ACHAP in Botswana

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By 2000, HIV/AIDS had become an existential crisis for Botswana

- “Botswana, next on our itinerary, had been a developmental success story….We were met by a veritable shock: The AIDS pandemic was spiritually crippling this nation. Some 75 percent of all hospital beds were occupied by AIDS patients….The President [Festus Mogae] looked like a man whose company was soon to face liquidation. He willingly admitted that, because of AIDS, the average life expectancy of Botswana would see a 50 percent reduction from seventy down to thirty-five years of age. The country had gone from success to tragedy.”

- “We are threatened with extinction. People are dying in chillingly high numbers. It is a crisis of the first magnitude.”

- President Festus Mogae of Botswana, *Los Angeles Times*, 27 June 2001 (Emphasis added)

Status of the HIV epidemic in Botswana – in 2001

Prevalence: Estimated 38.5% of the 15-49 age group HIV+

<table>
<thead>
<tr>
<th>Age Group</th>
<th>1991</th>
<th>2001</th>
<th>Change (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>2429</td>
<td>3014</td>
<td>24.1</td>
</tr>
<tr>
<td>5-9</td>
<td>495</td>
<td>528</td>
<td>6.7</td>
</tr>
<tr>
<td>10-14</td>
<td>293</td>
<td>272</td>
<td>-7.3</td>
</tr>
<tr>
<td>15-19</td>
<td>409</td>
<td>421</td>
<td>3.0</td>
</tr>
<tr>
<td>20-24</td>
<td>493</td>
<td>1189</td>
<td>141.2</td>
</tr>
<tr>
<td>25-29</td>
<td>621</td>
<td>2281</td>
<td>267.3</td>
</tr>
<tr>
<td>30-34</td>
<td>580</td>
<td>2592</td>
<td>346.9</td>
</tr>
<tr>
<td>35-39</td>
<td>587</td>
<td>2224</td>
<td>278.9</td>
</tr>
<tr>
<td>40-44</td>
<td>530</td>
<td>1740</td>
<td>228.3</td>
</tr>
<tr>
<td>45-49</td>
<td>525</td>
<td>1455</td>
<td>177.2</td>
</tr>
<tr>
<td>50-54</td>
<td>524</td>
<td>936</td>
<td>78.6</td>
</tr>
<tr>
<td>55-59</td>
<td>532</td>
<td>730</td>
<td>37.2</td>
</tr>
<tr>
<td>60-64</td>
<td>637</td>
<td>696</td>
<td>9.3</td>
</tr>
<tr>
<td>65+</td>
<td>4254</td>
<td>3793</td>
<td>-10.8</td>
</tr>
<tr>
<td>NS</td>
<td>2312</td>
<td>844</td>
<td>-63.5</td>
</tr>
</tbody>
</table>

Total 15221 24717 62.4


Life Expectancy Trends

Treatment Rates – as of 2005

<table>
<thead>
<tr>
<th>Country</th>
<th>No. Needing Therapy, 2004</th>
<th>No. of Adults Receiving Therapy, December 2004</th>
<th>Antiretroviral Therapy Coverage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Botswana</td>
<td>75,000</td>
<td>36,000-39,000</td>
<td>50</td>
</tr>
<tr>
<td>Cameroon</td>
<td>95,000</td>
<td>12,000-15,000</td>
<td>14</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>211,000</td>
<td>10,000-13,000</td>
<td>5</td>
</tr>
<tr>
<td>Kenya</td>
<td>220,000</td>
<td>24,000-33,000</td>
<td>13</td>
</tr>
<tr>
<td>Malawi</td>
<td>140,000</td>
<td>10,000-12,000</td>
<td>8</td>
</tr>
<tr>
<td>Mozambique</td>
<td>199,000</td>
<td>6,500-8,000</td>
<td>4</td>
</tr>
<tr>
<td>Nigeria</td>
<td>558,000</td>
<td>12,000-15,000</td>
<td>2</td>
</tr>
<tr>
<td>South Africa</td>
<td>837,000</td>
<td>37,000-62,000</td>
<td>7</td>
</tr>
<tr>
<td>Sudan</td>
<td>50,000</td>
<td>&lt; 500</td>
<td>--</td>
</tr>
<tr>
<td>Tanzania</td>
<td>260,000</td>
<td>1,650</td>
<td>0.6</td>
</tr>
<tr>
<td>Uganda</td>
<td>114,000</td>
<td>40,000-50,000</td>
<td>40</td>
</tr>
<tr>
<td>Zambia</td>
<td>149,000</td>
<td>18,000-22,000</td>
<td>13</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>295,000</td>
<td>7,500-9,000</td>
<td>3</td>
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</tbody>
</table>

