The African Comprehensive HIV/AIDS Partnerships—A New Role for Multinational Corporations in Global Health Policy

Linda M. Distlerath, Ph.D.* and Guy Macdonald‡†
Merck & Co., Inc.

MERCK'S COMMITMENT TO GLOBAL HEALTH

While some scholars have argued that companies should only serve the immediate financial goals of their stockholders, Merck and Co., Inc., one of the world's leading research-based pharmaceutical firms, has long taken a different position when it comes to alleviating the impact of disease in the developing world. All major pharmaceutical firms have an obligation to offer assistance when social, political, and economic conditions make it impossible for patients to receive life-saving therapies. On a practical level, there are clearly constraints: Merck's primary role in global health is to discover, produce and distribute innovative drugs and vaccines to address unmet medical needs worldwide. Merck and other pharmaceutical firms must have the resources – including investor support – necessary to continue performing that role. Merck's research programs to develop safe, effective vaccines for HIV/AIDS, rotavirus, and human papillomavirus attest to its commitment to address diseases of global magnitude for all people regardless of their economic situation. However, Merck recognizes that bringing new drugs and vaccines through regulatory approval and into

---

* Ph.D., J.D., Vice President, Global Health Policy, at Merck & Co., Inc. and a member of the African Comprehensive HIV/AIDS Partnerships (ACHAP) Board of Directors.

‡ Vice President, Anti-Infectives at Merck & Co., Inc., and ACHAP Board member. Mr. Macdonald has taken a position as Executive Vice President of Operations with Idenix Pharmaceuticals.

† Merck & Co., Inc., operates in most countries outside the United States as Merck Sharp & Dohme (MSD). The authors are grateful to Dr. Donald de Korte (ACHAP), Dr. Helene Gayle (the Bill & Melinda Gates Foundation), and Prita Pillai (ACHAP) for their assistance.

the marketplace does not necessarily result in people having access to life-prolonging medicines, especially in those regions of the world where the health care infrastructure is inadequate and poverty overwhelming. In these regions, Merck and other large producers should help remove the barriers that stand between patients and the therapies they need.

Multinational pharmaceutical companies thus share with the governments of the developed nations and international institutions a complex social obligation. In meeting those obligations, Merck invests not only in the expected – with a research and development budget for 2003 exceeding three billion dollars—but also in the social goods that enable access to medicines and health care around the world. Improving global health by investing in human, physical and intellectual capital saves lives and can also stimulate the economic development necessary to pull communities and countries out of poverty. This in turn shapes a more favorable environment for multinational companies like Merck to continue pursuit of new drugs and vaccines against diseases yet unconquered. In the long term, the company believes, these social investments serve the best interests of its stockholders as well as those of people living in developing societies. This strategy explains Merck's partnership with the government of Botswana and the Bill & Melinda Gates Foundation—the African Comprehensive HIV/AIDS Partnerships (ACHAP)—an ongoing effort to combat that nation's leading health crisis.

THE AFRICAN COMPREHENSIVE HIV/AIDS PARTNERSHIPS

Merck's AIDS research program has spanned more than fifteen years, yielding two antiretroviral drugs and a promising HIV/AIDS experimental vaccine in early human clinical trials.[1] Realizing the challenges in access to HIV/AIDS medicines in the developing world—especially in sub-Saharan Africa—Merck has entered into numerous partnerships with governments, international organizations, foundations, other corporations and non-governmental organizations (NGOs) as it attempts to deal effectively with the global HIV/AIDS pandemic.

It was in this context that Merck decided to launch a comprehensive program of HIV/AIDS prevention, care, treatment and support in one

1. LOUIS GALAMBOS & JANE ELIOT SEWELL, CONFRONTING AIDS: SCIENCE AND BUSINESS CROSS A UNIQUE FRONTIER (1999); *see also* Press Release, Merck & Co., Merck's Investigational HIV Vaccine Candidate To Be Studied In Collaborative Clinical Trial To Begin in 18 Cities Around the World (Sept. 19, 2003), http://www.merck.com/newsroom/press_releases/research_and_development/2003_0919.html (last visited Dec. 10, 2003).

country in sub-Saharan Africa. The enormity of the pandemic seemed to be creating institutional and political gridlock.[2] Meanwhile, people were dying prematurely and HIV infections were continuing to spread. Merck set out to create a pilot program, which—if successful—could provide guidelines for other developing nations, for international organizations, for foundations, and for the governments of developed countries that ultimately would have to bear the tremendous cost of any comprehensive plan. To be successful, this program had to be implemented in cooperation with an African government that had the political will to mount an integrated fight against HIV/AIDS. If these conditions were met, an additional bolus-type infusion of funding, drugs and technical assistance could have both an immediate and long-lasting impact.[3]

Merck, which was willing to commit $50 million toward such an effort through the Merck Company Foundation, sought other potential funding partners from the business, public sector and foundation world. Most companies and other institutions were skeptical of a partnership focused on just one country, but the Bill & Melinda Gates Foundation was willing to invest in this still undefined program. By late 1999, the Gates Foundation was already committed to expanding its global health programs, including those in HIV/AIDS, and it brought to the partnership strong financial support and substantial expertise.[4] Together, the Gates Foundation and Merck set out to develop a program that would encourage others in the pharmaceutical industry, in governments, and in foundations to act swiftly to stem this deepening crisis.

