Health Communication Project (AIDSCOM) and the AIDS Technical Support (AIDSTECH) Project.

Through the AIDSCOM Project, which ran from 1988 to 1992, the Agency for Educational Development (AED) and its partners were involved in “targeted and strategic national campaigns for behavior change” (Demus and Jimmerson, 1993). From the beginning AIDSCOM was involved in promoting all of the behaviors leading to prevention of sexual transmission of HIV.

AIDSCOM used an Applied Behavior Change (ABC) Framework, which integrated behavioral and social psychology, social marketing and communication (Day and Smith, ND; Helquist and MacDonald, 1993) to guide its early work in countries such as the Philippines, the Eastern Caribbean, Jamaica, the Dominican Republic and Ghana. These behavior change communication campaigns conducted from 1989 to 1992 focused on abstinence, fidelity and condom use either separately or in groups of two, but did not draw on all three to create a comprehensive approach.
approach. For example, a “virgins campaign” in the Philippines in 1992 increased young men’s and women’s belief that waiting until marriage for sex is okay and that abstaining from sex is smart; the campaign also increased sexually active males’ intentions to use condoms. A media campaign in Ghana from 1991 to 1992 led to significant changes in attitudes among young adults to be concerned about AIDS, and increased acceptance of having only one partner and about condom use (Debus and Jimmerson, 1993: 167).

A campaign in the Dominican Republic called on people to be faithful to their partners and if they strayed, to use condoms. In Uganda, AIDSCOM supported the development of the film, “It’s Not Easy,” as part of a workplace-based program strategy to help people discuss sexual behaviors, dispel myths and misinformation about HIV/AIDS, promote acceptance of people living with HIV/AIDS, and encourage safer sexual behavior (Lather-Parker, 1993). Demus and Jimmerson (1993: 156) wrote that “Many countries have launched effective, targeted communications campaigns that have played a powerful role in reassuring young people that it’s right to wait to have sex, in helping people view condoms as an acceptable or even appealing part of sexual relationships, in calming irrational fears of HIV and AIDS, or in lessening discrimination against people living with AIDS.”

Julia Rosenbaum, Field Implementation Coordinator for AED’s Hygiene Improvement Project, worked as Regional Resident Advisor on the AIDSCOM Project from 1992–1993 and recounts, “I remember the CAREC [Caribbean Epidemiology Centre] resource library was chock full of print material from all over the Caribbean promoting abstinence, fidelity and condom use. Those materials were general, slogan-type materials that included multiple prevention messages. The adolescent campaigns had a strong abstinence and ‘lifestyle’ focus. We also worked with various country programs to develop more targeted materials, linking either abstinence or fidelity with condom use” (Rosenbaum, 2004).

Anton Schneider, currently Behavior Change Communication (BCC) advisor for AED’s T-Mark Project in Tanzania, related a story about working in the Caribbean in the early 1990s when he was a Senior Research Associate with Porter Novelli International. AIDSCOM wanted to sponsor a band for the Carnival celebration in St. Lucia. Working with the Catholic Church, the project had three bands—one for abstinence, one for be faithful and one for condoms. The patois word for condom was “cock-a-lock-socks” (a rooster with socks), so the t-shirts for the other two bands were two chickens hugging (“you’re the one for me”) and two chicks (“I’m not ready for that yet”) (Schneider, 2004). Such a compromise represents the context from which an integrated ABC approach emerged.

Complementary to AIDSCOM’s work in the general population was USAID’s AIDSTECH project, implemented by FHI, which operated from 1987 to 1992. The AIDSTECH mandate was to identify and work with high-risk populations, promote and ensure access to condoms, control STDs, and to prevent HIV transmission through transfused blood (FHI, 2003a). Because the project addressed high-risk groups, such as sex workers and long-distance truck drivers, FHI’s work focused on partner reduction and condom use.

In 1992, USAID merged the AIDSCOM and AIDSTECH projects into the AIDSCAP Project. AIDSCAP’s mission was to develop comprehensive country approaches to minimize high risk behavior, improve control of STDs and increase access to and use of condoms. AIDSCAP recognized that “determinants of high-risk behavior include individual and psychosocial factors as well as interpersonal and environmental causes” (FHI, 2003b). In consideration of the unique needs of women related to HIV, AIDSCAP also included a special initiative on women and AIDS.