*Data from the World Health Organization

Sources: Botswana National ARV Team Statistics, ACHAP M&E Unit and Botswana Harvard Partnership Abstract Data (Preliminary data based on analyzing 60% of the sample population); WHO, “3 By 5” Progress Report, December 2004 (Tanzania data from July 2004 report)
Challenges and power of partnership

**Government of Botswana**
- Office of the President
- National AIDS Coordinating Agency
- National Drug Control Coordinating Council (NDCCC)
- ‘Masa’ National ARV Program
- Ministry of Health
- Ministry of Finance
- Ministry of Education
- Ministry of Local Government
- Botswana Defense Force

**National Institutions**
- Botswana Police Force
- Botswana Television
- University of Botswana
- Princess Marina Laboratory

**Local Institutions**
- District Government
- District hospitals
- Educational Institutions
- Health care workers
- Satellite Clinics

**Academic/Medical School Institutions**
- Baylor University (USA)
- Chelsea & Westminster Hospital (UK)
- University of Pennsylvania (USA)
- University of Amsterdam (Netherlands)

**Donors**
- Bill and Melinda Gates Foundation
- The Merck Company Foundation

**Consultants**
- Monitor

**Bilateral Organizations**
- Centers for Disease Control
- USAID

**Non-governmental organizations**
- ACHAP
- African Youth Alliance
- Botswana Christian AIDS Intervention Programme
- Botswana Network of AIDS Service Organizations
- Coping Centers for People Living With HIV/AIDS
- Harvard AIDS Institute
- UNFPA

**United Nations**
- UNDP
- UNFPA

**Community**
- Local communities
- Traditional healers
Lessons learned from ACHAP

- Political will & commitment
- Recognition of the power of organizational and national cultures
- Country ownership
  - Integration into national strategies and priorities
  - Build local capacity
  - Engage communities (e.g., district strategy, 2005)
- Common objectives*
- Clear roles & responsibilities*
- Complementary skills & resources
- Coordination and communication among partners and stakeholders
- Agreed metrics for impact*

- Mechanisms for transparency and accountability
  - National development forum
  - NACA
  - Board processes
  - International advisory group
  - Investment in monitoring & evaluation
  - Reports and publications

- Plan for sustainability
  - From HIV/AIDS to population health
  - Build on core capabilities
  - Diversification of donors and sponsors (PEPFAR/CDC, Global Fund PR, World Bank)
  - Diversification of geography (Botswana to SADC)
Impact on Botswana’s AIDS epidemic

- First African country to achieve universal ART coverage
- First African country to reach UNAIDS 90-90-90 goal
- Life expectancy recovered from 30’s in 2005 back to 66 by 2015
- Adult HIV prevalence halved from nearly 40% to 22.2% in 2015
- Dramatic drop in AIDS deaths
- Pointed the way for PEPFAR
- Introduced routine testing for HIV (opt-out)
-Introduced universal PMTCT coverage, with % of HIV+ infants falling from 40% to < 4%

- Built a national network of HIV clinics
- Helped develop national counseling infrastructure and services
- Developed a cadre of physicians, nurses and community health workers to build national response
- Implemented and helped to scale up safe male circumcision and behavior change programs for prevention
- Developed local capacity for addressing TB/HIV co-infection