The two partners set out to focus these resources on one country, something that neither international organizations nor the governments of

---

2. HANNAH E. KETTLER, NARROWING THE GAP BETWEEN PROVISION AND NEED FOR MEDICINES IN DEVELOPING COUNTRIES (2000); MÉDECINS SANS FRONTIÈRES, FROM DURBAN TO BARCELONA: OVERCOMING THE TREATMENT DEFICIT (2002), *available at* http://www.doctorswithoutborders.org/publications/reports/2002/fdtb_07-2002.pdf (last visited Dec. 10, 2003); UNAIDS & HARVARD SCH. OF PUB. HEALTH, LEVEL AND FLOW OF NATIONAL AND INTERNATIONAL RESOURCES FOR THE RESPONSE TO HIV/AIDS, 1996-1997 (1999). For a discussion of the delay in United States assistance, see Jeanne Cummings, *African Aid Slowed Amid U.S. Wrangling,* WALL ST. J., July 11, 2003, at A4.

3. *See, e.g.*, UNAIDS, ACCELERATING ACTION AGAINST AIDS IN AFRICA (2003) (discussing the importance of leadership in Botswana).

4. Press Release, Bill & Melinda Gates Foundation, The Bill & Melinda Gates Foundation, Merck & Co., Inc., and the Republic of Botswana Launch New HIV Initiative (July 10, 2002), http://www.gatesfoundation.org/GlobalHealth/HIVAIDSTB/HIVAIDS/Announcements/Announce-243.htm (last visited Dec.22, 2003).

donor nations could easily do based on their chartered mandates or traditional modes of international aid. After reviewing the impact of HIV/AIDS in various sub-Saharan countries, the level of health care infrastructure and demonstration of political will and government commitment, Gates and Merck realized that one country stood out: Botswana. Politically stable and known for good governance, Botswana had the important advantage of strong leadership by President Festus Mogae, who was deeply committed to fighting the epidemic ravaging his country. With 35.4% of the adult population infected, Botswana has the world's highest reported HIV rate. A small country with a record of strong economic growth during its first 35 years of independence, Botswana had not yet felt the full impact of the epidemic, but HIV/AIDS clearly was threatening its very existence.[5]

After meeting with representatives of Merck and the Gates Foundation in July 2000, President Mogae agreed to launch the African Comprehensive HIV/AIDS Partnerships, a public-private collaboration between the Government of Botswana, Merck, and the Bill & Melinda Gates Foundation. President Mogae commented, "We should have started yesterday."[6]

THE DEVELOPMENT, IMPLEMENTATION AND IMPACT OF ACHAP

To be successful, the new program needed substantial resources and a commitment to transparency and accountability. Merck and the Bill & Melinda Gates Foundation each dedicated fifty million dollars to ACHAP over a five-year period. In addition, Merck is donating its HIV medicines to the Government of Botswana's antiretroviral (ARV) therapy program and is assisting with the development and management of the ACHAP organization. A board of directors, which has primary responsibility for transparency and accountability, oversees these funds: authorizing budgets, approving proposals and providing direction on strategy and operations. Dr. Donald de Korte, former managing director of Merck's subsidiary in South Africa, headed up the operation in Botswana, managing a core team of twenty, complemented by consultants seconded to ministries and

5. NATIONAL AIDS COORDINATING AGENCY, STATUS OF THE 2002 NATIONAL RESPONSE TO THE UNGASS DECLARATION OF COMMITMENT ON HIV/AIDS: GOVERNMENT OF BOTSWANA COUNTRY REPORT (2003), *available at* http://www.naca.gov.bw/documents/REPORT%2012%20Mar%2031%202003%201711%20Hours.pdf (last visited Dec. 22, 2003) [hereinafter "2002 NATIONAL RESPONSE TO THE UNGASS DECLARATION OF COMMITMENT ON HIV/AIDS"].

