

## ACHAP – the African Comprehensive HIV/AIDS Partnerships

Merck & Co

Botswana has been one of the fastest growing countries in the region for the last four decades<sup>1</sup>.

AIDS threatens to undo all this progress. The country now has one of the world's highest rates of HIV infection (with close to 40 per cent among people aged 15 to 49)<sup>2</sup>. The disease is hitting every segment of the economy and society—from rural farmers to teachers and civic leaders. Employers are struggling to cope with frequent absenteeism, rising health-care costs, and the loss of skilled workers<sup>3</sup>.

The Merck Company Foundation and the Bill & Melinda Gates Foundation each have committed more than US\$50 million to the partnership. Merck & Co., Inc., Whitehouse Station, NJ,<sup>4</sup> in addition, is also donating its antiretroviral (ARV) medicines to Botswana's national ARV treatment programme for the duration of the partnership, which has been extended to 2009.

Merck's long experience in global health and nearly two decades of research work on HIV/AIDS made it clear to the Company early on that the enormity of the HIV/AIDS pandemic required an urgent and coordinated response – particularly in sub-Saharan Africa, where government, the private sector and civil society all faced major challenges in the fight against HIV/AIDS.

ACHAP's mission is to support the Government of Botswana's national response to HIV/AIDS. The partners focused primarily on programmes that would help to strengthen health care capacity and infrastructure, particularly in the areas of prevention and treatment, and sought to create or expand community-based initiatives to provide HIV/AIDS education and support for those living with the disease.

Today, Botswana's national ARV treatment program, Masa, is one of the largest national HIV/AIDS treatment programme in Africa, with 32 sites across the country. Nearly 60,000 people in Botswana are enrolled in Masa, 52,000 of whom are already on treatment. Botswana is one of only three countries in Africa to have achieved the World Health Organisation's "3 x 5" ARV treatment goals, and at 85 per cent leads all countries in Africa in the proportion of people receiving treatment<sup>5</sup>. Also the incidence of the disease appears to be declining in 15-49 year olds<sup>6</sup>.

ACHAP has helped to foster this effort by:

- Supporting establishment of a national network of 32 treatment centres, with plans to expand ARV services to 128 satellite clinics.
- Strengthening health care infrastructure and transferring technical skills to build capacity.
- Supporting the development of laboratory capacity to test and monitor patient response to treatment, thereby helping to reduce turnaround time for HIV test results from eight weeks to two days.
- Supporting the development of information technology systems to track patient adherence.
- Providing hands-on, clinic-based training for more than 3,200 health care workers through the partnership's preceptorship program.
- Supporting prevention and disease awareness efforts including a two-pronged blood safety and youth prevention program, outreach to school teachers and students, public education programs, condom distribution and other initiatives.
- Partnering with Botswana's National AIDS Coordinating Agency (NACA) to provide training in behaviour change interventions to professionals in government, civil society and development organisations, especially those working at the district level.

The strength of the Botswana/Gates/Merck partnership lies in its full integration with government strategy and its ability to harness private-sector expertise in support of national efforts to address HIV/AIDS.

The key PPP lessons learnt are summarised below<sup>7</sup>:

1. High-level political commitment and engagement are critical. The countries that have made significant progress – Botswana, Brazil, Senegal, Thailand, Uganda – could count on the unequivocal commitment of senior political leaders.
2. Partnerships have a key role to play in marshalling the necessary resources and expertise. Merck's experience of a multisectoral approach coordinated by the government has mobilised community groups and other sectors of civil society to help in the fight against HIV/AIDS and has ensured local ownership and complementary expertise, making success more likely.
3. Programmes must be country-led to succeed for the long term. Merck's collaboration in Botswana, for example, is fully integrated with the government's HIV/AIDS strategy. Success is based on common objectives, mutual respect, clear shared targets and agreed metrics to monitor progress, with transparency for all stakeholders involved. Working in this way builds trust and confidence.
4. Building local capacity is also a critical element. When Merck began some of their partnerships, they thought that the major challenges would relate to money and access to medicines. But in fact, public officials were more concerned with investing in human resource capacity (e.g. training physicians and nurses) and health infrastructure (e.g., treatment centres and diagnostic facilities).
5. A comprehensive approach is needed to make real headway against HIV/AIDS. A range of interventions and programmes are needed along the spectrum of prevention, care, treatment and support. Without the availability of treatment, people are reluctant to go for testing. And there also is concern with stigma and discrimination against HIV-positive people.
6. Persistence pays off. In establishing the government's ARV treatment programme in Botswana, there was a relatively long period of uptake as the treatment centres were built and patients began to enrol in the program. But by the end of 2005, Botswana had the highest coverage rate on the continent.

Taken together, these six elements provide a proven prescription for success in global health programs. Progress is possible, with the right level of political commitment, the right policies, and the right partners – including the private sector.

As lessons are documented<sup>8</sup>, it is hoped that the partnership's process and content will inform and guide others similarly committed.

The programme won the Second World Business Awards in support of the MDGs, presented by IBLF, UNDP and the International Chamber of Commerce<sup>9</sup>.

<sup>1</sup> Ndulu, B (2004) *The Challenges for Improving Access to Infrastructure Services in Africa*, Background paper prepared for the Commission for Africa.

<sup>2</sup> UNDP (2003) *Human Development Report 2003*, Geneva: UNDP. UNDP (2004) *Human Development Report 2004*, Geneva: UNDP.

<sup>3</sup> <http://www.gatesfoundation.org/AboutUs/OurWork/Learning/ACHAP/>

<sup>4</sup> USAMerck & Co., Inc., Whitehouse Station, NJ, USA, is known in most countries outside of the United States as Merck Sharp & Dohme (or MSD).

<sup>5</sup> WHO, 2006  
<sup>6</sup> <http://www.aidsmap.com/en/news/FA96D301-87C5-43E5-BB63-6F6921A12F7A.asp>

<sup>7</sup> Dr. Jeffrey L. Sturchio, Background Note for Commonwealth Health Ministers Meeting "Public/Private Partnerships in Global Health: Lessons from the Experience of Merck & Co., Inc" Geneva, May 21, 2006

<sup>8</sup> For further information see: Ramiah I. and Reich M.R. Health Affairs March/April 2005 24(2):545-551 "Public-Private Partnerships And Antiretroviral Drugs for HIV/AIDS: Lessons From Botswana."; DeKorte D. et al. WHO, Geneva, 2004 "Introducing ARV therapy in the public sector in Botswana." Perspectives and Practice in Antiretroviral Treatment; ([www.achap.org/downloads/DonaldWHO\\_ARV\\_Botswana.pdf](http://www.achap.org/downloads/DonaldWHO_ARV_Botswana.pdf)); [www.achap.org](http://www.achap.org)

<sup>9</sup> [www.iblf.org/activities/leadership/mdgs.jsp](http://www.iblf.org/activities/leadership/mdgs.jsp)