



**UNAIDS**  
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

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**Botswana**  
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## Country Situation

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The State President who is also the Chair of the National AIDS Council (NAC) continued to demonstrate and provide consistent and strong leadership to the national response to HIV with particular emphasis on the need to scale-up HIV prevention in the era of high coverage of antiretroviral treatment (ART) in the country.

NAC, within the framework of its policy role to enhance national efforts on HIV, endorsed Male Circumcision (MC) as an important additional HIV prevention intervention and requested the Ministry of Health (MOH) and National AIDS Coordinating Authority to spearhead relevant collaborative initiatives.

The Ministry of Finance and Development Planning revived the Government-Donor Coordination Forum that will address aid coordination for development issues including HIV. The Partnership Forum on AIDS was involved in and supported the mid-term review of the National Strategic Framework as well as relevant follow-up actions.

Through the Botswana Network of AIDS Service Organization, the civil society formed a coordination committee for key national networks to strengthen management and harmonization of the sector's response.

A senior level Joint Mission comprised of Executive Directors of UNAIDS/UNICEF and President of the Gates-Foundation for Global Health visited Botswana in October 2007 to assess implementation progress of African Comprehensive HIV/AIDS Partnerships supported programmes and to advocate for continued and increased resources for HIV responses in Botswana as well as strengthened AIDS coordination and harmonization among partners.

The Antiretroviral Treatment Programme expanded to cover 91 780 people out of an estimated 110 000 (2001 estimates) who are eligible for treatment. Of these, 61% are female and 9% are children. PMTCT uptake reached 91% with a reduction of peri-natal transmission from 20%-40% to 4%-6%.

The parliamentary select committee on AIDS conducted countrywide consultations with the public on HIV and AIDS issues for inputs to inform the debate on the Public Health Bill.

In an effort to scale-up prevention, development of a more comprehensive national prevention operational plan aimed at addressing, among other issues, the key drivers of the epidemic in Botswana, was initiated.

The Mid Term Review (MTR) identified inadequate capacity in human resources and systems as one of the major obstacles towards attaining universal access. To address these challenge initiatives that integrate capacity building in all programmes are being explored and undertaken including possible measures for retention of relevant skills and expertise. Another challenge identified by the MTR was the need to strengthen coordination and synergies through better harmonization and alignment of programmes and related support.

## UNAIDS Support to the National Response

### **UNAIDS activities at country level during 2007**

The UN Country Team (UNCT) established and endorsed the Joint UN Team on AIDS along with the domesticated technical division of labour. Further to this, a draft Joint UN Programme of Support on AIDS was developed and is to be finalized and rolled out in 2008.

In addition the UNCT embarked on a Common Country Assessment (CCA) and UN Development Assistance Framework (UNDAF) process including a draft CCA that identified HIV as one of the key development issues and challenges to be fully addressed in the UNDAF.

Agencies prepared their draft Country Programmes to be finalized and endorsed early next year.

The UNCT through the Joint Team on AIDS supported the development of a draft National Operational Plan on prevention scale-up. The AIDS Team also facilitated the preparation of a draft Joint National Operational Plan in which the prevention plan will feed.

With UNCT support, Global Fund Round 7 proposal focusing on prevention and capacity building with public-private partnership was developed. Although not successful for grant eligibility the momentum gained and lessons learnt through the process should be carried forward towards renewed efforts on HIV in the coming year.

In the year, an Inter-agency Task Team on PMTCT mission was fielded and it appreciated remarkable progress made in PMTCT with recommendations for improvement and follow-up.

WHO/UNAIDS facilitated consultations for advocacy and sensitization on male circumcision with MOH, NACA and other partners following which male circumcision was endorsed as an additional prevention strategy.

The Joint Team on AIDS provided support for the UNGASS reporting process including mobilization and empowerment of civil society for their effective participation and involvement.

With support from the Joint Team, the Botswana Network of People Living with AIDS (BONEPWA+) conducted a mid-term review of its strategic plan.

### **UNAIDS achievements at country level during 2007**

#### ***Joint UN planning and programming***

The formation and endorsement of the Joint UN Team on AIDS in June 2007 marked an important point for enhanced UN Country Team (UNCT) response to HIV. The domesticated

division of labour was agreed upon and AIDS Team members were appointed to fulfill the functions of the team.

Through its technical support leaders the Joint AIDS Team provided required and focused support to a number of key areas of the national response during the latter half of the year. One of these where the AIDS Team technical assistance was critical was the completion and write up of the mid-term review of the National Strategic Framework (NSF) and stakeholders, review and analysis of the findings as well as consultations for the way forward to intensify initiatives to slow HIV infection and deal with the impact of the epidemic. As a follow up to the recommendations from the mid-term review the prevention working group of the Joint Team on AIDS provided active support to the national prevention scale-up operational plan development process. The result of this assistance was a draft prevention operational plan that focuses on a minimum package of interventions to reduce new HIV infections. This draft plan will be finalized and rolled out in the coming year.

### ***Prevention***

Following the endorsement of Male Circumcision (MC) by the National AIDS Coordinating Authority, the UN through the WHO and UNAIDS Secretariat hired two consultants to assist the Ministry of Health (MOH) to undertake necessary preparatory work for male circumcision scale-up.

The consultants and relevant technical support leaders from the Joint Team on AIDS supported the MOH for four weeks in November-December to achieve the following:

- ▶ WHO toolkit on MC reviewed and modules selected and adapted for use in Botswana.
- ▶ Limited rapid situation and needs assessment on MC in health facilities conducted.
- ▶ Cost estimates for MC done.
- ▶ Draft minimum information package for clinicians developed.
- ▶ Framework for information, education and communication on MC prepared.

The following recommendations that MOH will pursue in 2008 with support from UN and other partners were made:

- ▶ Conduct a full scale and more detailed situation analysis.
- ▶ Develop and roll out the national strategy including IEC for scale-up of MC.
- ▶ Recruit and deploy required health personnel as well as establish and implement a relevant training and supervision system.
- ▶ Ensure adequate supply chain management of materials and equipment for MC.
- ▶ Develop and put in place a structure for monitoring and evaluation for MC in line with the "Three Ones" principles

## **Main challenges / activities for 2008**

Scaling-up prevention remains a key challenge for Botswana and hence the need for more effective mobilization of all stakeholders in support of this intervention with a focus on reducing vulnerability, susceptibility and sustainability towards universal access.

Additionally, male circumcision for which a preliminary needs assessment has been done will form part of the comprehensive prevention package that is essential to slow HIV infection.

MOH embarked on a process to review protocol for ART and PMTCT, which will have resources and other related implications for partner support.

There have been reports of increasing multi-drug resistant tuberculosis (TB), which requires more intensive programming and monitoring and strengthening linkages with the HIV programme. With the increased incidence of extensive drug resistant TB in neighbouring South Africa, there is a need for heightened vigilance for surveillance and necessary measures.

Following the recommendations of MTR, preparation of the Joint National Annual Operational Plan was initiated and will be pursued in the coming year and will lead to the development of the next National Strategic Framework.

The incumbent Head of State who is also the Chair of the National AIDS Council will leave office in March 2008 at the end of their term and will be replaced by the current Vice President.