Near the tip of Africa lies Botswana, one of the continent's wealthier nations. With its bustling streets and well-dressed citizens, it's hard to imagine that this country is in a life and death struggle with an infectious disease.

If you go to a restaurant in Botswana, to a mall, walking on the street, you just do not get a sense that this is a country gripped in the middle of a crisis of a magnitude and proportion that could actually probably destroy this country in the next ten years.

Despite the appearance of normalcy, nearly everyone's life here has been affected by AIDS.

Ma Oganne's story begins about ten years ago. She had grown up with simple dreams: finishing school, raising a family, having a home of her own. They were all coming true. But then her second child, Boytomello, began getting sick as a baby.

Ma agreed but was skeptical. She felt fine and she had heard a lot of conflicting stories about AIDS.

People had been telling me that HIV doesn't exist and I played them because I had never seen anybody with the virus.

So when the results came back that both she and Boytomello were infected, Ma wasn't sure what to believe.

The girl's father, a miner who is rarely home, insisted the doctors were wrong. He told Ma he wasn't infected, and if he wasn't Ma knew she couldn't be.

It made more sense to her that Boytomello was just a sickly child. This belief was strengthened when Ma had a third child and this one was born healthy. All the talk about her having AIDS must have been a mistake. But when her fourth child was also sickly, the fears she had buried began to grow. And when her own health started to fail, her worst nightmare came true.

Doctor: Has she lost a lot of weight? For how long has she been having these headaches? Is it all day long? What makes it worse? What makes it better?

This time when the test results came back, there was no denying the truth. She and two of her children were infected with the virus that causes AIDS.

Her husband's response to the news only made things worse.

Ma Oganne: He told me he would go and get tested. Instead he left and I haven't seen him since.

Ma Oganne's story is being repeated throughout
Botswana, and it's a particularly poignant one. Because of all the African countries now struggling with AIDS, Botswana had perhaps the best chance of beating it.

(Singing and clapping)

NARRATOR: It's a stable democracy at peace with its neighbors. It has a healthy economy, decent roads, schools and hospitals. But none of it has shielded Botswana from one of the highest HIV rates in the world. With an average life expectancy already below 40, the country is moving to the brink of extinction.

By the late 1990s, medicines had been developed that could keep the virus at bay, but their high cost mean they weren't an option for most Africans. That's why countries like Botswana had been counseled to spend what money they had on preventing new infections rather than treating those already sick.

SACHS: That's a fine theory except that it's a catastrophic denial of humanity. There are 40 million people in the world infected right now. They are dying. Do we throw away 40 million people?

NARRATOR: And how will nations like Botswana survive if they lose so many in the prime of life?

In 2002, fearing for its very survival, Botswana created MASA, Africa's first national AIDS treatment program. The cornerstone? Free drugs for everyone who needed them.

ERNEST DARKO: Hi, this is Ernest calling from Botswana.

NARRATOR: Thirty-three year old Ernest Darko was given the daunting task of setting up new clinics, hiring and training staff, establishing treatment policies and generally transforming this bold vision into a reality.

ERNEST DARKO: Testing, training, streamlining, monitoring, tracking, budgeting. I hardly ever have a minute except maybe when I'm deep asleep where I'm not thinking about the program.

PHILLIP HILTS: He was born in Africa, raised in America. He had an MD. He had a degree in business. He had a degree in public health. And he got drawn into this thing by the challenge, by the fact that no one had gone at AIDS in Africa before this directly.

NARRATOR: This groundbreaking effort received substantial support from major global health contributors. MASA quickly became the test case for fighting AIDS in Africa. But starting such a massive program from scratch would not be easy.

ERNEST DARKO: I'm coordinating a national program. I don't have a landline because the systems for me to get this landline are quite slow and inefficient. So I've had to use my own personal cell phone.

NARRATOR: At every turn Darko encountered bureaucratic difficulties, but there was another obstacle waiting for him. Even with new clinics starting to open, people were refusing to get tested. They didn't want bad news.

ERNEST DARKO: We're in a situation where there's extremely
high sigma and extremely high levels of denial. Up to 90 percent of the HIV positive people in this country still don't know their status.

NARRATOR: Ma Oganne knew that she and her daughter were infected, so she made sure her girls were among the first to sign up for the free drugs and that they took their medicines regularly. It takes a lot of work, but she's determined to do whatever she can to improve their health.

MA OGANNE: The youngest one got much healthier. I'm no longer constantly worried about her. Even Boytomello is feeling a little bit better.

NARRATOR: Yet incredibly, Ma refused to sign herself up for the therapy. That would be a public admission that she has AIDS, which she feared would make her an outcast.

MA OGANNE: I worried that those who knew my status would mistreat me. I'd hear that people were making some comments and talking behind my back.

NARRATOR: That's how powerful the sigma attached to AIDS had become.

