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Uniting the HIVAIDS Effort in Botswana, South Africa, and Swaziland under United Nations Leadership

Pukun Huang

Pepperdine University, phuang3@pepperdine.edu

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INTRODUCTION

The global threat of the human immunodeficiency virus (HIV) has been rampant in Africa since its beginnings in the late twentieth century. The HIV, or the acquired immune deficiency syndrome (AIDS), virus attacks the human immune system, rendering its victims unable to fight the weakest diseases and causing them to perish without adequate antiretroviral treatment to boost their immune systems. In the fight against HIV, international governmental organizations (IGOs), nongovernmental organizations (NGOs), and local African government leaders began to coordinate their efforts at the beginning of the twenty-first century to increase the effectiveness of HIV treatment and prevention programs.

One such IGO, the United Nations (UN), aims to mitigate and eventually eradicate the HIV epidemic through its subdivision the World Health Organization (WHO) and the Joint United Nations Program on HIV/AIDS (UNAIDS). The United Nations' hopes of stemming the HIV epidemic began with two simple goals: the prevention of the spread of the HIV virus and the treatment of those already infected. However, this goal involved a complicated list of factors ranging from extensive funding for medical staff and medication to cooperation with local government and NGOs fighting the virus. For the United Nations to be effective in this goal, it first must finance and coordinate the various other players, including private nongovernmental charity organizations and the local government sectors. These groups are considered to be those that will make the primary decisions regarding resource allocation.

Indeed, NGOs are defined as private organizations strictly independent from governmental intervention. While the United Nations is an international governmental organization, its status should not prevent NGOs from acting under the general guidance of the United Nations. Both the United Nations and various prominent NGOs in the fight against HIV—including Doctors Without Borders (MSF), the Global Fund, and the Bill and Melinda Gates Foundation (BMFG)—have the same definitive goal of preventing and treating HIV/AIDS within the international community. While the NGOs do indeed have a wide arsenal of medical volunteers and funding, they do not have as much political leverage with world leaders as does the United Nations. The UN, through leadership of the international HIV efforts, would be able to gather support from the world's political leaders in regards to adequate funding. Local governments of the African nations most affected by HIV could then utilize and allocate this funding to their populations. NGOs, ideally, would then continue their independent allocation of medical staff and resources to these nations while also collaborating with local governments.

This overall plan requires the complete devotion of the United Nations to the role of leadership in this fight. The United Nations must continue in the

process of prioritizing the treatment of the HIV virus as a global threat to world health to many powerful nations such as the United States in order to obtain mass amounts of funding to supply the efforts within nations such as Botswana, South Africa, and Swaziland, who have the world's highest population percentage infected by the virus. These nations, while eager to receive aid from both NGOs and IGOs, still struggle in areas such as bureaucracy and local healthcare systems. For example, they often have difficulty in actually reaching the individuals most in need of treatment. The mitigation of the HIV/AIDS crisis within Botswana, Swaziland, and South Africa demands the complete cooperation of their local governments with major NGOs such as the BMFG, the MSF, and The Global Fund under strong UN leadership.

THE UNITED NATIONS

In June of 2001, a UN General Assembly was held to address its members of the HIV/AIDS epidemic as global health and security threats to prioritize the severity of the issue. The assembly itself also set a specific list of goals for the world's leaders to accomplish in the battle against the HIV/AIDS epidemic. By 2003, the UN had noticeably improved itself from the 1990s, when its members, mired in turf battles and administrative confusion, were unable to initiate a quick and prompt response to the epidemic. Other obstacles include the confusion that stalled the members of the United Nations with indecision after the HIV/AIDS epidemic breakout in Africa and hence prevented them from quickly taking action to minimize the spread of the outbreak. Some nations such as the United States found themselves contributing nearly triple that of the rest of the United Nations together.¹ Other NGOs such as the Bill and Melinda Gates Foundation, the Global Fund and various others simply acted completely independently from the United Nations by sending their workers directly to the countries afflicted by HIV. The unequal aid assistance is largely attributed to the United Nations' initial inability to step up to the central role of leading private NGOs and other international players in generating funds.

