USAID | BOTSWANA

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HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	2 million (mid-2010)
Estimated Population Living with HIV/AIDS**	300,000 [280,000–310,000] (end 2007)
Adult HIV Prevalence**	23.9% [22.5–24.9%] (end 2007)
HIV Prevalence in Most-at-Risk Populations**	MSM: 19.7%
Percentage of HIV-Infected People Receiving Antiretroviral Therapy***	79% (end 2007)

*U.S. Census Bureau **UNAIDS
***WHO/UNAIDS/UNICEF *Towards Universal Access*, 2008

Botswana is ranked as one of nine southern African countries where more than 10 percent of the population is infected with HIV. The Joint United Nations Program on HIV/AIDS (UNAIDS) estimates 23.9 percent of adults 15 to 49 years of age are HIV positive, but recent surveys show the rate of new infections could be slowing. Prevalence in both urban and rural areas decreased between 2001 and 2006, according to UNAIDS, and the percentage of 20- to 24-year-old antenatal clinic attendees who were HIV-infected fell from 38.6 percent in 2003 to 24.3 percent in 2009. As services for the prevention of mother-to-child transmission of HIV (PMTCT) have been brought to scale, the annual number of new HIV infections among children declined fivefold between 1999 and 2007, from 4,600 to 890. All of these positive changes are indicative of success in curbing the epidemic.

In Botswana, women and girls continue to be disproportionately affected by HIV/AIDS. According to the 2008 Botswana AIDS Indicator Survey, HIV prevalence among females was more than one-third higher than the prevalence among males, at 20.4 percent compared to 14.2 percent. Prevalence in young men ages 15 to 24 was 4.8 percent, less than half the prevalence among young women (10.7 percent). The continued decline in prevalence among young adults since 2001 may be an indication of the success of prevention programs in recent years. According to the 2010 United Nations General Assembly Special Session (UNGASS) report, early exposure to older men with longer sexual histories is a risk factor for young girls contracting HIV. Studies have shown monetary gain and material support are two of the major factors driving intergenerational sexual relationships, which place young women at higher risk.

Multiple and concurrent partnerships, low levels of male circumcision, intergenerational sex, gender-based inequalities, alcohol consumption, inconsistent condom use, high population mobility, and stigma and discrimination all contribute to Botswana's rapid spread of HIV and sustained high level of HIV/AIDS, according to the 2010 UNGASS report. Studies cited by UNAIDS have shown men who use alcohol heavily were more than three times more likely to have unprotected sex, have sex with multiple partners, and pay for sex. Women with heavy alcohol use were found to be 8.5 times more likely to sell sex than other women. Discriminatory gender beliefs have had demonstrable negative impact on condom use. Individuals who held three or more discriminatory gender beliefs were nearly three times more likely to have had unprotected sex with a nonmarital partner in the previous year than those without such beliefs, according to UNAIDS.

Priority high-risk groups include men who have sex with men (MSM) and sex workers. However, the most recent AIDS Impact Survey in the country did not collect data on these populations, and national prevalence data are limited. A cross-sectional anonymous survey of MSM in Botswana found an HIV prevalence of 19.7 percent among study participants, with the prevalence in MSM older than 30 nearly double the rate in all MSM. A national research study conducted by the Government in 2007 concluded sex workers engage in unprotected high-risk sex, but the extent to which this and other high-risk populations are driving the epidemic remained unclear. Additional high-risk populations include prisoners, people with disabilities, illegal immigrants, and displaced persons.

HIV in Botswana affects the entire family. An estimated 20 percent of children under 17 are orphans, and most have been orphaned as a result of AIDS, according to UNAIDS. Children also die of AIDS themselves; according to the World Health Organization (WHO), more than half (54 percent) of deaths among children younger than age 5 are attributable to HIV. However, the national Government has made scaling up PMTCT a major priority, and

the rate of infection for infants born to HIV-positive mothers has dropped to 4 percent. According to the Ministry of Health (MOH), the percentage of pregnant women with HIV who receive antiretroviral drugs (ARVs) for PMTCT has increased from 60.3 percent in 2005 to 94.2 percent, making Botswana one of only four countries (along with Argentina, the Russian Federation, and Thailand) providing more than 75 percent ARV coverage for PMTCT according to UNAIDS.

The WHO/UNAIDS/UNICEF 2008 *Towards Universal Access* report estimated 79 percent of people living with advanced HIV were receiving antiretroviral therapy (ART). UNAIDS estimates ART coverage in Botswana had exceeded 80 percent as of 2009. The estimated annual number of AIDS-related deaths declined by more than half – from 15,500 in 2003 to 7,400 in 2007 – while the estimated number of children newly orphaned by AIDS fell by 40 percent. An estimated 79 percent of adults enrolled in the early stages of Botswana's ART scale-up were alive five years later.

People living with HIV/AIDS (PLWHA) are particularly vulnerable to developing tuberculosis (TB). Because of the increased susceptibility to infection and progression to active TB, it is one of the main causes of death for PLWHA. Botswana has the sixth highest HIV incidence rate in the world, with 710 cases per 100,000 population in 2008. TB-HIV co-infection is also extremely high, with 68 percent of new adult TB patients also HIV positive. Co-infection complicates care and treatment for both diseases.

National Response

Botswana has actively responded to HIV since 1986, a year after the first case was diagnosed in the country. A National AIDS Control Program was created within the MOH, followed by several short-term, five-year, and medium-term plans. There was also an expansion of education campaigns, testing, and laboratory services. The national HIV/AIDS response in Botswana has been funded primarily by public revenue. Of the 2008 funds for HIV/AIDS programs, 66 percent came from public sources, 32 percent from international partners, and 2 percent from private funds, according to the 2010 UNGASS report.