A project from Nepal illustrates AIDSCOM’s work linking partner reduction and condom use in a high-risk population of truck drivers. Dhaaley Dai was a condom character used to present messages to truck drivers, their assistants and sex
partners along the main transport routes in Nepal’s Terai region. “The popularity of Dhaaley Dai was matched only by that of Guruji and Antare, the title characters in AIDSCAP’s film about the adventures of a truck driver and his hapless assistant. Like the condom character, the film uses humor to convey a serious message: Condoms are strong, durable and the only way to protect yourself from HIV/AIDS and other STDs if you cannot remain faithful to one partner” (FHI, 1997: 10 on web-based version).

The early literature about HIV/AIDS includes references to abstinence, fidelity and condom use, but “ABC” does not emerge in the international literature until 1992—from a country in Asia. Thereafter, the term was quickly picked up and used in other places. **ABC**

**THE PHILIPPINES, DR. FLAVIER, AND INTERNATIONAL USE OF “ABC”**

AIDS was first reported in the Philippines in 1984 and the country drafted its first Medium-Term Plan in response to the epidemic in 1988. In the early 1990s, when HIV was becoming a topic of discussion around the world, the tension about issues of sexuality that had developed between the Philippines Department of Health (DOH) and the Catholic Church continued to grow. President Fidel Ramos had recognized the importance of slowing population growth as critical to economic development. Similarly, the burgeoning HIV epidemic also represented a threat to national development that also needed to be addressed in the public domain. However, in the early 1990s, Secretary of Health Dr. Juan Flavier, a Catholic physician accustomed to dealing with Church leaders on similar matters related to the DOH family planning program, undertook a nationwide, high-profile campaign. Its goals were to increase awareness of HIV/AIDS, as well as promote HIV prevention behaviors through public discussion of condom use (Flavier, 1998).

The DOH proclaimed December 1992 “National AIDS Awareness Month,” and implemented a range of AIDS education and condom distribution activities. In preparation for a presidential trip to Thailand that month, Flavier gave members of the media condoms, alluding to the high HIV prevalence in Thailand at that time (Larraga, 1993). This action triggered polarized responses. On one hand, the President and cabinet fully supported what Flavier had done to raise media awareness. On the other, some senators claimed he was promoting sexual immorality and called for his resignation. Flavier won that debate, and afterward, money was allocated by the Philippines Congress for HIV prevention programs.

In his dealings with the Church, Flavier was always careful to use scientific evidence as the basis for programs in order to avoid being pulled into debates of morality. In his autobiography, Flavier describes the strategy he used to promote HIV prevention. Believing that there were nearly 100,000 cases of HIV in the Philippines, Flavier said that “AIDS is avoidable, and it is absolutely crucial that steps be taken to avoid it.” The ABC approach he articulated (Image 2) quickly became known worldwide:

A Abstain from sex;

B Be faithful if you cannot abstain. That is, keep to one sexual partner, because research tells us that people with multiple partners are a high risk group for HIV infection; and

C Be careful and use a Condom if you cannot be faithful.

Juan Flavier used the media and public speaking opportunities to spread messages about HIV prevention. Dr. Flavier frequently used the phrase “ABC” when making international presentations, including at International AIDS Conferences,
meetings of health ministers, and at the 1994 International Conference on Population and Development, which helped link the idea of “ABC” with HIV prevention according to Nancy Williamson, Vice President at FHI (Williamson, 2004).

He “spoke frequently to the mass media, wrote a weekly column in a leading newspaper, was invited to give numerous speeches, and actually distributed condoms from his office in the Department of Health. In his view, ignorance was the biggest barrier to AIDS prevention in the Philippines” (Piotrow, 2003). During one year of his tenure as Secretary of Health—1992–1993—AIDS awareness in the Philippines increased from 12 percent to 86 percent of the population (WHO/GPA, 1993). At the commencement ceremony of the Philippines Military Academy, Flavier repeated his message of prevention to the cadets: “If you cannot be good, be faithful...If you cannot be faithful, then use a condom...And if you do not want condoms, then take a cold shower!” (Anonymous, 1993: 8). With such a direct approach, Flavier made it clear that the military—along with everyone else—has to take responsibility for avoiding HIV.