6. Interview with Festus Mogae, President, Botswana (July 2000).

sectors.[7]

Relations between the two United States partners and the government of Botswana were crucial to success. Under pressure to act quickly and decisively, there were disagreements about what should be done and how it should be accomplished—especially in the early development of the formal operational relationships between the partners. In the pressure cooker of the pandemic, cultural differences emerged over efficiency, over changes that were needed in relatively rigid social systems and methods of delivering services, and over operational paradigms that had political but not medical saliency. Breaking down functional boundaries seemed natural to planners attuned to corporate reengineering and fast-track mechanisms, but not always to political leaders sensitive to local patterns of behavior and status.[8]

With some grinding and a great deal of good will, however, these problems were turned into relatively minor impediments in the overall progress of ACHAP. There was from the beginning a solid consensus about the nature of the crisis and the need to move forward as quickly as due diligence, available personnel and government procedures allowed. As a result, during its first three years, ACHAP was able to keep a tight focus on three specific objectives: 1) building institutional capacity; 2) strengthening the health care system, including prevention and treatment services; and 3) creating and expanding community initiatives for HIV/AIDS education and the care and support for people living with the infection.

ACHAP-SUPPORTED PROGRAMS IN BOTSWANA

ACHAP's effort in capacity-building includes programs expanding and fortifying human resources and those providing technical advice and support. ACHAP assisted in the elaboration of Botswana's national HIV/AIDS strategy, including the development of a national monitoring and evaluation system and the provision of a needs assessment toolkit that will guide future HIV/AIDS interventions at the district level. ACHAP has trained more than 500 government, NGO and other key players on project

7. For details on the organization and direction of ACHAP, see http://www.achap.org. *See also* Tracey Naledi, The African Comprehensive HIV/AIDS Partnerships: A Model for Allocating Resources in the Developing World (May 2003) (unpublished manuscript, on file with ACHAP).

8. *See* Naledi, *supra* note 7. *See also* NATIONAL AIDS COORDINATING AGENCY, THE NATIONAL HIV/AIDS STRATEGIC FRAMEWORK 2003-2009 (2003); 2002 NATIONAL RESPONSE TO THE UNGASS DECLARATION OF COMMITMENT ON HIV/AIDS, *supra* note 5.

development, monitoring and evaluation, leadership skills and proposal development, media training and computer skills. Many of these areas of capacity-building are not HIV/AIDS specific, but they provide some of the fundamental underpinnings to support Botswana's national strategic framework for HIV/AIDS.

In the technical area, HIV/AIDS training programs for care and treatment—both in the classroom through the Harvard AIDS Institute and in the clinic with HIV experts from hospitals in Europe and the United States—have been provided to over 1200 health care workers, with the aim of reaching all Botswana's medical personnel by the end of 2003. A number of other ACHAP programs focus on skill-building for HIV/AIDS education as a means to increase awareness and knowledge and to de-stigmatize the disease. For example, a distance-learning initiative conducted in collaboration with the UN, Botswana TV and the Botswana Ministry of Education is reaching teachers in more than 400 schools.[9]

Key ACHAP interventions within the national strategic framework include:

- A program establishing the relationship between alcohol abuse and HIV transmission and a related effort aimed at the development of behavior change communication through market segmentation;
- A program introducing routine and diagnostic HIV testing to increase rapidly the number of people knowing their status;
- Education programs on condoms to dispel misconceptions about HIV/AIDS; a project to install more than 10,500 dispensers providing free condoms throughout the country;
- A program providing small grants to fund community-based initiatives;
- Support for the construction of health resource centers at hospitals and daycare facilities for orphans;
- Programs involving an array of support and counseling services, including faith-based services, pre-and post-test counseling, leadership development, the establishment of district responses to mobility, and interventions emphasizing youth prevention and blood safety.[10]

---

9. *Teacher Capacity-Building Programme*, African Comprehensive HIV/AIDS Partnerships, *at* http://www.achap.org/TCBP.htm (last visited Nov. 10, 2003).

10. GOVERNMENT OF BOTSWANA, MINISTRY OF HEALTH, DAWN: CHALLENGES AND LEARNINGS OF ARV IMPLEMENTATION IN BOTSWANA (2003); African Comprehensive HIV/AIDS Partnerships, *at* http://www.achap.org (last visited Dec. 10, 2003).

Several months after the initiation of ACHAP, President Mogae decided to offer antiretroviral (ARV) treatment to all those in Botswana for whom it was clinically indicated. To support this bold effort, ACHAP secured the pro bono services of McKinsey & Company, a management consultant firm, to work with the government in the planning and development of a government-run ARV program. Since the program's launch in January 2002, ACHAP has continued to support this crucial initiative with technical, managerial, and human resources, including resources to increase the capacity of laboratories nationwide, to install an IT-based patient management system, to train teams of health care workers in the hospitals and clinics, to build drug storage facilities and clinics, and to launch an aggressive information, education, and communications campaign. This style of bottom-up and top-down infrastructure development has been critical to the success of the ARV plan.

