

Country progress report - Botswana

Global AIDS Monitoring 2020



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Overall

Fast-track targets

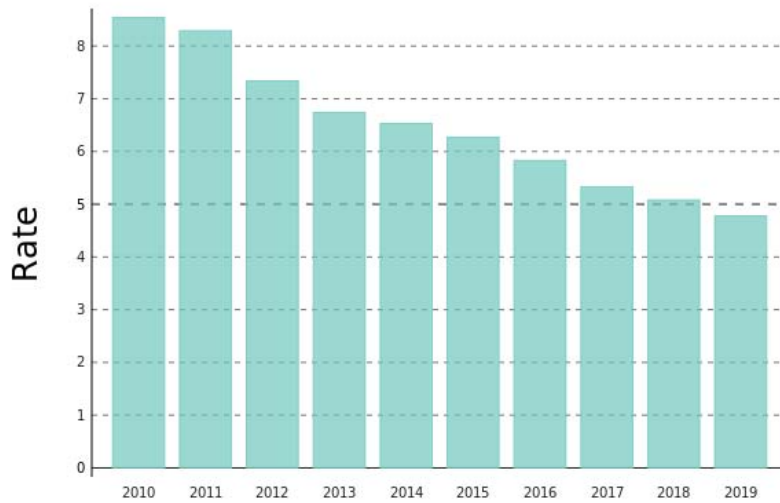
Progress summary

Botswana has an estimated HIV prevalence of 20.68% and has consistently been among the highest in the Eastern and southern African region. The number of new HIV infections steadily decreased since 2010 from 14000 to 9500 representing a decline of 34%. A third of new HIV infections occurred among young people 15-24 years, with 70% of the infections among young people being among young girls.

Botswana's third National Multi Sectoral Strategic Framework for HIV (2018-2023) has emphasized a strategic shift towards revitalizing HIV combination prevention and with further scale up antiretroviral treatment.

3.1 HIV incidence rate per 1000, Botswana (2010-2019)

Number of people newly infected with HIV in the reporting period per 1000 uninfected population



Source: Spectrum file

1.7 AIDS mortality per 100 000, Botswana (2010-2019)

Total number of people who have died from AIDS-related causes per 100 000 population



Source: Spectrum file

HIV testing and treatment cascade

Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020

Progress summary

In 2019 over 95% of people living with HIV knew their status in 2019. However knowledge of status among men (88%) , young people 15 - 24 years (70%) with young men at 54% and young women at 78%. Adult ART Coverage among People Living HIV stands at 84%, males at 70% and females at 93% . Viral load suppression among people living with HIV stood at 79% and 96% among those on ART.

In 2019, the Government announced a policy shift to extend free ART to non-citizens to close a significant gap in the country's response to the epidemic. This will further improve ART Coverage and the number of People with suppressed Viral Loads. The Government has adopted the WHO recommendation to move patients to TLD (Dolutegravir + Lamivudine + Tenofovir) as a cost effectiveness measure.

Policy questions (2019)

Is there a law, regulation or policy specifying that HIV testing:

a) Is mandatory before marriage

No

b) Is mandatory to obtain a work or residence permit

No

c) Is mandatory for certain groups

Yes

Individuals accused of Rape

What is the recommended CD4 threshold for initiating antiretroviral therapy in adults and adolescents who are asymptomatic, as per MoH guidelines or directive, and what is the implementation status?

No threshold; treat all regardless of CD4 count; Implemented countrywide (>95% of treatment sites)

Does your country have a current national policy on routine viral load testing for monitoring antiretroviral therapy and to what extent is it implemented?

