

Botswana: a beacon of hope in Africa

With 37% of its adult population HIV-positive, one country has been forced to rewrite the rulebook on tackling the virus

Rory Carroll in Gaborone
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Think of Aids in Africa and the odds are that you do not visualise anything like the infectious disease care clinic in Gaborone - a place of life, not death. Several hundred patients turn up each day, and increasingly they come not on stretchers or in wheelchairs but on foot.

Once, all those who queued were in the advanced stage of the disease, but as patients waited yesterday for their monthly batch of Aids drugs there was virtually no coughing or vomiting, no glassy stares from hollowed faces.

Some chatted into mobile phones, others looked at their watches, impatient to return to work and families. They added up to robust evidence that at least one African country, Botswana, has made progress in combating HIV.

The continent's first effort to provide antiretroviral drugs to combat Aids through the public healthcare system has surged ahead, the health ministry announced this week.

Since it started, the median baseline figure for CD4 molecules in patients' blood - the standard measure of their ability to fight viral infection - has increased from 50 to 84. In other words, sick people are getting better. The aim is to push CD4 counts above 200.

The centre in Gaborone, the capital, treats 7,300 patients and enrolls at least 20 each day, making it perhaps the largest antiretroviral clinic in the world. Similar clinics are opening across Botswana.

"The response has been tremendous. People are coming forward and the sites are overwhelmed," said Ernest Darkoh, the operations manager of the national drug programme. But he stressed Botswana still faced huge problems.

HIV has infected 37% of the adult population. This rate is exceeded only by Swaziland, and there was no doubting the need for treatment when free antiretrovirals were introduced two years ago.

But such was the stigma and denial that few came forward. Those who did were often too late, leaving clinics with just a trickle of wheezing, skeletal patients. That is changing partly because hospitals now test every patient who comes through their doors for HIV, unless asked not to.

"This has completely revolutionised testing, almost overnight," Dr Darkoh said.

Fourteen public sector clinics are treating 20,000 people, and by next year that should grow to dozens of clinics treating 50,000 people, according to Banu Khan of the government's national Aids coordinating agency.

But with 110,000 of Botswana's 300,000 infected people in need of immediate treatment, that would still not be enough. And it is a tiny fraction of the 25 million people infected in sub-Saharan Africa, who can only dream of living in a well-run diamond-rich country.

The international Aids conference in Bangkok has studied Botswana, for in its low-key way this southern African state has rewritten the World Health Organisation rulebook.

The UN agency says people should be counselled before an HIV test - preferably by a psychologist, in private - so grave are the implications of a positive diagnosis.

Dr Darkoh says Botswana dropped such procedures, partly for want of trained counsellors and private rooms and partly because the counselling scared half of those who came forward into changing their minds about the test. "It was doomsday stuff. Would you be kicked out of your house, what would your husband say, and so on," he said.

The country aims to erode stigma and fear by treating an extraordinary epidemic in as ordinary a way as possible. Gaborone's infectious disease care clinic strives to be nondescript, a single-storey prefab with grey walls and a tin roof.

It has a queue of more than 200 people: a businessman in a tweed suit, a mother with three young boys, an elderly man with holes in his jacket, teenage girls in tracksuits.

Towards the front, Chedza Mudongo, 26, sat in line for her first batch of antiretrovirals. "I'll be the first person in