The Johns Hopkins University Center for Communication Programs (CCP) has also been involved in behavior change communication campaigns, initially for family planning and more recently for HIV/AIDS. Johns Hopkins CCP provided technical advice in the Philippines in the 1980s, and is likely to have contributed to disseminating the term “ABC” though its staff. Patrick Coleman, Senior Resident Advisor for CCP in the Philippines from 1990 to 1996 writes, “Our institutional relationship with Dr. Flavier undoubtedly led to our staff not only being exposed to the ABCs...I have no doubt they talked about them both within our Center and with our partner organizations throughout the world, [but] I cannot quantify how much we contributed” (Coleman, 2004). In fact, it is likely that CCP made major contributions to the spread of the term “ABC” as they have applied it in a number of countries throughout the world, including Uganda. ABC

Image 2 DKI materials promoting ABC in the Philippines. No date. Courtesy of JHU/CCP.
### ABC DEFINITIONS OVER TIME

<table>
<thead>
<tr>
<th>Abstinence/delay first sex</th>
<th>Creation of an environment in which mutual fidelity is the norm</th>
<th>Creation of an environment in which condom use is the norm</th>
<th>GPA 1992 Global Strategy (did not specifically mention ABC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstinence boat</td>
<td>Fidelity boat</td>
<td>Rubber life boat (condom)</td>
<td>Late 1980s Father Bernard Joinet, Tanzania (how to respond to the AIDS flood—get on a boat)</td>
</tr>
<tr>
<td>Abstain from sex</td>
<td>Be faithful if you cannot abstain</td>
<td>Be careful and use a condom if you cannot be faithful</td>
<td>1992 Philippines Minister of Health Juan Flavier</td>
</tr>
<tr>
<td>Abstinence until marriage</td>
<td>Fidelity in marriage and other sexual relationships</td>
<td>Correct and consistent use of condoms with a focus on those at most risk for HIV</td>
<td>PEPFAR Guidance #1 on ABC. OAGAC, 2005.</td>
</tr>
</tbody>
</table>

### ABC/AIDS TIMELINE

**EARLY 1980S**

- **1984** Awareness of AIDS began
- **1984** The “ABCs of STI” appears in a US publication, Educators Guide to STDs

**1987**

- Global Programme on AIDS (GPA) established
  - WHO Global AIDS Strategy endorsed by the UN General Assembly

**1988**

- USAID funds its first AIDS projects: AIDSTECH and AIDSCOM

**1992**

- Juan Flavier, Secretary of Health in the Philippines first coins the term ABC internationally

- GPA revises its Global AIDS Strategy and mentions A, C and B

**1994**

- Father Bernard Joinet in Tanzania develops the “Fleet of Hope” boats of A, C and F(idelity)

**2003**

- PEPFAR announced

**2005**

- ABC Guidance #1 issued by PEPFAR
TANZANIA AND THE FLEET OF HOPE

In Tanzania, the first cases of HIV/AIDS were reported in 1983 in the northwest region, south of Uganda. From there HIV spread to the rest of the country; by the end of 2002, estimates of prevalence ranged from 9.6 percent among attendees at antenatal clinics to 11 percent (among blood donors), with variations among regions of the country (MEASURE Evaluation, NACP, and Bureau of Statistics, 2001). The government established a National AIDS Task Force in 1985, and since 1987, Tanzania has mounted a national response through the Tanzania National AIDS Control Programme (NACP).

The NACP’s first Medium-Term Plan for 1987 to 1991 to reduce spread of HIV, included programs to increase blood screening, enhance clinical services for HIV/AIDS patients, implement epidemiologic surveillance and other research, and eventually initiate STI treatment, based on etiologic management (FHI, 1997). Dr. Justin Nguma (2004) of HealthScope Tanzania remembers that during those years, NACP’s main promotional message was “AIDS Kills.” However, the fear-based messages became boring to their audience and did little to change behaviors. There were also posters about how HIV is transmitted—through sex, blood, and mother-to-child transmission (MTCT)—as well as myths and misconceptions about the disease. The protection messages for sexual transmission addressed abstinence, faithfulness and condom use, but neither explained why these behaviors were important nor how to accomplish them. According to Nguma, “The messages then were not put together into ‘ABC.’”

In Tanzania, as elsewhere, the debate between behavior change and condom use arose early. In the late 1980s, Fr. Bernard Joinet, a Catholic priest who taught clinical psychology at the University of Dar-es-Salaam, had an idea about how to communicate a common message about the behaviors that prevent sexual transmission of HIV. He had seen the toll AIDS was taking in Tanzania and had attended contentious meetings, including one in Bukoba city in the highly affected Kagera region in the northwest. During the meeting, members from the church and international NGOs discussed different strategies for HIV/AIDS prevention, including the role of condoms. He had attended a class held at the university at which Dr. Justin Nguma talked to students about HIV/AIDS being like a war and that people should stay inside (not be sexually active) until they knew they would be safe outside (with an uninfected partner or by using a condom).