The United Nations' efforts and goals toward HIV/AIDS prevention and eradication are on an international scale, making the UN the best overarching leader to organize HIV efforts. Their Millennium Development Goals, a set of eight objectives decided upon by the world leaders at the UN conference at the beginning of each millennium, prioritized universal access for treatment of the HIV/AIDS epidemic.² The UN currently has the role of broad leadership, acting

¹ Ibid., 173.

² UNAIDS. "Leadership and AIDS: Festus Mogae." Last modified October 20, 2008. Accessed October 22, 2015.

<http://www.unaids.org/en/resources/presscentre/featurestories/2008/october/20081020mogaeleadership>

as an international traffic officer by directing economic and medical aid toward the countries most affected by HIV/AIDS. Its proactive efforts to raise political awareness for HIV/AIDS in international communities have been key to garnering support in terms of funding. To properly ensure global success at prevention and treatment of AIDS however, the United Nations must continue to act as a coordinating leader for both international and local institutions.³

BOTSWANA

Since its independence in 1966, Botswana has transformed from one of the poorest economies to one of the fastest growing economies in the African continent.⁴ As of 2015, Botswana is stated by BBC News on their country profile website to have one of the most stable governments in Africa with a multiparty democratic government in place. However, its economy has come to a halt due to the AIDS epidemic, which currently affects more than 24% of its relatively small population. The Botswana government is currently attempting to stem the spread of HIV and planned to completely stop any new cases from appearing by 2016.⁵ Its ambitions and goals are high due to the threat that HIV poses to their growing economy. In 2015, the Aids Education and Research Trust (AVERT) program reported that Botswana had lowered its rate of new infections from 15,000 in 2005 to 9,100 in 2013.

In recent years, the Botswana campaign against HIV has been met with success due to the clear goals set by the United Nations. For instance, the cooperation of the Botswana government with the United Nations' goals for utilizing education as an effective prevention measure of HIV has led to a significant decrease in the infection rates in adults. The emphasis on education is focused at an age range when Botswana citizens tend to have the most unprotected sexual contact, increasing the risk for HIV transmission.⁶ The decrease in the infection rate led the Global Fund, one of the HIV epidemic's main funders, to host an international conference with UNAIDS, UNICEF, and the Global Partnership for Education to further encourage financing for education within Botswana and various other African nations affected by HIV.⁷ This

³ Morrison and Summers. "United to Fight HIV/AIDS?" 188-90.

⁴ Mehdi Noorbaksh. "Politics, Economy, and the Threat of AIDS in Africa: The Case of Botswana," *Comparative Studies of South Asia, Africa and the Middle East* 28, no. 2 (2008): 351-52.

⁵ *Ibid.*, 366.

⁶ Jan Piotrowski. "More School Time Slashes HIV Infection in Botswana." *SciDevNet*. July 6, 2015. Accessed October 23, 2015. <http://www.scidev.net/global/hiv-aids/news/education-slashes-hiv-infection-botswana-MDGs.html>

⁷ The Global Fund. "Partners Call for Stronger Ties Between Health and Education - The Global Fund to Fight AIDS, Tuberculosis and Malaria." Last modified September 16, 2015. Accessed

conference shows that successes of the local governmental sectors, along with private NGOs, can inspire other international organizations to act on a wider scale as leaders who would obtain the funds and allocate them to the programs most in need.

Further advances made in the fight against HIV involve the collaboration of the Botswana local government with the most prominent NGO and funder: the Bill and Melinda Gates Foundation. Such advances primarily involve the establishment of the African Comprehensive HIV/AIDS partnership, or the ACHAP, in 2000. The collaboration between the Botswana government with two major NGOs: the Bill and Melinda Gates Foundation and the Global Fund resulted in the African Comprehensive HIV/AIDS Partnership.⁸ The ACHAP is reported to be successful in condom distribution, education, blood transfusion, and disease transmission prevention within the youths of Botswana.⁹ The ACHAP, through this cooperative alliance, attempts to improve the access to affordable treatment for HIV in Botswana.¹⁰ Since its establishment, the ACHAP has proven to be vital in letting Botswana become a leader in HIV/AIDS treatment and prevention within Africa. The previous president, Festus Mogae, demonstrated that the collaboration between private funders and NGOs, under the leadership of the local Botswana government, was especially effective in enabling widespread access to low cost antiviral medication to the population.¹¹

