BATSWANA AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS

2008 Country Profile: Botswana

National HIV prevalence rate among adults (ages 15 to 49): 23.9 percent[1]
Adults and children (ages 0-49) living with HIV at the end of 2007: 300,000[1]
AIDS deaths (adults and children) in 2007: 11,000[1]
AIDS orphans at the end of 2007: 95,000[1]

Botswana is one of PEPFAR's 15 focus countries, which collectively represent approximately 50 percent of HIV infections worldwide. Under PEPFAR, Botswana received more than $24.3 million in Fiscal Year (FY) 2004, more than $51.8 million in FY 2005, more than $54.9 million in FY 2006, and $76.2 million in FY 2007 to support comprehensive HIV/AIDS prevention, treatment and care programs. PEPFAR is providing nearly $93.2 million in FY 2008.

Recognizing the global HIV/AIDS pandemic as one of the greatest health challenges of our time, President George W. Bush announced the President's Emergency Plan for AIDS Relief (PEPFAR) in 2003 — the largest international health initiative in history by one nation to address a single disease. The United States is changing the paradigm for development, rejecting the flawed "donor-recipient" mentality and replacing it with an ethic of true partnership. These partnerships are having a global impact and transforming the face of our world today.

Partnership to Fight HIV/AIDS

The Government of Botswana has mounted a multi-sectoral response guided by clear national priorities and strategies to fight the HIV/AIDS epidemic. Through PEPFAR, the U.S. Government (USG) and its partners are supporting the Government of Botswana, bringing technical expertise and financial support to maximize the quality, coverage and impact of Botswana's own national response.

Several principles guide the work of the USG in Botswana. These principles include:

- Strongly aligning with Botswana's national HIV/AIDS priorities;
- Leveraging Botswana's national HIV/AIDS response by strengthening capacity and quality, and providing technical assistance, resources and commodities to ensure that interventions complement and build on existing programs; and
- Providing Botswana's community-based organizations, faith-based organizations and non-governmental organizations with technical assistance, capacity-building and key resources to support provide high-quality HIV/AIDS related services.

PEPFAR Results in Botswana	
# of individuals receiving antiretroviral treatment as of September 30, 2008[1]	**111,700**
# of HIV-positive individuals who received care and support in FY2007 (including TB/HIV)[1]	**103,400**
# of orphans and vulnerable children (OVCs) who were served by an OVC program in FY2007[1]	**120,900**
# of pregnant women receiving HIV counseling and testing services for PMTCT since the beginning of PEPFAR[1,2]	**145,400**
# of HIV-positive pregnant women receiving antiretroviral prophylaxis for PMTCT since the beginning of PEPFAR[1,3]	**36,400**
# of counseling and testing encounters (in settings other than PMTCT) in FY2007[1]	**175,200**
# of individuals reached with community outreach HIV/AIDS prevention programs that promote Abstinence and/or Being Faithful in FY2007	**213,700**
# of individuals reached with community outreach HIV/AIDS prevention activities that promote Condoms and related prevention services in FY2007	**24,000**
# of USG condoms shipped from Calendar Year 2004 to 2007	**11,367,000**

Botswana results are attributed to the National HIV Program. Beginning FY2005, USG downstream contributions in Botswana are embedded in the upstream numbers, following a consensus reached between the USG and the Government of Botswana to report single upstream figures for each relevant indicator.
Note: Numbers may be adjusted as attribution criteria and reporting systems are refined. Numbers above 100 are rounded to nearest 100.
[1] Total results combine individuals reached through downstream and upstream support. [2] It is possible that some individuals were counseled and tested more than once. [3] It is possible that some pregnant women received antiretroviral prophylaxis more than once over the four-year period, e.g. HIV positive women who were pregnant more than once.

PEPFAR Activities in Botswana

HIV/AIDS in Botswana

Botswana is experiencing one of the most severe HIV/AIDS epidemics in the world. The national HIV prevalence rate among adults ages 15 to 49 is 23.9 percent, which is among the highest in sub-Saharan Africa.[1] The primary mode of transmission is heterosexual contact, with the military and young women at higher risk of HIV infection than other populations.[2] Young men ages 15 to 24 experience an HIV prevalence rate of 5.1 percent, while young women in the same age group experience prevalence rates of 15.3 percent.[1] HIV infection rates also vary by geographical region and are highest in towns, lower in cities, and lowest in villages. The United Nations Development Programme estimates that by 2010 more than 20 percent of all children in Botswana will be orphaned. Extended families and communities have exhibited resourcefulness and generosity in their willingness to absorb and care for these orphaned children, but this capacity is being exhausted, especially as the current generation of grandparents begins to die.

Challenges to PEPFAR Implementation

HIV/AIDS threatens the many developmental gains Botswana has achieved since its independence in 1966, including economic growth, political stability, a rise in life expectancy, and the establishment of functioning public educational and health care systems. At the household level, families face increasing health expenditures to meet the needs of family members with HIV/AIDS. At the same time, they are experiencing loss of income as productive family members become sick and die. Botswana's workforce is being depleted as many productive adults develop AIDS and are no longer able to work. High levels of HIV/AIDS among teachers reduces both the quality of education and the numbers of hours taught. School enrollment is expected to fall as children drop out of school to care for sick family members, to contribute to household income, or become too sick to attend school. Finally, stigma continues to be an issue that needs to be addressed.

Critical PEPFAR Interventions for HIV/AIDS Prevention:

- Conducted an assessment of opportunities to strengthen prevention services for people living with HIV/AIDS (PLWHA) in clinical and community settings. Held interviews with key informants, including PLWHA, from a range of HIV/AIDS services, such as prevention of mother-to-child HIV transmission, home-based care, antiretroviral treatment, and HIV counseling and testing.
- Worked with the Botswana Ministry of Education to develop the *Skills for Life: Botswana's Window of Hope* curriculum materials, which help teachers discuss life issues important to Batswana youth. Five sets of teacher guides and student workbooks were developed to deliver age-appropriate messages for students ranging from primary to secondary school.
- Supported Blossom Counselling Centre to educate health care workers on the links between alcohol, and drug abuse and HIV/AIDS. Developed a curriculum to train staff to screen for alcohol abuse, educate patients about HIV/AIDS, and conduct motivational interviews to reduce alcohol abuse.

Critical PEPFAR Interventions for HIV/AIDS Treatment:

- Provided support to the Government of Botswana's "Masa" (New Dawn) antiretroviral treatment program, purchasing antiretroviral drugs, supporting technical assistance to the national central medical stores, developing and updating national treatment guidelines, supporting a national training program, assisting in the implementation of a monitoring and evaluation system, and implementing a national laboratory quality assurance system.

Critical PEPAR Interventions for HIV/AIDS Care:

- Worked with the Ministries of Health and Local Government to roll out early infant HIV diagnosis using the heel, toe and finger prick methodology and DNA PCR testing. PEPFAR supported laboratory staff and procurement of equipment and blood collection supplies to allow full national scale-up after working with the Ministry of Health to train health workers in all facilities across the country.
- Provided support to strengthen the Ministry of Health Palliative Care Unit to provide leadership, guidance and coordination in the provision of palliative care services.
- Supported a wide range of TB/HIV activities. In an effort to increase routine HIV testing among tuberculosis patients and to support recording and reporting systems, the USG assisted the Botswana National TB Program to develop a TB/HIV training curriculum for health care workers at the district- and facility-levels.

[1] UNAIDS, Report on the Global AIDS Epidemic, 2008.
[2] WHO, Summary Country Profile for HIV/AIDS Treatment Scale-up – Botswana, 2005.