Inspired by the biblical story of Noah’s Ark, Joinet came up with the idea of representing HIV/AIDS as a flood in which people were drowning and the only way to escape the flood is to board one of three boats: “Abstinence,” “Fidelity,” or “Rubber Lifeboat” (condom), as shown in IMAGE 3. Joinet’s intention was to present all three behaviors as acceptable options. The approach sought to encourage people to board whichever boat fit their life situation. When life situations changed, people could move from one boat to another (Joinet and Nkini 1996). In that way, the approach was flexible because getting into one particular boat could be a temporary or permanent situation. The boats operationalized the prevention behaviors in a way that focused on safe sexual behaviors and without moralizing.
The “Fleet of Hope” did not aim simply to provide information about HIV/AIDS. The prevention messages communicated through the Fleet of Hope were intended “to awaken people’s emotions...to help them believe they can escape the epidemic” (Williams, Milligan & Odemwingie 1997, 45). Additionally, Joinet wanted the Fleet of Hope to be a middle ground on which people could agree as a single, comprehensive approach to HIV prevention. As a Roman Catholic priest, Joinet sought a prevention approach that appealed to his own and other religious groups that emphasized abstinence and fidelity in marriage. However, he also sought a compromise between the messages of abstinence-fidelity and condom promotion.

ADAPTATIONS OF THE FLEET OF HOPE IN TANZANIA AND BEYOND

Over time, the graphic representations of the Fleet used in Tanzania have changed. Early pictures (shown below) show three wooden boats of the same size connected with wooden planks. Later representations of the concept present two wooden boats labeled “Abstinence” and “Fidelity” accompanied by a smaller “Rubber Lifeboat” (Tiendrebeogo and Buykx 2003). Such changes in the presentations may also represent changes in the priorities and emphasis areas of HIV prevention programs. The Fleet of Hope continues to be used in Tanzania, as a review of posters and other print materials by Hardee at the National AIDS Commission in April 2004 revealed (IMAGES 4 AND 5).

In neighboring Uganda, the Fleet of Hope was adopted, but modified to communicate a different message. The modification included only one boat with two messages—“do not have sex” and “stick to your partner.” People falling off the boat were encouraged to use a life jacket, referring to a condom (IMAGE 6). A different interpretation of the graphic representation was that the one boat represented A, B, and C—the ways of preventing transmission—and if a person fell off the boat, the chances of death were very high. In fact, many, including Steven Forsythe of the Futures Institute, remember the use of the term “ABC or D(eath)” used in Uganda and other countries in the 1990s (Forsythe, 2004).
The Fleet of Hope has been adapted for use throughout the world, including Burkina Faso, Ghana, Zimbabwe, Nigeria, Kenya, and Haiti. The Fleet of Hope also served as the basis for other HIV prevention programs, including “Stop AIDS. Love Life” in Ghana; the “Bridges of Hope” program in Zimbabwe; and “Fleet of Hope with Future Islands,” which has been used in many countries in Africa. The “Fleet of Hope” theme was a theme in folk art, religious services, and media presentations (Henry 2003). The United Nations Development Program (UNDP) and UNAIDS have also incorporated the Fleet of Hope into program activities (UNDP, 2000).

**OTHER USES OF ABC IN TANZANIA**

Population Services International created a social marketing campaign using ABC messages in the mid-1990s, with posters for abstinence, fidelity/partner reduction and condom use (IMAGE). Tanzania has more recently implemented a comprehensive ABC campaign for youth, with funding from a number of donors, including the President’s Emergency Plan for AIDS Relief (PEPFAR). The first slogan used by the “Ishi” (Life) campaign promoted A and C. The campaign has also addressed B, based on the fact that many young people frequently change partners. The Ishi campaign tells young people, “Usione Soo—Don’t be shy!—talk to your partner about waiting, being faithful, or using a condom.” According to Dr. Nguma, “The ABC behaviors are the same being promoted now as before, but now they are being promoted by appealing for actions based on social context and issues facing young people and by providing a rationale for taking action.”

