

Lessons from Botswana and the African Comprehensive HIV/AIDS Partnerships

Dr. Themba Moeti Managing Director



The African Comprehensive HIV/AIDS Partnerships

African Comprehensive HIV/AIDS Partnerships (ACHAP)



- 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

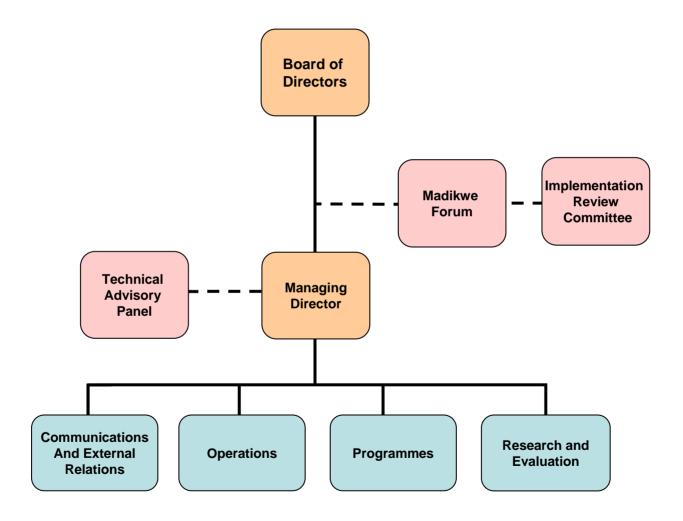








ACHAP Governance Structure





A Comprehensive Approach ACHAP Key Programs

Prevention

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

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

Treatment

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





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



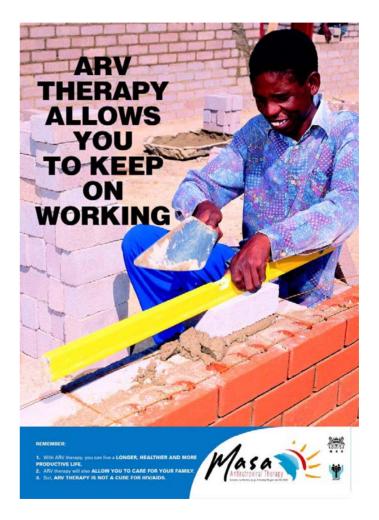


Masa: over 80,000 people on treatment, making it one of Africa's largest ARV treatment programs.



Changing the face of the epidemic in Botswana



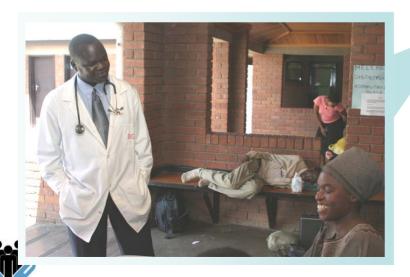




ARV Programme support

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

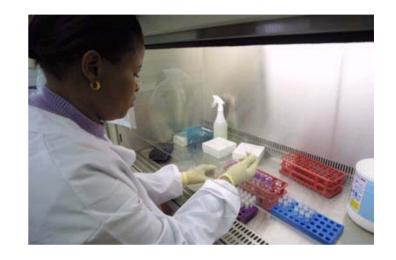


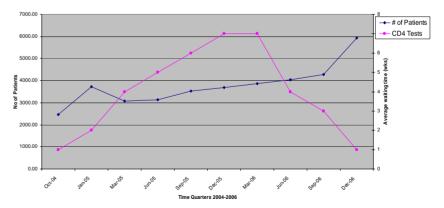


- Clinical Preceptorships
- International clinical experts trained local physicians, nurses, others in the introduction of antiretroviral therapy

