

BOTSWANA

Report prepared by the Joint UN Team on AIDS

PROGRESS TOWARDS THE FAST-TRACK TARGETS

COUNTRY PRIORITIES/ TARGETS BY END OF 2021	STATUS	RESULTS, END OF 2020
Targets in the 2016 Political Declaration on Ending AIDS are adopted.	WITHIN REACH	By the end of 2020, an estimated 91% of people living with HIV knew their status, 95% of them accessed treatment, and 98% of those on treatment were virally suppressed. New HIV infections declined by 37% between 2010 and 2020. By 2020, prevention of mother-to-child transmission of HIV (PMTCT) ART coverage reached >95% lowering the rate of mother-to-child transmission of HIV to 2% (Global AIDS Update 2021).
90% of adolescent girls and young women reached with standard package of HIV services by 2023.	SLOW PROGRESS	By 2020, 78% of adolescent girls and young women living with HIV in Botswana knew their HIV status, of whom 82% were on treatment, and 93% of those on treatment were virally suppressed. New infections among this population group declined by 39% between 2010 and 2020 (GAM 2021).

JOINT TEAM

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

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

While Botswana successfully achieved the 90-90-90 treatment targets, slow progress is observed towards reaching the prevention targets. Scale up of HIV prevention, sexual and reproductive health, and gender-based violence services and advocacy initiatives—with focus on adolescent girls and young women—have been the main support areas provided by the Joint Team in 2020. Community-led HIV testing, treatment referral, and HIV commodity distribution services were implemented targeting key populations, including men who have sex with men and vulnerable groups in high-risk locations in the country. Awareness creation and capacity building on prevention of HIV, unintended pregnancies, and gender-based violence reached many adolescent and young people while trainings on youth-friendly service delivery improved the capacity of healthcare workers in six districts. The Joint Team also made significant contribution towards Botswana's success in attaining 100% antiretroviral therapy coverage for prevention of mother-to-child transmission of HIV (PMTCT). During the COVID-19 pandemic, the Joint Team provided critical support, including distribution of personal protective equipment, implementation of multi-month dispensing services, and facilitating procurement of HIV medicines and commodities to minimize disruption in the national supply chain.

STRENGTHENING THE NATIONAL RESPONSE TOWARDS ENDING AIDS BY 2030 UPSTREAM ADVOCACY; TECHNICAL SUPPORT; FOSTERING PARTNERSHIPS

A strategic framework (2020-2023) was developed by the Office of the First Lady of Botswana, with support of the Joint Team, to guide the HIV response in the country. The framework includes communication campaigns targeting adolescents and young people to reduce their vulnerability to HIV infection, early and unintended pregnancy, and gender-based violence (GBV). The campaigns will effectively engage men and boys to tackle toxic masculinities that hinder the HIV response.

The Joint Team partnered with a civil society organization working with key populations to HIV prevention, testing and treatment services. Over 190 gay men and other men who have sex with men across the country received HIV prevention information packages of whom 131 were linked to HIV and GBV support and services. 24 450 male condoms and 17 510 lubricants were also distributed at drop-in centres and around high HIV prevalence areas or hotspots.

In February 2020, a national data validation was conducted to identify gaps in syphilis and PMTCT services. The validation also helped collect missing data on syphilis among non-citizens; verify existing data on early infant diagnosis (EID); and establish reliable baseline data needed to validate the path to elimination. Botswana is preparing to submit its validation report in 2021 to the Regional Validation Committee to obtain accreditation.

REACHING ADOLESCENT GIRLS AND YOUNG WOMEN WITH HIV SERVICES POLICY ADVICE; TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT

Although Botswana made remarkable advancements in the treatment targets for adolescent and young people, progress towards HIV prevention goals, particularly for adolescent girls and young women remains slow. The Government implemented the National Standard Packages of HIV Prevention, Treatment, Care and Support Service for Adolescents and Young people which allowed for scale-up of services among these populations.

An estimated 56 new HIV infections among adolescent and young people were recorded on weekly bases in 2020 and girls aged 15-19 years accounted for 85% of these new infections (Spectrum, 2021). Information packages on HIV, sexual and reproductive health (SRH), GBV, and COVID-19 were disseminated virtually and in-person to 495 000 adolescents and young people to create awareness and help them protect themselves from HIV infection and make informed decision about their health.

A training manual on parent child communication was developed to train 20 facilitators. The trained facilitators educated more than 90 people aged between 10 and 16 on various topics, ranging from early and unintended pregnancy to HIV and human rights. More than 173 health workers and other social service providers in six districts were also trained to build their capacity on delivery of quality and youth-friendly HIV services.