**UGANDA**

In the early 1980s, when the first cases of HIV/AIDS emerged in the South Western district of Masaka—now known as Rakai—the government did not shy away from addressing the then-mysterious virus. Estimates by the U.S. Census Bureau and UNAIDS suggest that national HIV prevalence peaked at around 15 percent in 1991 and had fallen to 5 percent as of 2001 (Hogle et al., 2002). Still, from two cases in 1982, the epidemic grew to a cumulative 2 million cases by 2000 (Okware et al., 2001).

President Yoweri Museveni started talking openly about AIDS as early as 1985–1986. At that time, a prominent Ugandan musician, Philly Bongole Lutaaya, who tested positive for HIV, actively spoke out about HIV/AIDS before his death in 1989. Soon after, President Museveni established the National AIDS Commission, and NGOs, including faith-based organizations (FBOs) and local community groups, began to play an important role in confronting AIDS.

Uganda’s first program to address AIDS in 1986 consisted of epidemiological surveillance, ensuring a safe blood supply, provision of AIDS Information, Education and Communication (IEC) and control of Sexually Transmitted Diseases (STDs). The government’s early message was “love carefully” or “love faithfully” to protect people and their families from the disease. Another message was “live faithfully.” Social marketing of condoms was added to the program in the early 1990s and a multisectoral strategy was implemented with the establishment of AIDS control programs in other ministries. “Raising awareness was the mainstay of our initial programme. At first we focused on instilling fear in the population, but it soon
became apparent that many people were insensitive and refractory to calls for behaviour change. Fear could only be effective for a short time. Widening the range of prevention options to include condom use as well as avoidance of casual sexual contacts helped our programme to gain wider acceptance” (Okware et al., 2001).

One of the early NGOs dedicated to HIV was The AIDS Service Organization, known as TASO. Mukasa Monico, then head of TASO, said that she drew on what was known about the sexual transmission of HIV and the messages that were used in the late 1980s to promote healthy behaviors. Abstinence referred to “delaying sexual debut for the youth, or refraining from having casual sex”—a mixed message of both postponement and avoidance (Monico, 2003). Fidelity meant that those people who were already sexually active should have only one partner. Given that polygamy is practiced in much of Africa, TASO intentionally avoided the word monogamous. Similarly, TASO avoided referring to people’s marital status because of the prevalence of extramarital sex. The message about condom use was directed toward those people who were already sexually active, but who were not sure of the sexual behaviors of their partners. The condom message was extended to HIV-positive individuals and serodiscordant couples (in which one partner is HIV-positive, while the other is HIV-negative) to prevent transmission to uninfected partners. Mukasa Monico also noted that UNAIDS introduced another acronym into the program in Uganda—FACT, which stood for Faithfulness, Abstinence, Condom use and Training (Mukasa Monico, 2003).

During the late 1980s and early 1990s, the growing awareness of HIV and AIDS led to a very active response that involved many players and messages. Promotion of condom use became a more central part of the HIV prevention strategy. However, early messages and activities frequently avoided talking directly about condoms. Participants from Uganda attending a workshop on reproductive health for youth and HIV policy recalled that around 1988 there was a massive HIV prevention campaign that reached even primary school students. Later, in 1990, the government sponsored a campaign that highlighted two phrases—“Don’t forget to carry your ‘coat [condom]’” and “zero grazing.” The campaign warned against sugar daddies - a particularly high-risk group of older men going out with young girls. The campaign also provided information about the ways HIV could be transmitted and the ways it is not. “In the 1980s, even though there were other messages, the message that caught young people’s minds was use condoms, because that was new,” recalled one of the workshop participants, thinking back on the early days of the epidemic.

In many countries, people in leadership positions were hesitant to talk openly about condoms. However, in the late 1980s, one Ugandan religious leader took a stand in favor of openly supporting condom use for HIV prevention. The late Bishop Karuma of the Anglican Church of Uganda was willing to come out in favor of condom use, according to Reverend Simon Mwesigwa (2004). Bishop Kawuma was the first religious leader to link the B and C messages—being faithful and condom use—saying that “If you are foolish enough to have sex outside, don’t be stupid enough not to use a condom.” The Bishop’s reason for supporting condom use to prevent HIV resonated with the country: His son had died of AIDS.