However, despite the ACHAP's past successes, recent years have revealed problems with interagency collaboration between private NGOs and the local Botswana government. These problems do not appear to be due to a lack of proper funding for the HIV effort since the BMG Foundation, along with the Merck's Company, reports to already have provided the Botswana ACHAP with nearly \$100 million to finance the establishment of more prevention and treatment efforts.¹² Instead, the problem seems to arise from the Botswana government's inability to come to a general consensus on the roles which either NGOs or governmental ministries would be taking and regarding the sectors which the

October 21, 2015. [http://www.theglobalfund.org/en/news/2015-09-](http://www.theglobalfund.org/en/news/2015-09-26_Partners_Call_for_Stronger_Ties_Between_Health_and_Education/)

26_Partners_Call_for_Stronger_Ties_Between_Health_and_Education/

⁸ IFPMA. "African Comprehensive HIV/AIDS Partnerships (ACHAP)" Last modified 2012.

Accessed October 28, 2015. <http://partnerships.ifpma.org/partnership/african-comprehensive-hiv-aids-partnerships-achap>

⁹ Norbaksh. "Politics, Economy, and the Threat of AIDS in Africa: The Case of Botswana." 364-65.

¹⁰ UNAIDS. "Leadership and AIDS: Festus Mogae."

¹¹ UNAIDS. "Leadership and AIDS: Festus Mogae."

¹² Nathan A. Paxton. "Organizational Networks, Divided Policy Authority, and the Effects on Botswana's HIV Response Regime." *School of International Service Research Paper 2015-5* (2015) 25.

funding would be allocated to.¹³ The establishment of the ACHAP, while indeed critical in its role in the HIV movement, somewhat clashed with the existence of another organization: the National AIDS Coordination Agency (NACA). The Botswana government established NACA through their own efforts instead of as a cooperative effort between private sector NGOs and intergovernmental agencies. While both organizations' goals were one and the same, there would naturally be confusion as to which would have the final decision making power. This confusion could be attributed to the clear lack of an overarching leadership to guide the Botswana government in establishing better cooperation with its most prominent HIV funders such as the BMG foundation. Paxton further argues that the network of conglomerated agencies including the ACHAP and the NACA need a degree and source of hierarchical authority to better communicate information and to improve overall decision-making.¹⁴

Since the AIDS crisis's beginnings in the 1990s, Botswana has transformed from a nation in which nearly one third of its adult population is infected with HIV to a role model due to its successful antiretroviral programs.¹⁵ Botswana's immediate and successful response to the AIDS epidemic from the outset is due to the country's cooperation with international donors and research foundations such as the Bill and Melinda Gates Foundation and the Global Fund.¹⁶ The International Federation of Pharmaceutical Manufacturers and Associations in 2012 stated that the cooperation of prominent NGOs under the national government in the local sectors has resulted in the efforts nearly halving the adult mortality rate for HIV patients and also a dramatic increase of the treatment capacity from 93,000 to 229,055 patients from 2007 to 2012.

SOUTH AFRICA

Present-day South Africa, like Botswana, is classified as a Parliamentary Republic. Unlike Botswana however, South Africa suffered a long period of instability previous to 1994 due to conflicts as a result of its past apartheid policies.¹⁷ In 2015, South Africa was reported by BBC's Country profiles to have one of the world's fastest growing economies coupled with its problems of unequal wealth distribution and the 15 percent HIV prevalence in its adult

¹³ *Ibid.*, 29.

¹⁴ *Ibid.*, 32.

¹⁵ BBC. "Botswana country profile – Overview" Last modified May 6, 2015. Accessed October 25, 2015. <http://www.bbc.com/news/world-africa-13040376>

¹⁶ Jason Beaubien. "Botswana's 'Stunning Achievement' Against AIDS." *NPR*. Last modified July 10, 2012. Accessed October 28, 2015. <http://www.npr.org/2012/07/09/156375781/botswanas-stunning-achievement-against-aids>

¹⁷ BBC. 2015. "South Africa Country Profile." Last modified Feb 11, 2016. Accessed October 25, 2015. <http://www.bbc.com/news/world-africa-14095303>.

population. Though South Africa remains one of the African nations most heavily afflicted by AIDS, its government seeks to maintain a balance between reliance on international aid and independent funding from its own government.¹⁸ There must be an emphasis on the *equal* cooperative efforts of local governments with NGOs without the actual dependence of the South African government upon either NGO aid or the United Nations.

