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A Small Nation's Big Effort Against AIDS

Botswana Spreads Message and Free Drugs, but Old Attitudes Persist

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SEROWE, Botswana -- This African nation has a slogan for its death match against AIDS: "The war is on!"

And it's true. Botswana's president literally declared war on the disease. Bill Gates is bankrolling the assault. A top pharmaceutical firm is supplying ammunition. And Harvard University researchers are here developing new weapons. It's the developing world's most intense attack on AIDS -- including free antiretroviral drugs for any HIV-positive patient who needs them -- and the outcome could shape the epidemic's future.

So far, though, Botswana's AIDS fighters say they are winning major battles but losing the war. Patients receiving antiretroviral drugs are doing far better than expected, often recovering from the edge of death to rejoin the workforce. But their numbers are far smaller than expected, because the promise of free treatment has failed to persuade the vast majority of Botswanans to get tested for HIV, the virus that causes AIDS, or to change their sexual behavior.

The virus is still spreading much faster than it is being treated, with an estimated five new infections per hour and 75 deaths per day -- among a population of about 1.6 million. Two years into the five-year African Comprehensive HIV/AIDS Partnership, Botswana is learning what big money, free drugs and strong leadership can and cannot do to halt the epidemic.

"We're making astounding progress, and it's astoundingly inadequate," said Ernest Darkoh, a physician and former management consultant for McKinsey & Co. who runs Botswana's antiretroviral program. "We've got all the guns blazing, machine guns, shotguns. But we're overwhelmed. The reality is just staggering."

The reality is that the nation spends its weekends at funerals. More than one-third of Botswana's adults are HIV-positive. Life expectancy has plunged from over 65 to under 40. More than 65,000 children have lost their parents to AIDS, and that number is projected to double or triple by 2010. If the United States had Botswana's rate of AIDS deaths, it would lose 15,000 citizens per day.

Before AIDS, Botswana was known as an African success story. It stumbled across rich diamond mines within its borders after gaining independence from Britain in 1966, but avoided the warfare and corruption that followed the discovery of gemstones elsewhere in the region. It evolved into a well-run democracy with a fast-growing economy, featuring the continent's strongest credit rating and lowest infant mortality.

So if any country can tame HIV in sub-Saharan Africa, where nearly 30 million people are living with the virus, Botswana would be the obvious candidate.

The Bill & Melinda Gates Foundation and the drug conglomerate Merck & Co. have both pledged \$50 million in assistance over five years. Merck is also offering an unlimited supply of antiretroviral medicines, which are available only to about one-tenth of 1 percent of infected people elsewhere in Africa.

The Harvard AIDS Institute has developed a training program for the nation's health care workers and has launched a new research laboratory in the capital, Gaborone. And Botswana's president, Festus Mogae, has provided aggressive leadership, warning his people in fiery speeches that they are "threatened with annihilation," chairing his country's AIDS council and badgering his health officials with questions about condom distribution in prisons and construction timetables for clinics.

The partnership project's early statistics should calm the fears of skeptics -- including Bush administration officials -- who have predicted that patients in the developing world would fail to follow the strict daily regimens required for the drug therapy to work. But statistics, interviews and internal partnership documents suggest that the project is still struggling to recruit doctors, nurses and social workers, to build desperately needed infrastructure, and most of all to change the deadly culture of denial that still swirls around AIDS in Botswana.

"We assumed once we started giving out drugs, people would flock to get tested," said Benedict Moyo, a program manager for the partnership. "No way. Everyone still thinks: 'AIDS isn't me. It's the other guy.' "

'Drugs Meant Hope'

Ingrid Kealotswe was battling pneumonia, spending full days in bed.

Her CD4 count was 2; anything below 200 is dangerous. Her viral load was 78,000; anything above 400 is bad news. Once she had been a whirlwind of a woman with a sharp sense of style, studying interior design, working as a hairdresser, raising a little boy. Suddenly she was 27 years old and as good as dead.

But Kealotswe was HIV-positive in Botswana, so she became eligible for free antiretroviral drugs this year. She takes the tablets twice a day, and so does her boy, who is also infected with the virus. Her CD4 count is up to 299; her viral load is imperceptible. She's healthy and working as an AIDS educator.

"Those drugs meant hope," she said.

Since January, more than 3,000 patients have enrolled in Botswana's antiretroviral program -- known as Masa, or New Dawn. So far, only 3 percent have dropped out, even though the drugs can cause side effects such as nausea, headaches and dizziness. About 5 percent have died, which might sound high, except that Darkoh, the program director, said they were so sick at the outset that their expected death rate without antiretroviral treatment would have been 30 percent to 40 percent.

There is a raging global debate over the cost-effectiveness of antiretroviral therapies -- often known as the AIDS cocktail or triple therapy because the drugs must be taken in combination, but it is raging far from Serowe Hospital's treatment center. Thanks to Merck, the costly drugs are free here for five years. More than 200 patients are receiving them, and 20 more start each week. Only two have dropped out so far.

Warnings that patients would skip doses and create drug-resistant strains of the disease -- expressed last year by top U.S. foreign aid official Andrew S. Natsios -- have not been borne out. The program's adherence rates seem significantly higher than those at treatment centers in the West, the project's leaders said, and an antiretroviral program at Debswana -- the diamond-mining partnership between De Beers Centenary AG and the government that is Botswana's largest employer -- has produced similar results.