In the early 1990s, “ABC” still did not appear in public sector HIV prevention programs (Slutkin et al., 2006). Donna Flanagan (2004), who worked as the GPA advisor on IEC in Uganda between 1990 and 1994, indicated that the term “ABC” was not used in any of the IEC materials developed by the AIDS Control Program or the Ugandan Ministry of Health (MOH). “The approach in those days was to talk about how the virus could be transmitted and then discuss how it could be prevented” (Flanagan, 2004). Before her arrival, she recalls, the materials used illustrated “zero-grazing.” Flanagan recalled an evaluation of IEC messages that found target audiences were not at all sure what “zero grazing” had to do with AIDS. On the other hand, “zero grazing” appeared to be a comfortable concept from the perspective of the MOH because it avoided the need to talk directly about

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5 Eleven Ugandan participants at a recent regional workshop on youth reproductive health policies (Youth Reproductive Health: From Policies to Action. YouthNet and POLICY Project. Bagamoyo, Tanzania, May 3-7, 2004) met with participants from the four other African countries (Nigeria, Tanzania, Namibia, and Zambia) to discuss Uganda’s HIV program. The discussion on Uganda was held on May 6. The participants were all involved in Uganda’s HIV/AIDS program through the government, NGOs or donor organizations.
sexual behavior. In the early years of her tenure in Uganda, Flanagan observed that MOH staff were also hesitant to talk about condoms, and as a result, condoms were not advocated as the first line of protection. However, during community-based HIV education sessions, the public was eager to learn and not afraid to talk about condoms, although they were not commonly available through the MOH.

By all accounts, President Museveni played an enormous role in publicizing and de-stigmatizing AIDS and in promoting a program that includes a wide range of organizations (Sensendo and Sekatava, 1999; Okware et al., 2001; Hogle, 2002; Low-Beer and Stoneburner, 2003; Garbus and Mareilee, 2003; Putzel, 2004; Green 2004). Reflecting on the importance of Museveni’s actions at a critical time, Parkhurst (2001: 75) wrote, “The President has taken on HIV/AIDS as an issue of importance, speaking out throughout the country and internationally as well, to highlight the problem AIDS represents. Not a stated policy initiative at the time, many officials in Uganda see this as one of, if not the most important aspects of what the government has done in the fight against AIDS.” Part of the success of Museveni’s actions may be due to timing: After years of civil strife, Uganda was at war with a disease that struck indiscriminately. From the beginning, he promoted behavior change—most notably partner reduction, which he referred to as “zero grazing.” His messages also favored abstinence for young people. Even as the government was increasing promotion of condoms in HIV prevention programs in the 1990s, Museveni has never considered condoms to be the sole answer to HIV/AIDS (Tebere 1991; Green, 2003b; Museveni, quoted in Schuettler 2004). The government of Uganda “did not push for condoms very strongly, instead pursuing a ‘quiet promotion of condoms,’ and inviting religious leaders to take part in discussions of condoms as a state policy” (Parkhurst, 2001: 78).

Uganda’s nascent ABC strategy emerged in stages. The government and churches tended to focus on the risk avoidance behaviors of abstinence and being faithful. The messages associated with A and B created a link between them that resulted in their being promoted in tandem. Bishop Karuma contributed to the much more sensitive link between B and C, in an effort to promote safety. The connections between A, B, and C represent programmatic attempts to focus on sexual transmission of HIV. Although they were not tied into a specific strategy in the early years of the epidemic in Uganda, the country’s national plans have included both risk reduction and avoidance. ABC

**VARIOUS DEFINITIONS OF ABC**

Certainly, one of the factors contributing to the spread of the phrase “ABC” was the popular appeal of the Philippines’ Dr. Flavier. However, in the US government’s adoption of the ABC strategy, PEPFAR drew from one interpretation of Uganda’s use of ABC, but ABC also has important roots in U.S. policy related to abstinence-only sex education (Blum, 2004). In fact, the term “ABCs of STDs” (which lists abstinence, monogamy and condom use) appears as a trademarked phrase in the 1984 Educators Guide to STDs, which is one of many health education manuals developed for U.S.-based school teachers (Sroka, 1989). Sroka’s work was funded in part by the Centers for Disease Control and Prevention (CDC) from funds for domestic programs, according to Ward Cates and Gary West, President and Vice President of Research, FHI and formerly with CDC (Cates and West, 2004). The connection between U.S.-based mention of ABC and its use internationally is unclear, but the seeds were sown in the U.S. to be strongly supportive of the current definition of ABC—when the evidence from Uganda was presented.