Six new Teen Clubs—a peer support group working with adolescents living with HIV on treatment—were established serving 255 adolescents. Capacity building trainings were also provided for 17 club facilitators to increase the quality of psychosocial support.

CONTRIBUTION TO THE COVID-19 RESPONSE

The COVID-19 pandemic coupled with lockdown and restrictions disrupted HIV service delivery and community support programmes in Botswana. These included shortage in condom supply, disruption in voluntary medical male circumcision (VMMC), HIV testing, treatment, and pre-exposure prophylaxis (PrEP) services, and increased incidence of GBV. The Ministry of Health and Wellness, in partnership with the Joint Team, implemented a guideline on HIV and COVID-19, which was used to forecast the antiretroviral demand for nine months, facilitate procurement at reduced price, and dispense three-month worth of drugs using a multi-month dispensing modality. HIV, SRH, and GBV services were included in the national COVID-19 essential service package to protect vulnerable populations.

The Joint Team conducted a rapid risk assessment to identify and respond to the needs of people living with HIV during the pandemic. The survey highlighted that only 52% of people living with HIV on treatment were able to reach a clinic for refill and 11% of people living with HIV who attempted to get refills could not reach a clinic; 36% of people living with HIV had to change their regimen due to COVID-19 related stockout. The study also revealed that 9% of the participants experienced some form of abuse and violence at home.

The Joint Team formed a partnership with Reckitt Benckiser Group to protect people living with HIV across sub-Saharan Africa from COVID-19 infection. As a result, 5000 hygiene kits worth US\$ 45 000 were distributed to people living with HIV networks in Botswana. The United Nations procurement mechanisms and humanitarian airplanes were also used to procure and transport HIV commodities and medicines into the country to ease the supply chain disruption due to travel restriction and lockdown measures.

A U-Report survey was conducted by the Joint Team to assess COVID-19 awareness and protective behaviour of adolescents and young people. The results from 20 000 U-Reporters were used to produce various information, education and communication materials on COVID-19, HIV and SRH. These were disseminated through various outlets, including a weekly call-in radio shows with over 20 000 listenership, SMS, TV, social media platforms, and the Botswana Association of the Blind distributed 3000 transcribed braille copies across the country.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

In 2020, the Joint Team supported a review of the current School Health Policy which introduced a more inclusive and comprehensive approach targeting primary and secondary school learners. This will guide the implementation of youth-friendly school-based health services for children and adolescents in Botswana. Synergies between education and health sectors contribute to the achievement of SDGs 3 (good health and well-being) and 4 (quality education) among children and adolescents, as well as SDG 2 (zero hunger), SDG 5 (gender equality) and SDG 6 (clean water and sanitation).

PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS	KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS
<p>High levels of new HIV infections among adolescent girls and young women, early and unintended pregnancy, intimate partner violence and low comprehensive knowledge of HIV persist in Botswana.</p>	<p>Continue supporting the Government in the implementation of the Adolescent and Young People Standard Package and meaningful engagement of young people to accelerate HIV prevention and SRH services.</p> <p>Assist the Office of the First Lady and other champions to implement the strategic framework targeting adolescent and young people, parents, and men to create awareness and increase uptake of prevention services.</p>
<p>COVID-19 restrictions and lockdown continue to pose serious setbacks in the national HIV response. These include disruption of in-person prevention and treatment services and community support programmes, repurposing of healthcare equipment and spaces, lack of technology and mobile devices for virtual engagement programmes, low uptake of HIV testing, increased gender-based violence, commodity, and drug stockout, and interruption in supply chain.</p>	<p>Support initiatives aiming to leverage community support and peer-to-peer programmes, such as point of care testing and community-led ART delivery, use of new technologies, engagement of private sector, and leveraging partnerships for procurement of HIV supplies to reach adolescents, young people, and key populations.</p>
<p>Limited skills and rigid procurement regulation at Central Medical Stores result in inadequate forecasting, quantification and stockout of condoms.</p>	<p>Support the Government to strengthen the national electronic logistic management information system.</p> <p>Continue supporting contract management and explore other commodity and medical supply procurement mechanisms outside the government system.</p>
<p>Poor quality of data collection, analysis and dissemination represents significant impediment in expanding HIV prevention and SRH services to adolescents and young people in Botswana.</p>	<p>Provide technical support to conduct data quality assessments, strengthen generation of gender disaggregated data, and promote community-led monitoring to ensure an evidence-based response to HIV.</p>

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