



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.”

- Gro Harlem Brundtland, *Madam Prime Minister: A Life in Power and Politics* (New York: Farrar, Straus and Giroux, 2002), p. 441. (Emphasis added)

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

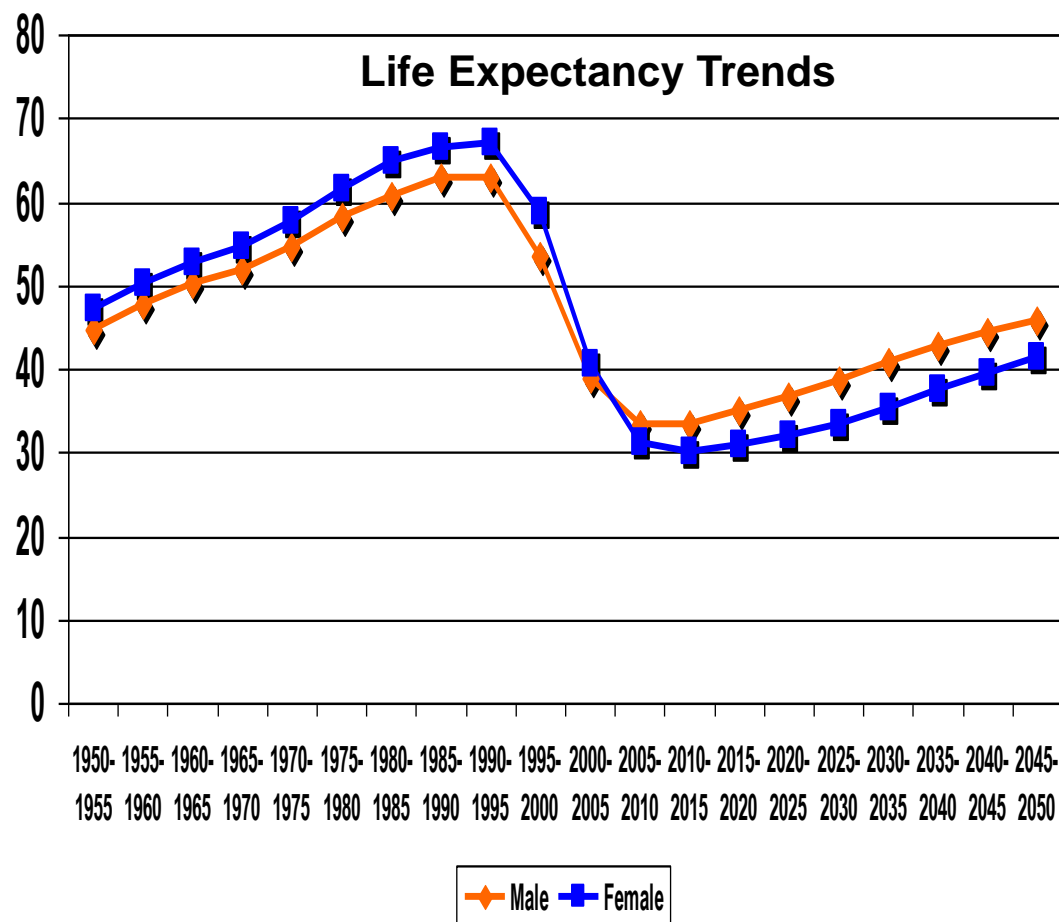
- President Festus Mogae of Botswana, *Los Angeles Times*, 27 June 2001 (Emphasis added)

Status of the HIV epidemic in Botswana – in 2001

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

Age Distribution of Death

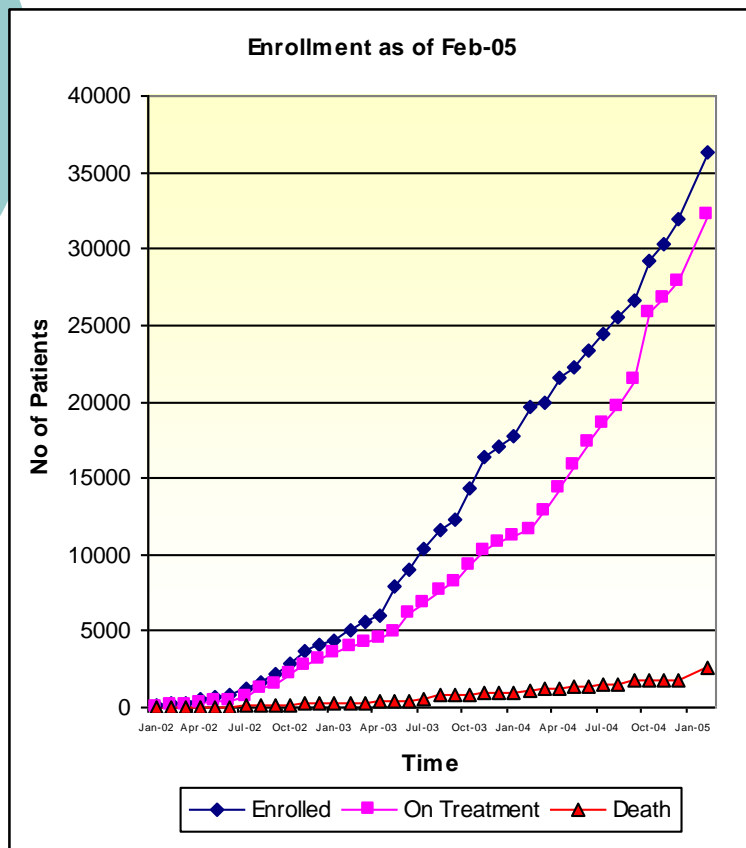
Age Group	1991	2001	Change (%)
0-4	2429	3014	24.1
5-9	495	528	6.7
10-14	293	272	-7.3
15-19	409	421	3.0
20-24	493	1189	141.2
25-29	621	2281	267.3
30-34	580	2592	346.9
35-39	587	2224	278.9
40-44	530	1740	228.3
45-49	525	1455	177.2
50-54	524	936	78.6
55-59	532	730	37.2
60-64	637	696	9.3
65+	4254	3793	-10.8
NS	2312	844	-63.5
Total	15221	24717	62.4



Source: Sentinel Surveillance Report 2001; 2001 Population and Housing Census – Central Statistics Office Botswana

Source: World Population Prospects: The 2002 Revision, database on line, www.unpopulation.org

Treatment Rates – as of 2005



Estimated HIV Prevalence and Need for Antiretroviral Therapy in Selected Low-and Middle-Income Countries *

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



*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

Donors

Bill and Melinda Gates Foundation
The Merck Company Foundation

**HIV/AIDS
in Botswana**

United Nations

UNDP
UNFPA

Community

Local communities
Traditional healers

Academic/Medical School Institutions

Baylor University (USA)
Chelsea & Westminster Hospital (UK)
University of Pennsylvania (USA)
University of Amsterdam (Netherlands)

Consultants

McKinsey & Co.
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
House of Hope
Population Services International

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
 - Madikwe Forum (2004)
 - 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