To do so, however, South Africa needed to overcome its unequal contribution to the HIV movement. If governmental contributions continue to fall short, no matter the amount of international aid, proper allocation of healthcare resources for the HIV epidemic will still be difficult. Even if programs for prevention and treatment begun by international organizations are initiated within South African nations, current local governments will be unable to maintain their economic demands and the programs will eventually be forced into termination. Some provinces in South Africa still find themselves unable to meet the specific criteria of utilizing donor funding in the battle against AIDS due to their weak health systems. The donor funding, as a result, was then refunded without having served its purpose.¹⁹ South Africa must first and foremost be able reform its bureaucratic programs and structure to successfully support their own HIV treatment programs.

In more recent years, however, South Africa has slowly begun to increase its capabilities to fund its own antiretroviral programs.²⁰ Due to the initial funding it received from international governments like the United States and the United Nations, South Africa is now able to fund its antiretroviral treatments independently.²¹ The level of total international funding from United Nations Aid organizations amounted to a total of USD \$6.1 billion in 2004 and USD \$8.9 billion two years later.²² From 2004, due to its domestic antiretroviral program, the South African government has seen a drop of nearly a third of the death rate from the HIV-infected patients.²³ This drop in fatalities from HIV/AIDS is significant especially due to South Africa's status as one of the world's most HIV afflicted nations with 19.1 percent of their adult population infected with the

¹⁸ Krista Johnson. "Between Self-help and Dependence: Donor Funding and the Fight Against HIV/AIDS in South Africa." *Africa* 78, no. 4 (2008): 496.

¹⁹ *Ibid.*, 507.

²⁰ AVERT. "HIV and AIDS in South Africa." Last modified May 1, 2015: 1. Accessed October 28, 2015. <http://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/south-africa>

²¹ John Maurice. "South Africa's Battle against HIV/AIDS Gains Momentum." *Lancet* (London, England) 383 (9928) (May 3, 2014): doi: 10.1016/S0140-6736 (14)60733-9. 1535.

²² Johnson. "Between Self-help and Dependence: Donor Funding and the Fight Against HIV/AIDS in South Africa.", 497.

²³ Maurice. "South Africa's Battle against HIV/AIDS Gains Momentum.", 1536.

virus.²⁴ The United Nations, UNAIDS especially, should and is using the example of South Africa to urge other HIV-afflicted African nations to follow in the footsteps of the South African government in regards to the reform of bureaucracy and self-financing of HIV antiretroviral programs.²⁵

Despite the successes of antiretroviral treatments (ART) programs, South Africa still must work together with prominent NGO organizations such as the MSF (Médecins Sans Frontières) to succeed in attaining the HIV treatment goal of the United Nations. In 2006, the United Nations General Assembly came to the agreement of providing universal prevention and treatment programs for HIV/AIDS.²⁶ Successful cooperation between local governmental agencies such as the South African Treatment Action Campaign (the TAC) and prominent NGOs such as the MSF has resulted in bringing more international support in regards to increasing access to treatment.²⁷ However, during 2015, the MSF presented the world with the statements that South Africa still has prevalent healthcare system problems that prevent their HIV patients from obtaining the medication. Dr. Amir Shroud, the deputy medical coordinator of MSF in South Africa, stated that if the South African government does not revoke the patent from the AbbVie Company, the patients in dire need of the AIDS medication would no longer be able to afford the vital medication.²⁸

Due to the MSF's status as a primarily volunteer organization which provides medical staff to third world countries in need of healthcare, the organization itself would have extensive direct patient interactions. The MSF organization would be aware of how and if the patients in South Africa were able to afford the medications to treat and prevent HIV. The Médecins Sans Frontières holds the reputation of one of the most prominent humanitarian NGOs within the international community.²⁹ In addition, the MSF is one of the primary NGOs working in tandem with the goals of World Health Organization, a sector of the UN concerned with global health, to offer every single individual afflicted by

²⁴ AVERT. "HIV and AIDS in South Africa", 1.

²⁵ Ibid., 10.