George Mshanga is a physician who treats AIDS patients at Serowe Hospital in this town about 170 miles northeast of Gaborone, where such patients are more than 90 percent of the clientele. "It used to be hopeless no matter what we did," he said. The doctors handled opportunistic infections such as tuberculosis or oral thrush, but could do nothing about the underlying disease.

Now Mshanga sees rebounding patients like Boitshepho, 22, who could barely stand up when she started the drugs six weeks ago. She asked Mshanga: "Am I fit enough to start jogging again?"

"It's fun to see people recover for a change," Mshanga said. "Finally, I feel like a doctor."

This is the promise of antiretroviral drugs: not just saving lives, but changing culture. Hospitals that had resembled overcrowded morgues can function as hospitals again, improving the morale of burned-out health care workers. Patients who had been stuck in bed can return to work, reviving the economy. And ordinary citizens can get tested for HIV, now that they can see hope for the future if the result is positive.

But that has not happened much. Officials said less than 5 percent of Botswanans have been tested -- usually as they have approached death's door.

Moving more than 3,000 patients into therapy in a year is certainly a great achievement; Donald de Korte, a former Merck executive who runs the partnership, said the largest program in the United States has taken two decades to enroll half as many patients. But

the project was designed to start 19,000 patients this year. More than 300,000 Botswanans are believed to carry the virus, and as Darkoh pointed out, it would be foolish to think they're having unprotected sex only with one another.

"It's mind-blowing," said de Korte, who took over the partnership after former South African president Nelson Mandela asked him what he had contributed to Africa's future. "We're achieving miracles, and it's totally insufficient."

Partnership officials expected Masa to be an outpatient program, providing four or five visits a year. But so far, the patients have been the sickest of the sick, averaging four or five visits per month. The result can be seen in crammed wards and waiting rooms, and in the project's internal reviews of four sites.

"The clinic has reached a saturation point and finds it difficult to expand enrollment of patients due to a lack of space and limited manpower -- medical wards are severely understaffed, compromising care," the report for Gaborone concluded. The view in Serowe was similar: "Slow start due to manpower constraint. Space is not adequate." The analysis for Bontlent was even more blunt: "The clinic is overwhelmed."

The ABCs of Prevention

Next patient: a 32-year-old carpenter. He came to Serowe Hospital in July vomiting, with a CD4 count of 114 and a viral load of 522,000. Now he's fine. His CD4 count is 220; his viral load is imperceptible.

"You feel better now," said Sam Allen, a British physician working in Serowe. "So maybe one night you'll drink a bit, and find yourself in the dark with a lady in the room. You be careful now. Remember your ABCs: Abstain. Be faithful. If you have sex, Condomize."

The carpenter flashes a sheepish grin.

Treatment on demand is just part of Botswana's war against AIDS -- the most unusual part, but not the most important. Everyone says prevention is the key to victory. There will be 10,000 new condom dispensers -- the goal is one within two kilometers, or 1 1/4 miles, of every Botswanan, from the arid flatlands of the Kalahari Desert to the lush swamps of the Okavango Delta. There are sensitivity training programs for teachers and coping centers for patients.

There are Power Points, CD-ROMs, video presentations. The partnership is even building a studio for Botswana's main TV station to help air the prevention message.

The partnership is also trying to figure out how to target that message to the right people. The ABCs don't seem to be working. Botswana has safe-sex billboards and posters everywhere, but it is unclear whether anyone pays attention. Project officials are

developing niche-marketing strategies, so they will no longer, for example, present identical messages to HIV-positive and HIV-negative people.

"This country has been bombarded with HIV messages, but there hasn't been a change in behavior," said Oscar Motsumi, a program officer in Serowe. "We need a new mind-set."

At funerals in Botswana, there is always a ritual announcement of the cause of death, and it is almost never announced as AIDS. It is attributed to tuberculosis, or a mysterious "slimming disease," or the anger of ancestors. Traditional healers are still the doctors of choice, and they often blame AIDS-related illnesses on witchcraft, or on sex with a widow who had not been ritually cleansed. They often prescribe bleeding, and sometimes suck out the blood of victims, which can spread the disease yet again.

Other cultural elements are even harder to address. Teenage girls are still expected to bear children. It is normal for older men to pursue multiple partners, including young girls. Mothers are supposed to breast-feed their babies, which can pass along HIV. And there is still a deep stigma attached to AIDS; mothers who use baby formula, for instance, are instantly identified as infected, so they usually don't dare.

The partnership's officials said that as they build more clinics and train more staff -- and especially as more patients saved by antiretroviral therapy spread the message of hope -- they will make more of a dent in the disease.

But they said that no matter what resources they throw at HIV -- Gates's money, Merck's drugs, Harvard's expertise, the president's bully pulpit -- people here seem psychologically unwilling or unable to admit the immediacy of the crisis. "The really insane thing is how normal this has become," Darkoh said.

The Rev. Obed Kealotswe, a Congregational minister in Gaborone and a lecturer in theology at the University of Botswana, presides over funerals for young AIDS victims just about every weekend. One of his sisters lost four children to the disease. His students are disappearing every day. But he said he did not truly come to grips with the epidemic until his daughter Ingrid and her son received their diagnoses.

"It's always someone else until it's you," he said. "So no one gets tested. And nothing ever changes."

Ingrid Kealotswe, the HIV patient, hears these worthy sentiments, and can't stay silent: "You haven't been tested, either!"

The reverend flashes a sheepish grin.