1. Demographic and socioeconomic data

<table>
<thead>
<tr>
<th>Date</th>
<th>Estimate</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (millions)</td>
<td>2004 1.8</td>
<td>United Nations</td>
</tr>
<tr>
<td>Population in urban areas (%)</td>
<td>2005 52.517</td>
<td>United Nations</td>
</tr>
<tr>
<td>Life expectancy at birth (years)</td>
<td>2002 40.4</td>
<td>WHO</td>
</tr>
<tr>
<td>Gross domestic product per capita (US$)</td>
<td>2002 2857</td>
<td>United Nations</td>
</tr>
<tr>
<td>Government budget spent on health care (%)</td>
<td>2002 7.5</td>
<td>WHO</td>
</tr>
<tr>
<td>Per capita expenditure on health (US$)</td>
<td>2002 171</td>
<td>WHO</td>
</tr>
<tr>
<td>Human Development Index</td>
<td>2003 0.565</td>
<td>UNDP</td>
</tr>
</tbody>
</table>

2. HIV indicators

<table>
<thead>
<tr>
<th>Date</th>
<th>Estimate</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult prevalence of HIV/AIDS (15-49 years)</td>
<td>2003 35.5 - 39.1%</td>
<td>WHO/UNAIDS</td>
</tr>
<tr>
<td>Estimated number of people living with HIV/AIDS (0-49 years)</td>
<td>2003 330 000 - 380 000</td>
<td>WHO/UNAIDS</td>
</tr>
<tr>
<td>Reported number of people receiving antiretroviral therapy (0-49 years), 2005</td>
<td>Oct 2005 55 829</td>
<td>WHO/UNAIDS</td>
</tr>
<tr>
<td>Estimated number of people needing antiretroviral therapy (0-49 years), 2005</td>
<td>Dec 2005 84 000**</td>
<td>WHO/UNAIDS</td>
</tr>
<tr>
<td>HIV testing and counselling sites: number of sites</td>
<td>Sep 2005 16</td>
<td>National AIDS Coordinating Agency</td>
</tr>
<tr>
<td>HIV testing and counselling sites: number of people tested at all sites</td>
<td>NA</td>
<td>National AIDS Coordinating Agency</td>
</tr>
<tr>
<td>Knowledge of HIV prevention methods (15-24 years)% - female*</td>
<td>2001 40</td>
<td>BAIS***</td>
</tr>
<tr>
<td>Knowledge of HIV prevention methods (15-24 years)% - male*</td>
<td>2001 33</td>
<td>BAIS***</td>
</tr>
<tr>
<td>Reported condom use at last higher risk sex (15-24 years)% - female**</td>
<td>2000 75</td>
<td>BAIS***</td>
</tr>
<tr>
<td>Reported condom use at last higher risk sex (15-24 years)% - male**</td>
<td>2000 88</td>
<td>BAIS***</td>
</tr>
</tbody>
</table>

3. Situation analysis

Epidemic level and trend and gender data

The first case of HIV/AIDS in Botswana was diagnosed in 1985. Today Botswana faces one of the most severe HIV epidemics in the world. At the end of 2003, an estimated 350 000 adults and children were living with HIV/AIDS in Botswana, with an estimated average adult prevalence of 37.3%. In 2003, the median HIV prevalence among antenatal clinic attendees tested in 22 health districts was 37% (range 26-52%). The HIV prevalence among antenatal clinic attendees increased rapidly from 18% in 1992 to 38% in 2000 and started to decline in 2001. In 2005, based on the antenatal care sentinel survey, the prevalence among antenatal care attendees was estimated at 33%. Major urban areas in Botswana include Gabarone, Francistown and Selebi-Phikwe. The HIV prevalence increased from 15% in 1992 to 45% in 2003 in Gabarone and from 24% in 1992 to 46% in 2003 in Francistown. In 2003, Selebi-Phikwe district reported the highest prevalence in the country, reaching 52%. The 2005 sentinel surveillance has shown lower HIV prevalence rates in all sites, but Selebi-Phikwe, with an antenatal care HIV prevalence of 46.5%, is still the highest in the country. Key determining factors driving the HIV/AIDS epidemic include stigma and denial, the vulnerability of women, the incidence of unprotected sex, poverty and demographic mobility.

Major vulnerable and affected groups

The principal mode of transmission is heterosexual. People 15-19 and 20-24 years old still exhibit high HIV infection rates despite recent evidence of declining HIV prevalence rates in these age groups. HIV prevalence at all sites increased from 16% in 1992 to 23% in 2003 among those 15-19 years old and from 20% in 1992 to 39% in 2003 among those 20-24 years old. In 2005 the prevalence fell to 18% for 15- to 19-year-olds and 31% for 20- to 24-year-olds. Overall, HIV prevalence declined substantially among women 15-19 and 20-24 years of age from 2003 to 2005. The highest age-specific prevalence in the 2005 HIV sentinel survey was among women aged 30-34 years, at 49%. The Botswana AIDS Impact Survey 2 had similar findings, including for voluntary counselling and testing, where the prevalence in this age group is over 40% and highest. HIV prevalence rates peaked among the 25- to 29-year-old antenatal clinic attendees at 50.4% in 2000 and declined slightly to 49.7% in 2003 and to 44.5% by 2005. Military personnel are considered to be increasingly vulnerable to sexually transmitted infections, including HIV/AIDS.