²⁶ Johnson. "Between Self-help and Dependence: Donor Funding and the Fight Against HIV/AIDS in South Africa.", 504.

²⁷ Ibid., 503.

²⁸ UNAIDS. "African Leaders Embrace Shared Responsibility and Call For Innovative Solutions to Accelerate the Response to Aids, Tuberculosis and Malaria." Last modified September 26, 2012. Accessed October 28, 2015.

<http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2012/september/20120926prsharedresp>

²⁹ Joseph Jacob. "Doctors Without Borders: Humanitarian Quests, Impossible Dreams of Médecins Sans Frontières." *Medicine, Conflict and Survival* 31, no. 1 (2015): 79.

HIV antiretroviral treatment.³⁰ While the MSF is technically politically independent, the organization can still advise the United Nations on the financing of certain goals. In regards to the United Nations' goal to provide universal access to all patients testing positive for HIV, the MSF reports to have warned the UN of the significant need of an increase in global funding from international funders.³¹

SWAZILAND

Unlike its neighbors Botswana and South Africa, the Swazi government is that of an absolute monarchy under King Maswati III with all bureaucratic decision-making powers centered on the king.³² This centralization of power differentiates Swaziland from the governments of South Africa and Botswana and the king is reported to have “shown no enthusiasm for sharing power” by BBC news. Swaziland can also be distinguished from both South Africa and Botswana in the fact that its HIV treatment and prevention programs are still falling behind in some aspects. The Swazi government, as a whole, is not as effective, especially in providing low-cost antiretroviral medications to its affected population. Still the fact that Swaziland has the world's highest HIV prevalence, nearly 39%,³³ urges the king to be more welcoming of external funding and aid. Oftentimes, —while the international funding is very generous, many problems arise when the funding allocation efficiency is analyzed.

It is not Swaziland's desire for financial independence in HIV funding that causes its problems. Rather, it is the fact that the funding is not being properly allocated by the Swazi government to its people. Power is extremely concentrated at the federal level so local governmental authorities lack the power to make decisions regarding resource allocation. While it would seem that the United Nations should be the one making the ultimate decision as to where the funding would be going, it can only allocate funding down at the national level. Beyond the national level, the role falls upon the local authorities to decide which sector, including AIDS prevention education programs or AIDS treatment clinics, receives funding, if any. These local authorities may include individuals such as

³⁰ Vaccine News Daily. “Doctors Without Borders Praises WHO For New Hiv Antiretroviral ‘Treat All’ Stance.” Last modified October 2, 2015. Accessed October 25, 2015. <http://vaccinenewsdaily.com/stories/510640863-doctors-without-borders-praises-who-for-new-hiv-antiretroviral-treat-all-stance>

³¹ Médecins Sans Frontières. “International Activity Report 2014.” Accessed October 27, 2015. http://www.msf.org/sites/msf.org/files/msf_international_activity_report_2014_en.pdf

³² BBC. “Swaziland profile.” Last modified May 6, 2015. Accessed October 28, 2015. <http://www.bbc.com/news/world-africa-14095303>

³³ J.C. Nkomo. “Development and Health: The Case of HIV/AIDS in Southern Africa.” *Eastern Africa Social Science Research Review* 26, no. 1 (2010): 111-126. Accessed October 23, 2015. <https://muse.jhu.edu/.doi:10.1353/eas.0.0014:117>.

head teachers in charge of the educational prevention programs. However, below the national levels, such key authorities were unable to take part of the national decision-making process in funding allocations for education.³⁴ The inability to properly allocate funding and bursaries is partly due to the unequal power balance between national and local sectors within Swaziland.

“Implementers”, which include NGOs and government officials, need to practice coordination at the local level. Examples of coordination between the two are many and varied in their successes. The Global Fund, one of Swaziland’s main NGO funders, has recently provided the Swazi government with \$66 million in HIV funding to aid their prevention and treatment programs for HIV and tuberculosis.³⁵ This type of funding is especially important since it allows the Swazi government to utilize it to finance their own antiretroviral programs on their own accord. The MSF organization instead provides aid to the Swazi HIV effort in the form of supplying the nation with medical staff training. Since 2010, the organization has used their own volunteers to provide domestic Swazi medical staff with training and has managed to establish, within the Shiselweni region, 22 health clinics and 3 specialized treatment facilities.³⁶ In 2014, the MSF, in their annual report, attributed such results to the local Swazi health ministry community in providing region-wide medical training. Throughout NGO-Swazi government interactions, it is apparent that the absolute monarchy is willing to cooperate with government-independent players to mitigate the AIDS epidemic within its borders.