The program, which is called *Masa* ("dawn" in Setswana), had enrolled more than 12,000 patients by September 2003. Although most of the Batswana still do not know their HIV status and the cultural stigma of infection continues to be a serious problem, Masa is already the largest government-sponsored ARV treatment program in Africa. Adherence to the drug plan has been greater than 85%, and 85% of the patients on the therapy have achieved complete viral suppression after six months.[11]

Rapid expansion of the program is now underway, with more sites for treatment under development.[12] Meanwhile, new initiatives will strengthen blood safety practices, develop additional disease prevention programs for highly mobile populations, address the high risk practices of traditional healers and integrate them into mainstream prevention, treatment and care efforts, and mobilize private firms in Botswana to provide HIV/AIDS services for their employees and families, as well as for the communities where they conduct business.

ACHAP: BOTSWANA'S LESSONS

ACHAP has been successful to date in large part because it is fully integrated with the government's strategy, because it is able to leverage the benefits of the private sector to support public health aims, and because the development of its strategy is locally driven. ACHAP is enhancing local capacity through the transfer of managerial, leadership and technical skills

11. Ernest Darkoh, The Masa Antiretroviral Therapy Program in Botswana, Presentation to the Bill and Melinda Gates Foundation (September 24, 2003).

12. *See id.*

to Botswana's citizens. By being fully integrated, it is able to build on existing systems and structures. By developing specific, realistic goals, ACHAP is fostering an environment characterized by individual and institutional accountability and is optimizing resource allocation. The struggle to develop an effective infrastructure, to build the requisite human resource capacity, and to transform deep-set cultural values will go on for many years. But already, ACHAP and the Government of Botswana have made significant progress in developing a comprehensive and sustained national response to HIV/AIDS.

The ACHAP experience demonstrates the importance of implementing reforms in one particular country and in every part of that country, on the regional and the local level. All medicine, like politics, is ultimately local. ACHAP built essential relationships with crucial partners and stakeholders, those with responsibilities and accountabilities within the country. With some effort, private-sector effectiveness has been achieved in public organizations. As this experience indicates, the international, the national, and the local elements can be aligned. This can be done despite inadequate numbers of qualified staff, high attrition rates due to illness and death, underdeveloped monitoring and evaluation expertise, and an insufficient infrastructure to accommodate the large number of patients that need treatment.

What are the key principles that might be applicable to such partnerships in other countries? We feel there are five attributes that warrant consideration:

- ACHAP is an independent yet fully engaged entity solely devoted to supporting a national response to HIV/AIDS through the *timely* development, implementation, management and evaluation of programs. ACHAP has a tight focus and has operated with specific deadlines and realistic goals, full accountability, and a high degree of transparency.
- ACHAP has been able to leverage private sector management and foundation resources in a government-led planning and implementation process. This is a true partnership, not a lop-sided alliance dominated by one or more of the participants. ACHAP is a de facto, as well as a de jure, partnership.
- ACHAP is fully integrated with government processes and procedures and has never attempted to operate independently of the government of Botswana. This is perhaps easier to accomplish with a public-private partnership than it would be with a government-to-government program, with agency rules, legislatures, and executives on both sides of the program. Tight

integration means that ACHAP's desire to be fast and efficient must be tempered—and occasionally frustrated—by the government's bureaucracy. Still, there is a lesson here for the developed nations that will perforce pick up the programs that ACHAP has helped launch.

- ACHAP has been able to help the government of Botswana identify, acquire, and employ the resources and technical expertise (sometimes through management consultants) needed to build training programs and the institutional and human capacity that the country lacked. The United States partners' global contacts and experience with health-related programs were critical to these initial infrastructure- and capacity-building activities.
- ACHAP's determination to be efficient and results-driven has enabled the partnership to build both individual and institutional accountability in its complex, locally based program. Good financial and organizational management, honed in the foundation and corporate worlds, enabled this partnership to achieve substantial, measurable results within three years.

The ultimate measure of the success of ACHAP will be the extent to which the goals of the Government of Botswana can be achieved: reduction in the incidence of HIV and alleviation of the burden of HIV/AIDS on the people, their communities and their country. It will be several more years before this effort can be fully evaluated. In the meantime, the ACHAP partners—Merck, the Gates Foundation, and the government of Botswana—are committed to sharing their experiences so that others engaged in the struggle against HIV/AIDS in the developing world can learn from the work of this unique public-private partnership. The success to date suggests that there truly is hope for all those in sub-Saharan Africa infected and affected by HIV.