



BATSWANA AND AMERICANS  
IN PARTNERSHIP TO FIGHT HIV/AIDS

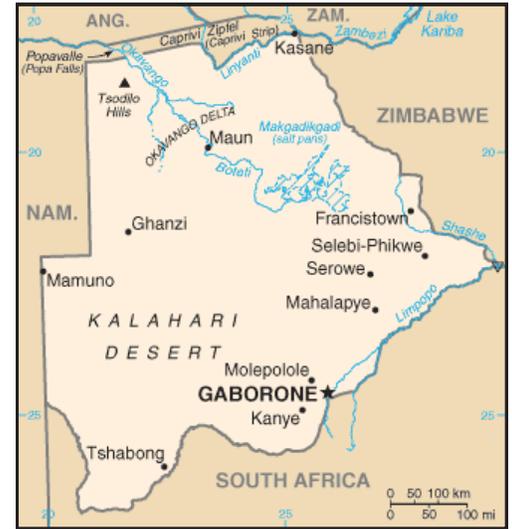
## Country Profile: Botswana

### HIV/AIDS in Botswana

Adults and Children living with HIV: 270,000<sup>1</sup>  
AIDS Deaths (Adults and Children): 18,000<sup>1</sup>  
AIDS Orphans: 120,000<sup>1</sup>

Botswana is experiencing one of the most severe HIV/AIDS epidemics in the world. Prevalence of HIV is highest in towns, lower in cities, and lowest in villages. According to UNAIDS, Botswana's HIV prevalence is among the highest in Sub-Saharan Africa. According to Botswana 2005 HIV Sentinel Surveillance data, the HIV infection rate among pregnant women aged 15-49 years was 33.4 percent. A 2004 household survey confirmed high infection rates in men (20%) and women (25.3%), aged 15-49.<sup>2</sup>

HIV is most prevalent among Botswana aged 25-34 years. Young women have a higher prevalence of HIV infection than their male counterparts in the same age group: the prevalence among women aged 15-19 years was 9.8 percent, versus 3.1 percent of men of the same age.<sup>2</sup> 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.



### U.S. Government Response

The Government of Botswana has mounted a multi-sectoral response guided by clear national priorities and strategies to fight the HIV/AIDS epidemic. Through U.S. President George W. Bush's Emergency Plan for AIDS Relief (Emergency Plan/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 faith-based organizations (FBOs), community-based organizations (CBOs) and nongovernmental organizations (NGOs) with technical assistance, capacity-building and key resources to help them develop and maintain the ability to provide high-quality HIV/AIDS related services.

Recognizing the global HIV/AIDS pandemic as one of the greatest health challenges of our time, President Bush announced the Emergency Plan in 2003 — the largest international health initiative in history by one nation to address a single disease. Under the leadership of the U.S. Global AIDS Coordinator, USG agencies implement the Emergency Plan, working collaboratively as strong, interagency country teams under the direction of the U.S. Ambassador. These teams capitalize on the expertise of each USG agency and leverage partnerships with host governments, multilateral institutions, NGOs and the private sector to implement effective programs for combating HIV/AIDS and ensure efficient use of USG resources.

Botswana is one of 15 focus countries of the Emergency Plan, which collectively represent approximately 50 percent of HIV infections worldwide. Under the Emergency Plan, Botswana received more than \$24.3 million in Fiscal Year (FY) 2004 and more than \$51.8 million in FY2005 to support a comprehensive HIV/AIDS prevention, treatment and care program. In FY2006, the United States plans to provide approximately \$54.9 million to support Botswana's efforts to combat HIV/AIDS.

<sup>1</sup> UNAIDS, Report of the Global AIDS Epidemic, 2006.

<sup>2</sup> 2004 BAIS II Survey.

President George W. Bush's  
Emergency Plan for AIDS  
Relief is the largest commitment  
ever by any nation for an  
international health  
initiative dedicated to  
a single disease—a  
five-year, \$15 billion,  
multifaceted approach to  
combating the disease  
around the world.

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# Emergency Plan Achievements in Botswana to Date

## Challenges to Emergency Plan 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 and AIDS among teachers reduce 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 or contribute to household income, or as they become too sick to attend school.