Setting up an effective structure in Swaziland for the treatment and prevention of the AIDS epidemic also requires that the National AIDS Committee be under the *general* leadership of external international donors.³⁷ The United Nations would thus qualify for the role of general leadership. The United Nations should continue in its main objectives to serve as a source of major international funding and support for the HIV/AIDS movement. Its inter-agencies such as the WHO and UNAIDS should also continue to serve as the hierarchal authority on which *goals* would be most important to achieve in the next few years. This role should be maintained but also strictly set apart from the role of bypassing all local governmental authority or NGO advice and attempting to directly distribute funding and medical resources.

³⁴ Lynne Jones. “Relationships, Partnerships and Politics in the Lives of the Urban Poor in AIDS-afflicted Swaziland.” *African Journal of Aids Research* 5, no. 1 (2006): 34.

³⁵ The Global Fund. “Global Fund Hails Swaziland Partnership at Grant Signing.” Last modified October 14, 2015. http://www.theglobalfund.org/en/news/2015-10-14_Global_Fund_Hails_Swaziland_Partnership_at_Grant_Signing/

³⁶ MSF. “International Activity Report 2014.”

³⁷ Jones. “Relationships, Partnerships and Politics in the Lives of the Urban Poor in AIDS-afflicted Swaziland.” 27.

NGOs and the United Nations should also take into consideration the link between HIV prevalence and poverty especially in regards to Swaziland. In general, the urban poor within Swaziland have a higher prevalence of HIV/AIDS. It is thus vitally important that the HIV/AIDS prevention and treatment effort be linked directly to poverty.³⁸ Alleviating poverty within Swaziland is thus key to successfully implementing aid in fighting the HIV epidemic. To do so, there needs to be vertical linkages or cooperation within governmental departments that can inform and support local government officials. Local government officials must also encourage social cohesion within the urban poor to properly combat the AIDS epidemic.³⁹ Consequently, it is up to the United Nations, with all of its political influence, to gather economic support from the international community to alleviate Swaziland's poverty problems in order to improve access for the Swazi people to antiretroviral medications and prevention programs. The United Nations should also strongly influence King Maswatii to link its poverty program: the National Poverty Reduction Strategy and Action Plan (NPRSA) to its own United Nations Development Programme (UNDP) for further guidance on poverty alleviation.

While the UN must still exert pressure on Swaziland's government to better allocate funding and aid to their local sectors, it is more vital for governmental departments in developing a collaborative approach to properly establish an HIV/AIDS aid budget. In recent years, the Swazi government still "sets apart" governmental budget for their HIV treatment and prevention and educational programs.⁴⁰ This differentiation may potentially cause problems especially since it primarily prioritizes the governmental agenda over their goals for improving HIV treatment. Instead of making a separate budget for HIV treatment programs for instance, Swazi government departments should integrate the AIDS budget into its core function due to the HIV crisis's status as a social, economic, and even educational problem.⁴¹

CONCLUSION

South Africa, Botswana, and Swaziland are the three nations with the world's highest HIV prevalence statistics. These three African nations could not have more different governmental and bureaucratic structures. Both South Africa and Botswana boasts democratic governments while Swaziland holds on tightly to its absolute monarchy. However, due to the fact that the HIV virus attacks the members of their own national population, these three nations all seek to

³⁸ Ibid., 29.

³⁹ Ibid., 29.

⁴⁰ Ibid., 37.

⁴¹ Ibid., 37-8.

successfully prevent and treat this virus before it destroys both their economy and their peoples. Still, Botswana, South Africa, and Swaziland especially are developing countries and thus do not have as many financial and medical resources as wealthier nations, frustrating their attempts to become independent in their fight against HIV/AIDS. This lack of ability makes them dependent on the international community to provide them with resources. These three countries are also in need of an overarching hierarchical leader to help them coordinate and focus those resources on attaining a specific list of goals that would eventually lead to the stemming of the HIV epidemic.

