



## In Death's Shadow

**Highlight:** The next decade of AIDS in Africa: new treatments amid a relentless human toll

**Author(s):** Kevin Whitelaw with Don L. Boroughs, Raymond Thibodeaux and Susan Brink

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**Abstract:** AIDS treatment programs in Botswana and Uganda are offering a measure of hope in a continent swept by the deadly pandemic. With chart: Deadly Future

**Article Text:** The stars are still shining brightly when Dora Tsupho arrives at the Infectious Diseases Care Clinic. The facility in Botswana's capital, Gaborone, won't open for another two hours. But the 31-year-old police constable is eager to get to work, and this clinic offers what no other African nation does: free, life-sustaining antiretroviral drugs (ARVs) for any citizen with AIDS.

Tsupho's fate could have been much different. Eight months ago, when she first visited the clinic, she was weak and dizzy. Neighbors had recently found her lying unconscious in a culvert. Her sick days were piling up. Without treatment, her two children would certainly have lost their mother. Now, she feels strong again. "I can live like anybody else now that there are some medicines," she says. "I'm planning positively for the future."

For Botswana, with some of the highest rates of HIV infections in the world, this is akin to a revolution. With about 4 of every 10 pregnant adult women testing positive for HIV, Botswana is coping with a tidal wave of deaths. In an unprecedented effort for an African country, Botswana has launched a nationwide plan to transform AIDS from an unmitigated catastrophe into a chronic, but manageable, disease. Still in its early stages, the government effort is helping more than 6,000 Botswana live healthier lives on ARVs. "This country," says Ernest Darkoh, who heads Botswana's AIDS drug program, "is fighting for its life."

Botswana's nascent treatment program is a sliver of hope in the otherwise bleak AIDS pandemic. Last year, an estimated 2.4 million Africans died because of AIDS. Only a tiny fraction of those infected receive the expensive western drugs that have become standard treatment in the United States. Meanwhile, the disease is tearing apart the hardest-hit nations in southern Africa, where more than 1 in 3 adults is HIV positive. "It is a destroyer of people, families, nations, societies, and hopes in the poorest parts of the world," says Secretary of State Colin Powell, who calls AIDS "the greatest weapon of mass destruction today on the face of the earth."

**Home alone.** When President Bush visited Botswana last week, his motorcade passed a billboard shouting in red letters, "SUPPORT those with HIV-AIDS, they too have a future." That

may be true for a small number of people in Botswana. But for most of Africa the message is cruelly optimistic. Most Africans who become infected with HIV die within 10 years.

And things will only get worse. Through the rest of the decade, experts at UNAIDS estimate, 20 million more AIDS patients will die. Many will leave behind parentless children, meaning the numbers of orphans from AIDS could go from 14 million to as high as 40 million. An additional 600,000 African infants are born HIV positive to infected mothers each year. Already, in the hardest-hit countries, experts are watching an alarming growth in parentless households and the collapse of local agriculture, industry, and infrastructure. "What we're seeing now is regions and districts that have been hit like this," says Paul De Lay, an expert at UNAIDS. "What we could be seeing soon is destruction at the national level."

President Bush surprised many with his dramatic boost for AIDS funding, proposing \$15 billion over the next five years. The money is aimed mainly at 14 selected countries in Africa and the Caribbean. "It doesn't pay to maximize our programs with a government that is hostile or reluctant to do anything," Health and Human Services Secretary Tommy Thompson tells U.S. News. One goal is to treat 2 million people with ARVs, but experts say more money will be needed just to achieve that goal. Even worse, the number is small compared with the 30 million people who will need ARV treatment by 2010.

The case of Botswana offers some evidence of hope. "Many people argued that it would be impossible," says Donald de Korte, who assists the Botswana government in implementing its AIDS programs. "It was too expensive, too complicated to do in Africa, and could create a public-health nightmare." Many worried that Africa's feeble healthcare infrastructure would be incapable of delivering daily doses of the antiretroviral drugs to patients reliably--a real fear because lapses could create treatment-resistant strains of the virus.

But Botswana has taken extraordinary steps to ensure consistent doses. It requires that each patient have a "buddy" to monitor compliance, and patients must return for monthly checkups and pill counts. Patson Mazonde, Botswana's director of health services, says that his country had no choice. AIDS was stealing the most productive citizens in the prime of life--teachers, civil servants, doctors, farmers. Most were also parents. "We saw this thing as an issue of survival," says Mazonde. "We had the fear of a nation simply becoming extinct."

Still, Botswana is fortunate compared with most African nations. It enjoys better than average healthcare facilities, enlightened leadership, well-targeted aid, and vast diamond wealth. Its wealthy neighbor South Africa has many of the necessary facilities but lacks the same political will. The health minister is on record calling ARVs "toxic." Some other African nations also have yet to fully mobilize. "There is an intellectual understanding that this is a war which needs to be fought," says a senior U.S. intelligence official. "Some leaders just don't realize how vigorous they have to be."

**10 cents a day.** Botswana's emphasis on treatment is new, but other countries have had some success tackling prevention. Uganda has been conducting a massive public-relations drive against the disease since 1986. Primary schools and health centers tout the ABCs (abstinence, be faithful, and use condoms). The taboos have eroded so much that personal ads in Kampala's steamy *Red Pepper* tabloid list HIV status along with age, height, and interests. Correspondingly, infection rates among the most vulnerable age groups dropped from 30 percent in 1992 to 6 percent today.

The government is even trying to drive down the price of ARVs by playing generic-drug makers in India and Brazil against the western companies that hold the patents. The cost of drugs has dropped to \$360 a year (compared with \$12,000 to \$16,000 in the United States), but it still remains beyond the reach of most Ugandans. Day-care supervisor John Barahika lives in

Entebbe and is HIV positive. He spends his entire income on the drugs. "Are the ARVs more important than my child's school fees?" he says. "I have to ask myself questions like this." Aid workers say the drug prices must fall to 10 cents a day before they will be affordable to all Ugandans.

Some experts hope that the possibility of treatment will help persuade more people to get tested. Before Botswana began to offer ARVs, fewer than 5 percent of people accepted offers for free AIDS tests. "I could not even pressure them to get tested if I had nothing to offer them," says Darkoh of Botswana's AIDS program.

But the final test of ARVs' role in prevention is whether they help break down the stigma that surrounds AIDS. The disease thrives on secrecy, and Africa's male-dominated societies have become part of the problem. "In Uganda, even marriage is a risk factor," says Edith Mukisa, project manager for the Naguru Teenage Information and Health Center in Kampala. "Women cannot protect themselves from their husbands when it comes to AIDS." Further, in Botswana, among people ages 15 to 29, there are three HIV-positive women for each infected man, suggesting that the disease is frequently passed by older men to younger women as well.

AIDS, meanwhile, continues to spread. In a recent report, the CIA warned that Nigeria and Ethiopia face the next wave of AIDS infections. In a worst-case scenario, the two nations could have as many as 25 million AIDS cases by 2010. "It's a warning rather than a destiny," notes a senior intelligence official. Destiny is something preordained. In Africa, difficult as it may be, the future can still be decided by choice.