Lessons from Botswana and the African Comprehensive HIV/AIDS Partnerships

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- Country-led public partnership between Govt of Botswana, Bill & Melinda Gates Foundation and Merck & Co. Inc./ The Merck Company Foundation from January 2001 to December 2009
- The Gates Foundation and The Merck Company Foundation dedicated $56.5 million each
- Merck donates its current ARV medicines for the duration of the partnership
- Botswana Government provides policy direction and leadership
  - also contributes human resources, infrastructure, and other logistics
ACHAP Governance Structure

Board of Directors

- Technical Advisory Panel
- Managing Director
- Communications And External Relations
- Operations
- Programmes
- Research And Evaluation
- Madikwe Forum
- Implementation Review Committee
A Comprehensive Approach
ACHAP Key Programs

Prevention
- HIV Education for Schools
- Condom Marketing/Distribution
- IEC

Treatment
- Health Care Worker Training
- ARV Therapy Program
- Routine HIV Testing

Care & Support
- Capacity Building / Strategic Planning within Government Institutions
- National and Local NGO/CBO Programs
- Resource Centers at District Hospitals
- Coping & Counseling Centers for PLWHA
- Health Care & IT Infrastructure
- Blood Safety and Youth Prevention
Focus Areas

• Supporting national ARV programme
• Expanding counseling and testing including post test services
• Scaling up prevention
• Supporting advocacy, community mobilisation and people living with HIV/AIDS

Cross-cutting support:
• Strengthen partnerships and build capacities for sustainability of national response

Focus areas and strategic objectives aligned to the National Strategic Framework (2003 – 2009)
Achievements
Masa: over 80,000 people on treatment, making it one of Africa’s largest ARV treatment programs.
Changing the face of the epidemic in Botswana
ARV Programme support

- **Comprehensive HIV/AIDS training**
  - ‘KITSO’ developed by the Harvard AIDS institute
  - Physicians, nurses, pharmacists, counselors trained

- **Clinical Preceptorships**
  - International clinical experts trained local physicians, nurses, others in the introduction of antiretroviral therapy
ARV Programme support

- Infrastructure and equipment support for programme
  - constructed 27 treatment centres or IDCCs, 8 resource centres,
  - lab support – equipment at central level- HIV Reference Laboratory, Francistown Lab, 10 CD4 count and 6 viral load machines to decentralize testing
  - **Reduced CD 4 test turn around time from about 6 weeks to 1 day in some centres**
ART Patient Enrolment Update: February 2007

Private Sector – 9,008

Total on HAART in Botswana – 82,492
Patient Distribution on ARV – Cumulative to February 2007

- 20417, 30%
- 6583, 10%
- 60%, (41601)

- Women
- Men
- Children 0-12 yrs
PLWHAS AS SERVICE PROVIDERS - Francistown

- Counseling at health facilities (IDCC & clinics)
- Condoms distributed at health facilities
- Clinic-based health education and outreach
- Bookings, referrals & follow-ups of clients
Capacity Development Beyond ARV Programme

- Support to address shortage of skilled health care workers
- Prevention
- BCC capacity development
- HIV testing
- Monitoring and Evaluation

First signs of a reduction in infection rates...
Between 2003 and 2005, the prevalence among 15-19 year olds declined by 22%, and the percentage of HIV-positive infants born to HIV-positive mothers from an estimated 40% to about 6%
Critical factors for success

• Effective partnership with Government
• Commitment of both partners to make partnership succeed
• Successful management of a complex relationship in which Government is an equal partner – but also the main recipient of support
• Strong incentives for Govt to make partnership work
• Being responsive to emerging needs
• Private sector mode of working of ACHAP
Challenges

• Lengthy approval process and implementation systems through government
• Different styles of working and decision making
• Early structures for partnership were separate
• Sustainability of treatment programme
Lessons Learnt

- PPPs can make meaningful contribution to national HIV response in developing countries
- Different ways of working can cause tensions
- Consultation and respect for structures in place is important
- Give each partner their due in terms of results obtained
- Partners need to address system issues that impede improved performance
- Focus on areas of comparative advantage as other partners come on the scene
- Important to learn each others ways
- Importance of effective collaboration not only with top policy makers – but middle level technical and managerial staff
- Lack of communication and feedback can be interpreted as lack of progress
- Collaboration with other development partners important
Looking Ahead at the Future: 2007 - 2009

- Scaling up prevention
- Broadening support to tuberculosis and STI
- Strengthening support to education sector
- Sustaining ACHAP beyond 2009
Thank you

The African Comprehensive HIV/AIDS Partnerships