Present-day efforts of the South African, Botswanan, and Swazi governments of maintaining cooperation with international NGOs including the Bill and Melinda Gates Foundation, the Global Fund and the Médecins Sans Frontières in the fight against HIV have been met with success. In the case of Botswana, the foundation of the ACHAP involved the NGOs BMG Foundation and the Global Fund working together in aiding Botswana in terms of research and financing. The successes of this collaborative effort have resulted in a lower HIV mortality rate and a much higher capacity for private sectors to take care of new patients.

The United Nations, being an international governmental organization with its reputed political standing amongst most nations in the world, would be the ideal leader that these three nations would need. First, the United Nations perhaps would be the sole IGO that would have the ability to persuade more influential nations to contribute additional funding annually towards the HIV/AIDS effort. After obtaining these funds, the UN would then allocate the funding to Botswana, Swaziland and South Africa for their own governments to decide as to how to distribute the funding. It must learn from its initial decade of mired confusion and ineffectiveness at the start of the epidemic. The UN's goals and objectives, such as the Millennium Development Goals, are extremely important as they focus the international community's attention on the ever-present problems of AIDS within these nations. Programs like the United Nations Development Program emphasize the fact that HIV is a major factor in why Botswana, South Africa, and Swaziland remain poverty-stricken nations unable to truly move towards modernization. Progress has also been made because of the United Nations' financial backing of South African HIV programs, which eventually resulted in the nation establishing its own internal funding.

Local governmental cooperation with NGOs under the set objectives set by the United Nations has also reported progress and improvements. Médecins Sans Frontières, through its healthcare work within local sub-Saharan African communities, has developed a better understanding of the existing problems within the HIV healthcare systems that prevent many patients from obtaining vital drugs due to a lack of funding. The organization itself thus often serves the role of

an advisor to the South African government in its attempts to influence political leaders to make certain changes within bureaucracy to facilitate access to more affordable healthcare. Its provision of medical training and staff is also extremely important in training South Africa's own healthcare workers to treat HIV in local clinics. This case is also true with the MSF's interactions with the Swazi government in its provision of medical training for its developing AIDS treatment clinics.

Still, the fact that NGOs and local South African, Botswana, and Swaziland governments seem to be doing very well without the general direct intervention of the UN does not indicate that they would be doing just as well without UN presence. Rather, it fails to disprove the UN's continuation of the role of a general leader in promoting international support of the HIV/AIDS movement. The United Nations has been key in emphasizing HIV's role in preventing many third world nations such as Swaziland from economic advancement and its role in damaging already thriving economies such as that of Botswana. The UN, in its annual international meetings with African national leaders, serves a monumental role of coordinating long term strategies for HIV treatment and prevention programs. These meetings have been noted to include the thorough cooperation of African national leaders in accepting external donations along with assuming a stronger leadership role within their own borders to properly allocate the funds.⁴² Thus, the continuation of the progress of the alleviation of the AIDS crisis within Botswana, South Africa and Swaziland, requires inter-cooperation between NGOs and local governments under the continuation of the leadership of the United Nations.

Bibliography

AVERT. 2015. "HIV and AIDS in South Africa" Last modified May 1, 2015. 1-10. <http://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/south-africa>

AVERT. 2015. "HIV and AIDS in Botswana" Last modified May 1, 2015. Accessed March 11, 2016. <http://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/botswana>

BBC. 2015. "Swaziland profile" Last modified May 6, 2015. <http://www.bbc.com/news/world-africa-14095303>

⁴² UNAIDS. "African Leaders Embrace Shared Responsibility and Call for Innovative Solutions to Accelerate the Response to Aids, Tuberculosis and Malaria."

