

# BOTSWANA

*Report prepared by the Joint UN Team on AIDS*

## JOINT TEAM

UNICEF, UNFPA, UN WOMEN, ILO, UNESCO, WHO, WORLD BANK, UNAIDS  
SECRETARIAT

## JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

*In 2020-2021, Botswana continued to make strong progress towards the 90-90-90 targets despite the impact of the COVID-19 pandemic on the provision of health and social services across the country. The Joint Team provided support to scale up mitigating actions, including multimonth dispensing (MMD) of antiretroviral treatment (ART) and management of medical supplies. In 2021, Botswana became the first high-burden country to have received a Silver Tier from the World Health Organization (WHO) for achieving a critical milestone on the path to eliminating mother-to-child transmission of HIV. Adolescent and young people were engaged with initiatives aimed at addressing early and unintended pregnancy, gender inequalities, and gender-based violence (GBV). The national School Health Policy was updated to strengthen various sexual and reproductive health issues in school settings, including teenage pregnancy, comprehensive sexuality education (CSE) and inclusion of learners with disabilities in these programmes. Consorted advocacy secured commitments from sector ministries to coordinate their efforts towards the 2030 ESA commitment to scale up sexual and reproductive health (SRH) for young people.*

## HIV TESTING AND TREATMENT

The Joint Team provided support to the Ministry of Health and Wellness to complete the guidance note on COVID-19 and HIV comprising tangible actions for the Government and civil society organization, such as forecasting of ART supply for nine months to overcome the impact of the colliding COVID-19 and HIV pandemics. Taking advantage of UN procurement mechanisms and humanitarian flights, the Joint Team facilitated direct procurement of Dolutegravir and paediatric formulations from the manufacturer at a reduced price to scale up three months MMD.

A rapid risk assessment was conducted to understand the context and needs of people living with HIV and key populations during the COVID-19 pandemic lockdown period. The study showed that 52% of people living with HIV enrolled on ART services were able to reach an ART site to refill their prescriptions while 11% reported that despite their attempts to get refills, they

were not able to reach a clinic. Around 74% of the study participants had refills through 2-6 months MMD and 36% of participants had to change their treatment regimen due to drug stock out. The assessment further revealed that 9% of people living with HIV experienced abuse and violence at home and were not aware of available support services.

### **ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION OF HIV AND SYPHILIS, AND MATERNAL HEALTH**

In August 2021, the Ministry of Health, with technical and financial support from the Joint Team and other partners, completed and submitted validation of national data for elimination of mother-to-child transmission of HIV and syphilis in line with the WHO guidelines. This enabled the Government to collect missing data on non-citizens who were enrolled on prevention of mother-to-child transmission of HIV (PMTCT) and syphilis services, verify data on early infant diagnosis (EID), and establish a reliable baseline dataset for three years (January 2017 to December 2019) that were needed to fulfil the requirements for pre-validation. As a result of this joint initiative, Botswana became the first high-burden country to obtain a Silver Tier from WHO for achieving an important milestone towards the elimination of mother-to-child transmission of HIV (EMTCT).

The Joint Team made valuable contribution towards the review and completion of the Southern African Development Community (SADC) scorecard on sexual and reproductive health rights (SRHR) aimed at tracking Botswana's progress towards the SADC SRHR strategy targets and the United Nations Sustainable Development Goals (SDGs). The scorecard showed that whilst Botswana met targets for reducing mother-to-child transmission of HIV and new HIV infections continue to decline, a negative shift was observed on few indicators—maternal mortality ratio, sexually transmitted infection incidence, and human papillomavirus (HPV) vaccination. Data gaps were also noted for other important indicators, such as the unmet needs for family planning, and the number of births to women aged 15-19 years (adolescent birth rate), making it impossible to calculate trends between 2019 and 2021. In response to these findings, the Joint Team, in collaboration with national partners, developed priority actions required to fast-track the achievement of SADC SRHR targets, which were adopted by the Ministry of Health for implementation; among others, they include the strengthening of comprehensive sexuality education, the production of quality disaggregated data on SRH and HIV, and the improved implementation of the guidelines to facilitate the return to school for pregnant girls and young mothers.

### **HIV PREVENTION AND SEXUAL AND REPRODUCTIVE HEALTH AMONG YOUNG PEOPLE AND KEY POPULATIONS**

In 2021, the Joint UN Team together with national partners developed a set of normative guidance to improve delivery of high impact HIV prevention services and strengthen condom programming for key populations, adolescent girls and young women, and young people in Botswana. The guidance documents included the National Comprehensive Condom Programming Strategy with a costed implementation plan, which were instrumental in resource mobilization efforts, particularly with the Global Fund.

The Joint Team implemented several activities aimed at engaging adolescents and young people and improving their knowledge around HIV, SRH, gender-based violence (GBV) and COVID-19. These included 1) conducting a poll with U-Report to assess awareness and protective behaviour towards COVID-19 among adolescent and young people. Results from the poll informed key messages targeting this group, which were disseminated widely via short message services (SMS), social media platforms, radio, television, and printed materials; 2) producing a video on COVID-19 featuring the First Lady of Botswana which was published on various outlets; 3) providing peer educators with personal protective equipment (PPE) to resume face-to-face sessions and modems needed for virtual engagement. These initiatives contributed to reaching 495 000 adolescents and young people across the country improving

their knowledge and empowering them to make informed decisions, practice safe behaviours and access services. The Joint Team also advocated for safeguarding gender equality and the rollout of GBV prevention services in the national COVID-19 response.