Policy on HIV testing and treatment

A routine offer of HIV testing was introduced in hospitals in 2004. National guidelines for voluntary counselling and testing have been developed. Botswana was one of the first countries in Africa to establish a national antiretroviral therapy programme. The implementation of antiretroviral therapy started in 2002 and expanded to 32 sites in 2005. Treatment is provided free of charge in the public sector, which has positively influenced the demand for voluntary counselling and testing. National treatment guidelines have been developed in accordance with international standards.

Antiretroviral therapy: first-line drug regimen, cost per person per year
The starting regimen for adult men and women with no reasonably reliable possibility to be pregnant in five years is zidovudine + lamivudine + efavirenz. The starting regimen for pregnant women or women likely to become pregnant and for children younger than five years is zidovudine + lamivudine + nevirapine. The government is funding the procurement of antiretroviral drugs. Antiretroviral therapy is provided free of charge in the public sector.

Assessment of overall health sector response and capacity

The Government of Botswana has demonstrated a very high level of political commitment to addressing the HIV/AIDS epidemic and has adopted a compelling, long-term vision to have no new HIV infections by 2016. Botswana is among the 19 African countries that have established a National AIDS Council chaired by the head of state to take responsibility for a multisectoral response to AIDS. The National AIDS Coordinating Agency provides technical support to the National AIDS Council and coordinates the national multisectoral response. Botswana has developed a multisectoral response. The strong political commitment has led to the integration of HIV/AIDS into national development planning and budgeting (National Development Plan 9). Botswana began providing antiretroviral therapy in 2002 in Gaborone. A National Emergency Operational Plan for Scaling Up Antiretroviral Therapy in 2004-2005 was developed to guide the roll-out of treatment in the public sector. Botswana has a good health system with wide coverage. Training programmes in antiretroviral therapy have been developed and implemented, including for physicians, nurses, pharmacists and counselors. In addition, guidelines for training health workers to deliver critical HIV/AIDS services are being developed within the framework of the WHO Integrated Management of Adult and Adolescent Illness (IMAI) approach. A social mobilization campaign designed to increase public awareness of the availability and outcomes of antiretroviral therapy has increased the involvement of people living with HIV/AIDS in promoting a supportive environment and has helped to reduce stigma and discrimination.

By September 2004, Botswana had already achieved the WHO “3 by 5” target of 30,000 people receiving treatment by the end of 2005 (based on 50% of based organizations engaged in the national response face the challenge of scarcity of available funding and limited capacity.

Testing and counselling services need to be expanded further as an entry point to post-test prevention, care and treatment services. Nongovernmental organizations and community-based organizations engaged in the national response face the challenge of scarcity of available funding and limited capacity.

4. Resource requirements and funds committed for scaling up treatment and prevention in 2004-2005

- The national antiretroviral therapy programme is funded by the government in collaboration with the African Comprehensive HIV/AIDS Partnerships (ACHAP) and a few other development partners. ACHAP is funded by the Bill & Melinda Gates Foundation with a US$ 50 million contribution over a five-year period, to be matched by pharmaceutical manufacturer Merck & Co., Inc. and its subsidiary, Merck Company Foundation, whose contributions will include antiretroviral medicines.
- Botswana is a beneficiary of the United States President’s Emergency Plan for AIDS Relief. Under the Emergency Plan, Botswana received nearly US$ 24.4 million in 2004 to support a comprehensive HIV/AIDS prevention, treatment and care programme. In 2005, the United States committed close to US$ 51 million to support Botswana’s efforts to combat HIV/AIDS. Botswana submitted a successful Round 2 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria for US$ 18.6 million focused on training, strengthening treatment, care and support services, scaling up prevention programmes and reducing stigma and discrimination. As of December 2005, US$ 9 million has been disbursed.
- Support is also provided by United Nations agencies, nongovernmental organizations, charitable organizations and foundations.

