



Office of the United States Global AIDS Coordinator

Providing leadership, coordination and oversight to the unified U.S. Government effort to implement the President's Emergency Plan for AIDS Relief

U.S. Department of State

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Country Profile — *Botswana*

U.S. President's Emergency Plan for AIDS Relief



HIV/AIDS in Botswana

HIV Infected: 350,000¹

AIDS Deaths: 26,000¹

AIDS Orphans: 69,000¹

Botswana is experiencing one of the most severe HIV/AIDS epidemics in the world. Incidence of HIV is highest in towns, lower in cities, and lowest in villages.² According to UNAIDS, Botswana has the second-highest HIV prevalence in Sub-Saharan Africa.¹ According to Botswana 2003 Second Generation HIV/AIDS Surveillance data, the HIV infection rate among pregnant women aged 15-49 years was 37.4 percent. A 2004 household survey confirmed the high infection rate in adults of reproductive age.²

HIV is most prevalent among Botswana aged 25-34 years. Young women are at higher risk for HIV infection than their male counterparts: the prevalence among women aged 15-19 years was 9.8 percent, vs. 3.1 percent of men of the same age.² 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 (GOB) 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 (the Emergency Plan), U.S. Government (USG) partners, working with GOB, bring 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:

- ◆ The Emergency Plan in Botswana aligns strongly with Botswana's national HIV/AIDS priorities.
- ◆ The USG leverages Botswana's national HIV/AIDS response by strengthening capacity and providing technical assistance and resources to ensure that interventions complement and build on existing programs.
- ◆ The USG provides Botswana's faith-based, community-based 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 at least 50 percent of HIV infections worldwide. Under the Emergency Plan, Botswana received nearly \$24.4 million in FY2004 to support a comprehensive HIV/AIDS prevention, treatment and care program. In FY2005, the U.S. is committing more than \$51 million to support Botswana's efforts to combat HIV/AIDS.

¹ UNAIDS, Report of the Global AIDS Epidemic, 2004.

² According to 2004 BAIS II Survey.



Emergency Plan Achievements in Botswana

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 well-functioning public educational and health care systems. At the household level, families are facing 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, contribute to household income or become too sick to attend school.

# of individuals reached with community outreach HIV/AIDS prevention programs that promote Abstinence and Being Faithful	89,600
# of pregnant women receiving prevention of mother-to-child HIV transmission (PMTCT) services	30,500
# of pregnant women receiving antiretroviral prophylaxis	2,000
# of individuals receiving counseling and testing	105,700
# of HIV-infected individuals who received palliative care/basic health care and support	36,300
# of Orphans and Vulnerable Children (OVCs) who were served by an OVC program	5,100
# of individuals receiving upstream system strengthening support for treatment ¹	17,500
# of individuals receiving downstream site-specific support for treatment ²	2,500

Prevention and care results reflect accomplishments through September 2004 and combine upstream and downstream support. Treatment results reflect accomplishments through March 2005.

¹ Number of individuals reached through upstream systems strengthening includes those supported through contributions to support national strategies through national, regional, and local activities such as training, laboratory support, monitoring and evaluation, logistics and distribution systems, protocol and curriculum development.

² Number of individuals reached through downstream site-specific support includes those receiving treatment where the Emergency Plan supports programs at the point of service delivery.

Critical Interventions for HIV/AIDS Prevention

- ◆ Supported the radio drama, Makgabaneng, meaning "Rocky Road," which employs the MARCH Model (Modeling and Reinforcement to Combat HIV/AIDS). The program uses local talent to read emotionally compelling scripts that convey models of HIV/AIDS risk reduction behaviors and reflect the local culture. A household survey found that nearly half of Botswana listen to the drama at least once a week, and regular listeners were more open to testing and knowing their status and more accepting of individuals living with HIV/AIDS.
- ◆ Promoted behavioral change to reduce the risk of HIV/AIDS in youth by supporting the Youth Health Organization (YHO)'s "education-entertainment" jam sessions, art festivals, dramas and one-on-one follow-up discussions on issues raised. An estimated 60,000 youth have been reached due to mass media efforts in conjunction with YHO.
- ◆ Supported the Total Community Mobilization (TCM) program, a door-to-door, community-mobilization intervention that uses peer educators to deliver HIV prevention and treatment-related information in five health districts. A recent study found that exposure to TCM was positively associated with knowledge of abstinence and of condom use as HIV prevention methods. TCM exposure was similarly associated with the knowledge that preventing mother-to-child HIV transmission is possible. Further, TCM-exposed individuals were roughly twice as likely as the unexposed to have been tested for HIV; to have discussed testing with a partner before being tested; and, to have been tested with a partner.

Critical Intervention for HIV/AIDS Care

- ◆ Supported Tebelopele, the country's largest provider of Voluntary Counseling and Testing (VCT) services with 16 freestanding sites and four mobile caravans. Tebelopele recently "spun-off" to become an independent NGO. Also supported the "Show you care" ad campaign that encourages people to accompany their loved ones to VCT centers to receive education and tools to better fight the infection and prevent its further spread. There were more than 75,000 visits to Tebelopele in 2004, contributing to Botswana having the highest rate of HIV testing in region.
- ◆ Supported the development of policy guidelines on the use of rapid tests in public facilities.
- ◆ Provided approximately 2,000 pregnant women with a complete course of antiretroviral prophylaxis in a PMTCT setting.

Critical Interventions for HIV/AIDS Treatment

- ◆ Along with other partners such as the African Comprehensive HIV/AIDS Partnership (ACHAP - Merck and Gates Foundations), provided support to the government of Botswana's "Masa" (New Dawn) antiretroviral treatment (ART) program. In particular, the Emergency Plan provided support to the government of Botswana's National HIV/AIDS Strategic Framework and HIV/AIDS related goals with strengthening of laboratory infrastructure, training, lab commodity procurement and logistics, as well as monitoring and evaluation, including surveillance.