After two years of working day and night, Ernest Darko has several clinics open and they are full of drugs. But unless he finds a way to break through the denial that predominates here, Botswana's treatment program will fail. As Africa's test case failure here could be catastrophic.

ERNEST DARKO: It scares me, frankly, to think about what will happen if we don't get this to work. I think we'll lose arguably half the continent of Africa.

NARRATOR: After three years on the job, Ernest Darko was still searching for a way to break through the widespread resistance here to getting tested and treated.

ERNEST DARKO: Some days you sort of say, I've had it. I just can't deal with this anyone. It'll get to you because you're trying to accomplish something that ultimately the whole world is looking at to see whether you'll be successful or not and that lives are depending on.

NARRATOR: What keeps him going are people like Ma Oganne and her children.

Seeing the improvement in her children's health, she finally decided to stop worrying about what others might say and signed herself up for the therapy.

MA OGANNE: I saw a difference in my health after only three weeks, and the progress has continued to this day. Friends who saw me when I was at my worst still can't believe how much better I am now. I only wish I had started sooner. Maybe then I would be even healthier now than I am today.

NARRATOR: Word that Ma was doing better prompted a visit from her husband who forced her into having unprotected sex. Now she's pregnant again. Is Ma Oganne destined like so many others here to raise yet another HIV infected child? And what will be the fate of her country if it doesn't find a way to stop
new infections or get those already positive into treatment?

Determined to shake things up in a fundamental way, Darko proposes something radical and wins support at the highest level of government. President Festus Mogae unveils the new plan in a nationally televised address.

PRESIDENT MOGAE: It is in effect from the beginning of the next calendar year, HIV testing shall become routine in government facilities.

NARRATOR: Routine testing is an attempt to de-stigmatize AIDS by including the HIV test as a standard part of good medical practice.

HILTS: You walk in, you have a cold or flu, they are going to give you tests, a blood test, and one of them is going to be an HIV test. They say, We're going to give you this, by the way. And just make it an absolutely natural part of life.

NARRATOR: The impact of routine test something immediate. For starters, it gets people tested who might otherwise for fear of raising their partner's suspicions.

ERNEST DARKO: With routine testing now, you don't have to explain why you got tested. Hey, honey, they do it to everybody.

NARRATOR: More importantly, it gets people tested who aren't yet showing symptoms. These are the people most likely to pass the virus to others.

Almost overnight routine testing transforms Botswana's battle against AIDS. Soon the number of people showing up at clinics skyrockets.

As enrollment grows so does the evidence that those receiving the drugs are take them faithfully. That's good news. Anything less could breed a resistant strain of the virus.

HILTS: The people there take their pills more religiously than the people in the U.S. and Europe, not by a lot but more. They're quite serious about this. They know this is about their life. They know these drugs are saving their lives.

NARRATOR: Every person who gets tested and signs up for drug therapy moves Botswana a little further from brink of disaster and buys the country a little time to find ways to address the harder and ultimately more important task of reducing the rate of new infections.

BILL FOEGE: Our goal should be to stop transmission of the virus. The problem with drugs is that we become so dependent of them that we forget about basic prevention.

NARRATOR: Preventing new infections is every country's ultimate goal, and for many its ultimate failure including until recently Botswana.

Building an effective treatment program seems to have had an impact on prevention as well. For the first time since the outbreak began, the rate of new infections has fallen.

SPEAKER: What we've seen in Botswana is that as long as AIDS was hopeless, people preferred not to think about it. You
need hope to take action. And that's really the critical element to hoping the doors for prevention.

NARRATOR: There is a new openness about HIV/AIDS in Botswana. These days it's likely to emerge as a topic of conversation just about anywhere.

It's on the radio where one of the nation's most popular soap operas has incorporated HIV into all its story lines. It's in the churches where congregations are inviting people with AIDS to share what they've learned.

And lives all over the country are finally being saved like Ma Oganne's new baby. Her little girl was born HIV-free thanks to the medications Ma has been taking. In the end Ma's baby is what Ernest Darko has been fighting for, tangible proof that AIDS in Botswana can be treated and even contained.

Now 12 other African nations are creating AIDS programs on Botswana's model.

ERNEST DARKO: I think we have managed to do something very unique and special. Three years ago there was nothing, and now every month 1,000 new people are getting enrolled. When we started there was a lot of naysayers, a lot of doubt. So I think we really did have something to prove, but also it was by necessity. We were just not going to let our people die.

(Singing and clapping)

NARRATOR: One goal for a program like Botswana's is to slow the progress of AIDS until science can come up with a vaccine, our most powerful weapon against any disease. Developing an AIDS vaccine has proven difficult, but hopefully a breakthrough will come soon and erase the fear of AIDS forever.

(End of video.)

CERTIFICATE OF TRANSCRIPTION

I hereby certify that the foregoing transcription is a true and accurate verbatim record of the recorded proceedings.

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