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HIV prevention strategies in Uganda: What we are yet to learn.

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Thirty years and still counting since the discovery of one of the deadliest incurable disease we now know as HIV/AIDS. A lot has been learnt about HIV including the transmission dynamics and effective evidence-based HIV prevention strategies. However, what still perplexes scientists and researchers is how best to translate research findings into effective HIV intervention programs. This challenge is attributed to a number of factors including exclusively defining HIV as a medical problem, reluctance to use a multidimensional HIV intervention approach, and lack of theory to guide HIV-interventions especially in Africa where HIV is endemic. This has resulted into diverse debates in the HIV-intervention scholarship. For example Uganda is perceived as a success story in HIV prevention.

However some critics have questioned the accuracy of HIV surveillance data. Additionally some authors are skeptical about the use of strategies such as abstinence, being faithful to one sexual partner and safe male circumcision in circumstances where people have concurrent multiple sexual relationships. On the other side condom use dual role as an effective family planning method and protective measure against STD contraction remains undoubted. Based on the fact that HIV contraction in Uganda is largely through coitus with an infected person, therefore there is need to focus on interventions that have theoretical basis such as condom use in addition to other strategies such as sex-education and life-skills training in the appropriate cultural context.