- BBC. 2015. "Botswana country profile – Overview" Last modified May 6, 2015.
<http://www.bbc.com/news/world-africa-13040376>
- Beaubien, Jason, "Botswana's 'Stunning Achievement' Against AIDS," *NPR*, July 9, 2012. Accessed October 28, 2015.
- The Global Fund. 2015. "Global Fund Hails Swaziland Partnership at Grant Signing" Last modified October 14, 2015.
http://www.theglobalfund.org/en/news/2015-10-14_Global_Fund_Hails_Swaziland_Partnership_at_Grant_Signing/
- The Global Fund. 2015. "Partners Call for Stronger Ties Between Health and Education - The Global Fund to Fight AIDS, Tuberculosis and Malaria." Last modified September 16, 2016.
http://www.theglobalfund.org/en/news/2015-09-26_Partners_Call_for_Stronger_Ties_Between_Health_and_Education/
- IFPMA. 2012. "African Comprehensive HIV/AIDS Partnerships (ACHAP)" Accessed October 28, 2015.
<http://partnerships.ifpma.org/partnership/african-comprehensive-hiv-aids-partnerships-achap>
- Jacob, Joseph. "Doctors Without Borders: Humanitarian Quests, Impossible Dreams of Médecins Sans Frontières." *Medicine, Conflict and Survival* 31, no. 1 (2015): 79-80.
- Johnson, Krista. "Between Self-help and Dependence: Donor Funding and the Fight Against HIV/AIDS in South Africa." *Africa* 78, no. 4 (2008): 496-517.
- Jones, Lynne. "Relationships, Partnerships and Politics in the Lives of the Urban Poor in AIDS-afflicted Swaziland." *African Journal of Aids Research* 5, no. 1 (2006): 27-39.
- Maurice, John. 2014. South Africa's Battle against HIV/AIDS Gains Momentum. *Lancet* (London, England) 383 (9928) (May 3): 1535-6. doi: 10.1016/S0140-6736 (14)60733-9.
- Médecins Sans Frontières. 2015. "South Africa Should Override Patent on Key HIV Medicine After Widespread Stock Out Problem." Last modified

- October 27, 2015. <http://www.msf.org/article/south-africa-should-override-patent-key-hiv-medicine-after-widespread-stock-out-problem>
- Médecins Sans Frontières. 2015. "Swaziland." Last modified October 27, 2015. <http://www.msf.org/swaziland>.
- Médecins Sans Frontières. 2014. "International Activity Report 2014" Accessed October 27, 2015. http://www.msf.org/sites/msf.org/files/msf_international_activity_report_2014_en.pdf
- Morrison, J. Stephen, and Todd Summers. "United to Fight HIV/AIDS?" *The Washington Quarterly* 26, no.4 (2003): 177-93.
- Nkomo, J.C. "Development and Health: The Case of HIV/AIDS in Southern Africa." *Eastern Africa Social Science Research Review* 26, no. 1 (2010): 111-26. Accessed October 23, 2015. <https://muse.jhu.edu/>. doi: 10.1353/eas.0.0014.
- Noorbaksh, Mehdi. "Politics, Economy, and the Threat of AIDS in Africa: The Case of Botswana." *Comparative Studies of South Asia, Africa and the Middle East* 28, no. 2 (2008): 351-66.
- Paxton, Nathan A. "Organizational Networks, Divided Policy Authority, and the Effects On Botswana's HIV Response Regime." *School of International Service Research Paper* 2015-5 (2015): 1-32.
- Piotrowski, Jan. "More School Time Slashes HIV Infection in Botswana." *SciDev.Net*. last modified July 6, 2015. <http://www.scidev.net/global/hiv-aids/news/education-slashes-hiv-infection-botswana-MDGs.html>
- UNAIDS. 2008. "Leadership and AIDS: Festus Mogae." Last modified October 20, 2015. <http://www.unaids.org/en/resources/presscentre/featurestories/2008/october/20081020mogaeleadership>
- United Nations. 2015. *The Millennium Development Goals Report 2015*. New York City. [http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%2015%20rev%20\(July%201\).pdf](http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%2015%20rev%20(July%201).pdf). p. 1, 6, 44-47.

- UNAIDS. 2015. "African Leaders Embrace Shared Responsibility and Call for Innovative Solutions to Accelerate the Response to AIDS, Tuberculosis and Malaria." Accessed October 22, 2015.
<http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2012/september/20120926prsharedresp>
- Vaccine News Daily. 2015. "Doctors Without Borders Praises WHO for New HIV Antiretroviral 'Treat All' Stance." Last modified October 2, 2015.
<http://vaccinenewsdaily.com/stories/510640863-doctors-without-borders-praises-who-for-new-hiv-antiretroviral-treat-all-stance>