ARV Programme support

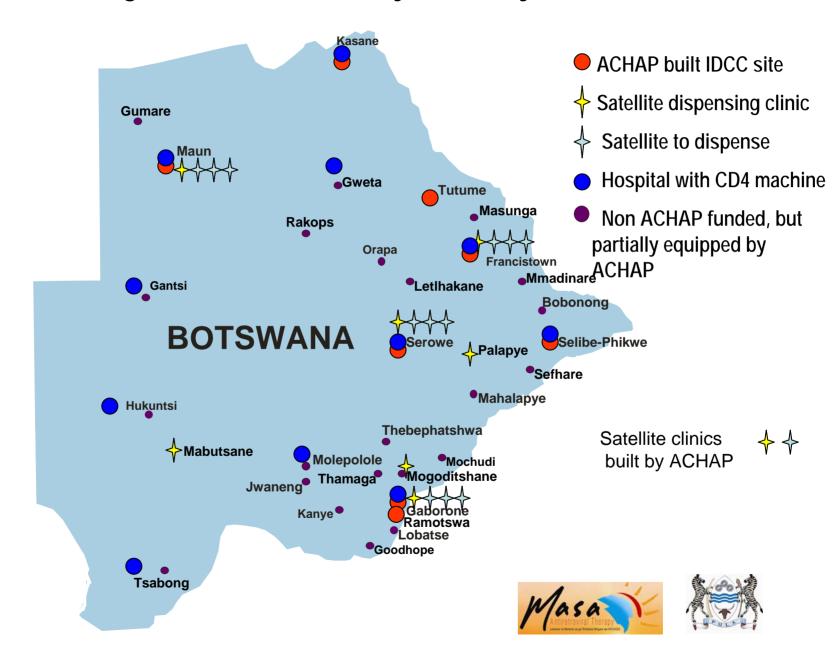
- Infrastructure and equipment support for programme
 - constructed 27 treatment centres or IDCCs, 8 resource centres,
 - lab support equipment at central level- HIV Reference Laboratory, Francistown Lab, 10 CD4 count and 6 viral load machines to decentralize testing
 - Reduced CD 4 test turn around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



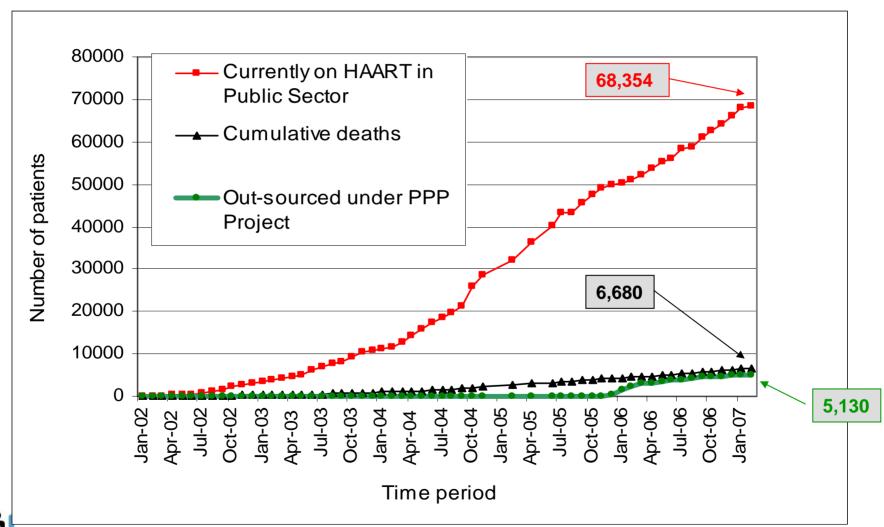




ARV Program Rollout : January 2002-May 2007

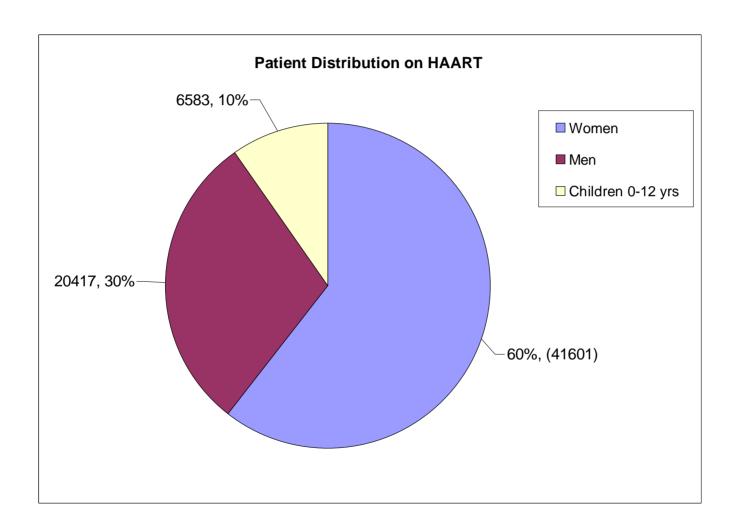


ART Patient Enrolment Update : February 2007





Patient Distribution on ARV – Cumulative to February 2007





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

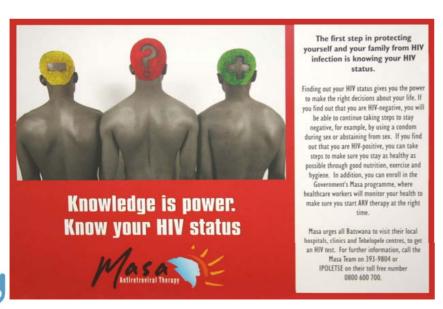






Capacity Development Beyond ARV Programme

- 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



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