# of individuals reached with community outreach HIV/AIDS prevention programs that promote Abstinence and/or Being Faithful in FY2005 <sup>1</sup>	53,700 <sup>6</sup>
# of individuals reached with community outreach HIV/AIDS prevention activities that promote Condoms and related prevention services in FY2005 <sup>1</sup>	56,000
# of USG condoms shipped in Calendar Year 2005	5,367,000
# of pregnant women receiving prevention of mother-to-child HIV transmission (PMTCT) services since the beginning of the Emergency Plan <sup>3,4</sup>	68,000
# of pregnant women receiving antiretroviral prophylaxis for PMTCT since the beginning of the Emergency Plan <sup>3,5</sup>	9,800
# of individuals receiving counseling and testing (in settings other than PMTCT) in FY2005 <sup>3,4</sup>	132,700
# of HIV-infected individuals who received palliative care/basic health care and support in FY2005 <sup>3</sup>	37,300
# of Orphans and Vulnerable Children (OVCs) who were served by an OVC program in FY2005 <sup>3</sup>	5,800
# of individuals receiving downstream site-specific support for treatment as of September 30, 2006 <sup>1</sup>	0
# of individuals receiving upstream system strengthening support for treatment as of September 30, 2006 <sup>2</sup>	67,500

Note: Numbers may be adjusted as attribution criteria and reporting systems are refined. Numbers above 100 are rounded to nearest 100.

<sup>1</sup> Number of individuals reached through downstream site-specific support includes those receiving services at U.S. Government-supported service delivery sites.

<sup>2</sup> Number of individuals reached through upstream systems strengthening includes those supported through contributions to national, regional and local activities such as training, laboratory support, monitoring and evaluation, logistics and distribution systems, protocol and curriculum development.

<sup>3</sup> Total results combine individuals reached through downstream and upstream support.

<sup>4</sup> It is possible that some individuals were counseled and tested more than once.

<sup>5</sup> It is possible that some pregnant women received antiretroviral prophylaxis more than once over the two-year period, e.g. HIV positive women who were pregnant more than once.

<sup>6</sup> The number of people reached through community outreach AB programs declined from FY2004 to FY2005 in Botswana. This is in large part due to the award of new contracts and grants in FY2005 that began implementation after the reporting period ended, and to programs that experienced contractual problems, which affected their reach.

## Critical Interventions for HIV/AIDS Prevention

- Collaborated closely with the Government of Botswana to strengthen the national prevention of mother-to-child HIV transmission (PMTCT) program, providing financial support and technical assistance to promote innovation, support program expansion, and improve the quality of PMTCT services.
- Worked with the Ministry of Education for the last three years to develop abstinence-focused, life skills materials for schools. In early 2006, the Ministry began to distribute the materials and train teachers in their use. The materials will be used by hundreds of thousands of primary and secondary school students.
- Supported the Makgabaneng project, which has been a key HIV/AIDS prevention intervention in Botswana for over three years and remains one of the only sustained HIV/AIDS national behavior change communication programs. The program features a radio drama that was developed using behavior change concepts and data about the barriers to behavior change that Botswana face.

## Critical 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 Intervention for HIV/AIDS Care

- Collaborated with the Government of Botswana and other partners to support the rapid expansion of HIV counseling and testing services. As a result of the collaborative efforts, 90,000 clients received counseling and testing services at the Tebelopele voluntary counseling and testing centers, and over 100,000 received routine HIV testing at government facilities during FY2005.
- Supported the Government of Botswana's efforts to scale up routine HIV testing by supporting training and the procurement of rapid HIV test kits.
- Supported the training of local leaders from grassroots organizations to improve their understanding of HIV counseling and testing, and to promote referral of people to counseling and testing services. Over 1,350 local leaders were trained or retrained.
- Supported the Botswana Ministry of Health in developing guidelines and training modules on palliative care and the management of opportunistic infections, training or retraining five master trainers and 280 service providers on palliative care, and training or retraining 2,500 health workers on the revised guidelines for the management of opportunistic infections.