In collaboration with and drawing technical support from the Joint Team, the Government convened development partners on the 2030 Eastern and Southern Africa (ESA) Ministerial Commitment to scale up sexuality education and SRH services for young people in Botswana. Amplified advocacy efforts by the Joint Team led to the signing of the 2030 ESA commitment, bringing together four ministries—health and wellbeing, education, young and gender—for the first time pledging to collectively respond to the needs of adolescents and young people.

Support was provided for the review and update of the School Health Policy in Botswana, pending final approvals. The policy was revised to address critical school and health issues, including early and unintended pregnancy, vaccines for the prevention of cervical cancer and other immunizations, nutrition, CSE, inclusivity such as learners with disabilities which were left out, and many more. An implementation plan was also developed to guide all ministries, departments, and organizations to effectively implement the policy.

### **GENDER INEQUALITY AND GENDER-BASED VIOLENCE**

The Office of the First Lady received support for the completion of the First Lady Strategic Framework which was launched on 16 April 2021. The framework seeks to advocate and galvanize communities, government and development partners, and communities in prevention of GBV and HIV infection among adolescent and young people, particularly adolescent girls and young women. In 2021, the First Lady supported by the Joint Team, embarked on a campaign to curb GBV and subsequent HIV infection during the annual 16 days of activism. She conducted action-oriented dialogues with young women and men and met with faith and traditional leaders to help engage men in mindset, norms and behaviour change initiatives at individual, household, and community levels.

### **INVESTMENT AND EFFICIENCY**

The Joint UN Team actively participated in the development of a Global Fund grant proposals mobilizing US\$ 23 314 605 for the national HIV and tuberculosis response, 40% of which was dedicated to scale up HIV prevention with additional catalytic funds amounting to US\$ 1.8 million for programmes targeting adolescent girls and young women, and US\$ 1 million activities aimed at improving human rights. Botswana also received an additional US\$ 3 million from the COVID-19 Response Mechanism to mitigate impacts of COVID-19 on HIV and tuberculosis programmes and reinforce health and community systems.

The Joint Team and other development partners further mobilized US\$ 90 000 for HIV programmes targeting key populations and US\$ 14 000 for the promotion and distribution of female condoms.

### **CONTRIBUTION TO THE INTEGRATED SDG AGENDA**

In 2020-2021, the Joint Team provided indispensable support to enable Botswana to achieve the Sustainable Development Goals (SDGs). These efforts included the development of policies and strategies aimed at reducing vulnerability of adolescent and young people, women, and key populations to HIV in line with SDG 3. The Office of the First Lady was provided technical and financial support to develop and roll out a nationwide strategy targeting young people, especially young women to reduce gender inequality, GBV, and vulnerability to HIV infection through mindset and behaviour change. The strategy will also seek to effectively engage men and boys for behaviour change and addressing toxic masculinities, a direct contribution to the achievement of SDG 5.

The Joint Team supported the development of the National Disability Policy and continued to make significant efforts to influence the ratification of the Convention on the Rights of Persons with Disabilities to improve access to HIV, SRH and other health and social protection services among people with disabilities. In collaboration with the Botswana Association of Blind and Partially Sighted, the Joint Team convened young people with disabilities to discuss policies, programming, and challenges around SRHR among young people with disabilities. The dialogue resulted in the establishment of a network of young people with disabilities to continue the conversation and ensure that their voices are heard—contributing to the principle of leaving no one behind.

### CHALLENGES AND LESSONS LEARNED

The COVID-19 pandemic restrictions and lockdown measures negatively impacted the supply chain resulting in delays in delivery of medicines, HIV and social service delivery, and implementation of planned activities, particularly community interventions, support groups, and other face-to-face engagements. Frequent reassignment of government counterparts to the COVID-19 response and lack of access to mobile phones, internet, and poor connectivity needed for virtual activities further strained implementation of activities. Extended closures of most schools posed challenges in the delivery of comprehensive sexuality education.

High number of new HIV infections among adolescent girls and young women, prevalence of teenage pregnancy and intimate partner violence, and low comprehensive knowledge on HIV among adolescent and young people aged 15-24 years continued to present challenges in the national HIV response.

Coordination of HIV programmes targeting adolescent and young people remain inadequate and underfunded. These programmes are often fragmented, lacking synergy, and project-based with limited time frame, which diminish their overall impact on the target population.

Availability, reliability, and use of HIV data remained a concern. Effort should be made to improve collection, analysis, and dissemination of data, particularly data related to adolescent and young people at all levels and across sectors with focus on establishing dashboards, data repository, and monitoring system for this target group.

Acute stockouts of male and female condoms across the country due to weak forecasting and quantification presented significant challenge in the implementation of HIV prevention programmes. The Joint Team advocated with senior officials within the Ministry of Health to consider utilizing United Nations third party procurement mechanism to ensure faster and cost-efficient procurement of quality commodities. The Joint Team will also explore blended financing to close the gap and ensure commodity security in 2022.

---

Report available on the  
**UNAIDS Results and Transparency Portal**

[open.unaids.org](http://open.unaids.org)