6 The early ABC work in the U.S. also faced the issue of linking the three terms. In an article in 1988, Dr. Sroka wrote, “In some communities, especially at the high school level, a frank lesson about condoms may be justified. As a nun in an urban Catholic school told me after we had worked a message about condoms into the school’s health curriculum: ‘We do not condone the use of condoms, but if someone decides to live outside the limits of the Catholic teachings, let’s teach him some skills to help keep him alive long enough so that we may kick some Christian ethics into his head.”’

7 Dr. Jacob Gayle, Deputy Vice President for Global Health Initiatives at the Ford Foundation, worked with Dr. Sroka in the mid-1980s and says that although he is not certain of the link between the domestic reference to ABC and its use internationally, but notes, “as one who has worked extensively on HIV/AIDS around the world, I know that my first hearing of “ABC” within a non-US context was several years after Steve had already been ‘preaching’ the ABCs in Ohio and elsewhere.” He also noted that before joining CDC, “Dr. Sroka had instilled ‘ABC’ within my mind and framework, and that of many others” (Gayle, 2004).
DISCUSSION

Narrowly defining “ABC” as “abstain before marriage, be faithful in marriage and only use condoms as a very last resort,” may falsely lead some people to think that these specific behaviors are all that is needed to stem the spread of HIV/AIDS. A billboard in Botswana, a country with one of the highest rates of HIV in the world, called out to passersby, “It is as simple as…ABC” (Heald, 2002). Yet without a supportive environment, individuals can rarely sustain changes to personal behavior (FHI, 1997: 2).

An important aspect of a supportive environment is that influential people are willing to take a stance in favor of change. The experiences of Uganda, Tanzania, and the Philippines illustrate the roles of such leaders in creating a supportive environment for HIV prevention. In Uganda, during the late 1980s, prevention strategies focused on abstinence and fidelity. Bishop Kawuma of the Anglican Church of Uganda challenged the conventional wisdom and offered a link between B and C when he called for people having sex outside of their marital partnership to use condoms. Around the same time in Tanzania, Father Bernard Joinet, a Catholic priest, was also contemplating ways to reach consensus on HIV prevention strategies. He developed the “Fleet of Hope,” which put the needed prevention behaviors together into one image and urged people to get on one of three prevention boats—abstinence, fidelity or condom use—and to change boats as their circumstances changed. In 1992, long after modes of transmission had been identified and interventions developed and implemented, Philippines Minister of Health Dr. Juan Flavier made famous the phrase “ABC” that is now being used around the world. Finding common ground among stakeholders contributed to creating a more favorable environment for HIV prevention in each of these countries.

Research on HIV prevention has found that comprehensive prevention programs, directed at both the individual and the community, and addressing structural factors—such as laws, policies, and social norms—have the greatest effect (Lamptey and Cates, 2003; Waldo and Coates, 2000). This broader perspective is also reflected in the idea of “ABC+,” meaning that no additional opportunities should be missed to strengthen the skills and empowerment of individuals to practice the three preventive behaviors of abstinence, fidelity/partner reduction and condom use—the ABCs of prevention of sexual transmission of HIV (USAID, 2002: 12).

ABC
POLICY RECOMMENDATIONS

1 Restore A, B, and C to their public health roots.

“A,” “B,” and “C,” broadly defined to include delaying first sex and partner reduction, represent the primary behaviors that must be adopted to reduce sexual transmission of HIV. Based on their public health roots, these are the behavioral outcomes that should be promoted equally through a range of prevention approaches.

2 Promote the whole alphabet of HIV prevention approaches.

In order to achieve the behaviors, broadly defined, of A, B, and C, HIV programs must promote a full range of prevention interventions, including, among other interventions, access to safe circumcision for men, legal protection for vulnerable populations, promotion of human rights and gender equity, access to livelihoods, and availability of comprehensive evidence-based information and services. The evidence base for these and other prevention programs is vast (e.g. Gay et al., 2005).

3 Give people the complete and comprehensive information they need to decide for themselves which prevention behavior is most appropriate in the context of their lives.

Narrow messages that focus on abstaining until marriage, being faithful in marriage and only resorting to using condoms for high risk sex have had unfortunate results for youth who are not given comprehensive information and preparation for when they do become sexually active, for “faithful” wives who become infected by their husbands (and vice versa) and for people who cannot access condoms due to shortages and policy and program barriers. Presenting each prevention element non-judgementally and as a choice people make for themselves, will be far more acceptable to most people than narrow messages of ABC that do not fit the context of most people’s lives.
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