The country has embraced the "Three Ones" principle, which comprises one national coordinating body, one national monitoring and evaluation (M&E) system, and one HIV/AIDS Action Framework, to provide the basis for coordinating the work of all partners. The National AIDS Coordinating Agency was established in 1999; the Botswana HIV and AIDS Response Information System (the M&E system) was put in place in 2001; and the first National Strategic Framework (NSF I) – the Action Framework – covered the period from 2003 to 2009. Following an in-depth review of the NSF I, a second National Strategic Framework for 2010–2016 was approved in December 2009.

Recently, new policies have supported the scale-up of the response to the epidemic. The National Operational Plan for Scaling Up Prevention (2008), the National HIV Treatment Guidelines (2008), and new National Guidelines for HIV Testing and Counseling (2009) support prevention and treatment for all Batswana. The Public Service Act of 2008 prohibits discrimination against or demonstrations of prejudice toward employees because of HIV-positive status, and the Domestic Violence Act, No. 10 of 2008 protects survivors of domestic violence and removes barriers to accessing HIV prevention, treatment, and support services for women and girls. Since 2009, the Government has also launched national programs addressing multiple concurrent partnerships and male circumcision.

There has been significant progress in developing and launching several national prevention, treatment, and support programs. The PMTCT program was introduced in 1999 and routine HIV testing in 2004. An increase in the number of voluntary counseling and testing centers throughout the country has scaled up HIV testing. In addition, the national orphan care and home-based care programs provide important care and support for those infected with and affected by HIV/AIDS. The Botswana National AIDS Prevention Support Program is a World Bank-sponsored initiative to assist the Government of Botswana in increasing the coverage, efficiency, and sustainability of targeted and institution-based HIV/AIDS interventions.

The national ART program was implemented and rolled out in 2002. Scale-up of ART has been supported by the African Comprehensive HIV/AIDS Partnerships, a public-private partnership established in 2000 by the Government, the Bill & Melinda Gates Foundation, and the Merck Company Foundation. The partnership aims to support the Government's comprehensive approach to HIV/AIDS prevention, treatment, care, and support. Since 2001, Merck and the Gates Foundation have committed $106.5 million to the project. Merck also agreed to donate ARVs produced by the company to Botswana's national ART program for the duration of the partnership.

The Global Fund to Fight AIDS, Tuberculosis and Malaria has made a significant investment in HIV prevention in Botswana since 2004. From 2004 to 2006, the Global Fund disbursed $9 million in funds for HIV/AIDS. Funds were used for counseling and testing; PMTCT; advocacy initiatives; coordination and partnership development (national, community, and public-private); M&E; operations research; procurement; supply management capacity building; and the strengthening of civil society. The U.S. Government (USG) provides nearly 30 percent of the Global Fund's contributions worldwide.

USAID Support

Through the U.S. Agency for International Development (USAID), Botswana received more than $15.8 million in fiscal year (FY) 2009 for essential HIV/AIDS programs and services. USAID's HIV/AIDS programs in Botswana are implemented as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Launched in 2003, PEPFAR is the USG initiative to support partner nations around the world in responding to HIV/AIDS. Through PEPFAR, the USG has committed approximately $32 billion to bilateral HIV/AIDS programs and the Global Fund through FY 2010. PEPFAR is the cornerstone of the President's Global Health Initiative (GHI), which commits $63 billion over six years to support partner countries in improving and expanding access to health services. Building on the successes of PEPFAR, GHI supports partner countries in improving health outcomes through strengthened health systems, with a particular focus on improving the health of women, newborns, and children.

In 2010, PEPFAR/Botswana and USAID/Botswana have supported initiatives in several critical areas, including civil society capacity building; prevention of sexual transmission of HIV; care and support, especially for orphans and vulnerable children (OVC); and gender. USAID-funded partners provide capacity building of local nongovernmental, faith-based, and community-based organizations to implement successful prevention programs among both the general population and several most-at-risk populations. These partners provide both technical assistance and grants and organizational management capacity building. Sustainable capacity building is also provided to the Government of Botswana through an activity that is transforming organization, staffing, and procedures of the Central Medical Stores to improve forecasting, procurement, and distribution of medicines and supplies, including laboratory supplies.

Additional programs at the national level are planned to address the issues of multiple and concurrent partnerships and alcohol use; critical staffing shortages; cross-border control challenges, including preventing the spread of multidrug-resistant TB; OVC care; and the creation of a sustainable system for providing necessary services to PLWHA. The introduction of new leadership roles and programs will further support the response to the epidemic. In addition to support provided to the Government of Botswana and civil society, increased efforts are under way to engage the private sector.

Support for ART; HIV/AIDS care and support, including TB/HIV services; OVC and PMTCT services; and HIV counseling and testing are provided both directly to national programs and through local and international partners. Progress achieved in Botswana through direct PEPFAR support during 2009 included:

- 237,500 individuals reached with community outreach HIV/AIDS prevention activities that promoted abstinence and/or partner reduction
- 52,200 individuals reached with community outreach HIV/AIDS prevention activities that promoted correct and consistent use of condoms and related interventions
- 17,367,000 USG condoms shipped from calendar year 2004 through 2009

Important Links and Contacts

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USAID's HIV/AIDS Web site for Botswana:
http://www.usaid.gov/our_work/global_health/aids/Countries/africa/botswana.html.

For more information, see USAID's HIV/AIDS Web site: http://www.usaid.gov/our_work/global_health/aids/.

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