5. Treatment and prevention coverage

- The national estimate of the number of people requiring antiretroviral therapy in Botswana is 110,000 people. The national Emergency Operational Plan for Scaling Up Antiretroviral Therapy in 2004-2005 declared a treatment target of 55,000 people by 2005, based on this estimate of treatment need.
- In 2003, WHO/UNAIDS estimated Botswana’s total treatment need to be 60,000 people, and the WHO “3 by 5” treatment target was calculated as 30,000 for the end of 2005 (based on 50% of estimated need). In 2005, WHO/UNAIDS estimated that Botswana’s treatment need had risen to 84,000 people.
- With 42,000 people receiving antiretroviral therapy in March 2005, Botswana had already surpassed the WHO “3 by 5” treatment target. By October 2005, 55,829 people were reported to be receiving antiretroviral therapy in Botswana, achieving the national treatment target.
- Antiretroviral therapy programmes were first implemented in January 2002 at the Princess Marina Referral Hospital in Gaborone. The number of people receiving treatment rose gradually during the first two years of implementation and much more rapidly in 2004. In 2003, 12 facilities were offering antiretroviral therapy in Botswana. As of October 2005, 32 public sites are providing antiretroviral therapy, with at least one site in each of the 24 health districts.
- About 85% of patients treated receive treatment free of charge in the public sector, and about 15% receive treatment through the private sector. An increasing number of private companies have workplace programmes for people living with HIV/AIDS, including the Botswana Power Corporation and Barclays Bank. In March 2005, the Botswana Defence Forces antiretroviral drug procurement corps began providing antiretroviral therapy to soldiers free of charge in three sites. More than 1200 children receive treatment at a clinic centre for children with HIV/AIDS supported by the Botswana-Baylor partners.
- The Government of Botswana has provided voluntary HIV testing during pregnancy as well as treatment for preventing transmission from the mother to the child since 2001. A routine offer of HIV testing was introduced in hospitals in 2004. Sixteen voluntary counselling and testing centres have been established countrywide in collaboration with BOTUSA (a collaboration between the government and the United States Centers for Disease Control and Prevention). Since 2003, all 24 health districts have provided testing and counselling services for preventing mother-to-child transmission.

6. Implementation partners involved in scaling up treatment and prevention

Leadership and management

The National AIDS Council coordinates the multisectoral response to HIV/AIDS. The secretariat of the National AIDS Council is the National AIDS Coordinating Agency. The National AIDS Council has representatives from 17 sectors, including civil society, the private sector and the public sector. Other coordinating mechanisms include the National HIV/AIDS Partnership Forum, Council of Churches of Botswana AIDS Coordinating Agency (ACHAP) and the National Donor Coordination Forum, chaired by the Ministry of Finance and Development Planning. The government has also established HIV/AIDS sectoral committees in all ministries and departments.

Service delivery

The National AIDS Council and the National AIDS Coordinating Agency provide leadership in delivering HIV/AIDS services. ACHAP has been responsible for coordinating and financing the multisectoral response to HIV/AIDS. The government is funding the procurement of antiretroviral drugs. Antiretroviral therapy is provided free of charge in the public sector. The Botswana-Baylor partnership provides support for scaling up treatment and integrated management of Adult and Adolescent Illness (IMAI).

Community mobilization

Over the years, civil society involvement in HIV/AIDS in Botswana has focused on prevention and on basic care for people infected or affected by HIV/AIDS. Community home-based care services are available through district teams coordinated by the AIDS/STD Unit in the Ministry of Health. As of July 2004, the AIDS/STD Unit had trained more than 500 home community-based care volunteers. Several nongovernmental organizations operate in Botswana together with faith-based organizations. The most common community-based organizations involved in HIV/AIDS work are church organizations and women’s groups. Village health committees are also reported to be very active in HIV/AIDS in many areas. The Botswana Network of AIDS Service Organizations includes over 130 nongovernmental organizations that provide support to people living with HIV/AIDS. The Botswana Network of People Living with HIV/AIDS and the Botswana Christian AIDS Integration Programme play an important role in mobilizing communities.

Strategic information

The Ministry of Health provides leadership and coordination in monitoring and evaluation, surveillance, tracking people receiving antiretroviral therapy, operational research and information management activities. Supporting agencies include the Ministry of Local Government, the Botswana-Howard Partnership and WHO.

7. Staffing input for scaling up HIV treatment and prevention

WHO’s response so far
Botsswana

Key areas for WHO support in the future

- Supporting the Ministry of Health in building human resource capacity
- Providing normative guidance to support the scale-up of prevention and testing and counselling services
- Supporting the review and update of regulations and policies on the role of nurses and midwives in delivering antiretroviral therapy
- Supporting the review and update of policies and legislation on issues related to TRIPS (Agreement on Trade-related Aspects of Intellectual Property Rights) and generic antiretroviral drugs
- Supporting the development of treatment literacy to ensure community involvement
- Supporting the strengthening of national health information systems for the HIV/AIDS programme
- Supporting the development of systems for surveillance of drug resistance
- Supporting the strengthening of links between prevention and treatment scale-up in accordance with universal access
- Supporting the acceleration of prevention efforts in the health sector in accordance with the initiative of the WHO Regional Office for Africa to support the Year for Acceleration of HIV Prevention in the African Region in 2006
- Supporting strategic planning, monitoring and evaluation of the health sector response to HIV/AIDS

Staffing input for scaling up HIV treatment and prevention

- Current WHO Country Office staff responsible for HIV/AIDS and sexually transmitted infections include one international HIV/AIDS Country Officer.