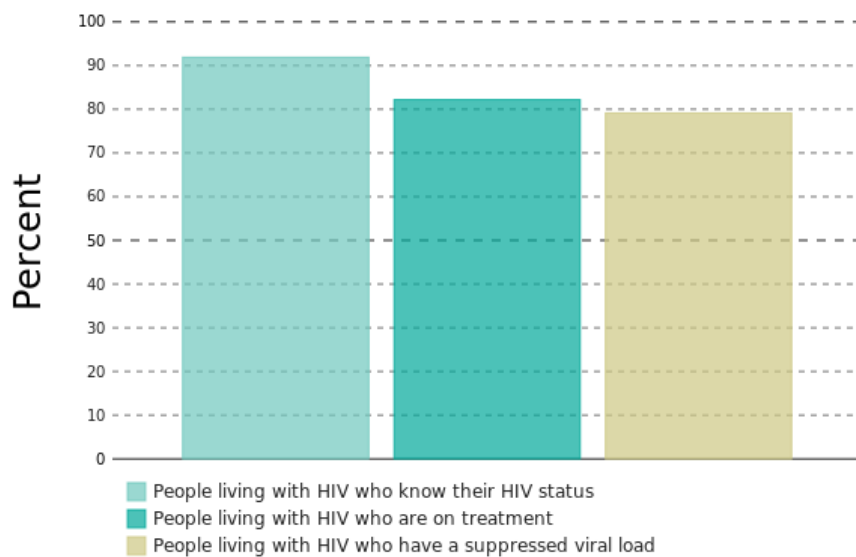
a) For adults and adolescents

Yes; Implemented countrywide (>95% of treatment sites)

b) For children

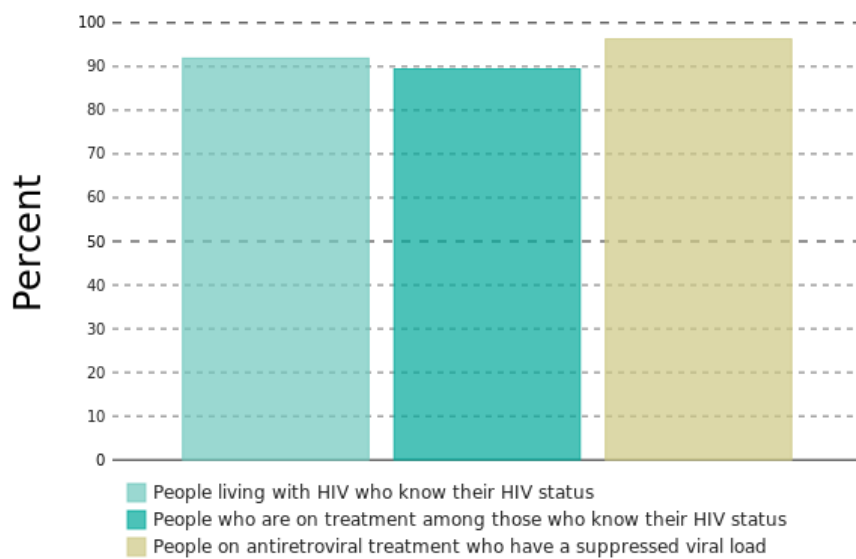
Yes; Implemented countrywide (>95% of treatment sites)

HIV testing and treatment cascade, Botswana (2019)



Source: Spectrum file

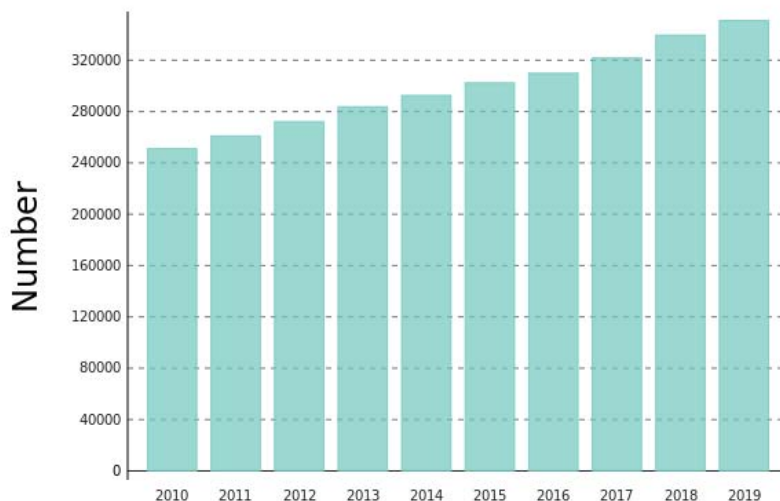
Progress towards 90-90-90 target, Botswana (2019)



Source: Spectrum file

1.1 People living with HIV who know their HIV status, Botswana (2010-2019)

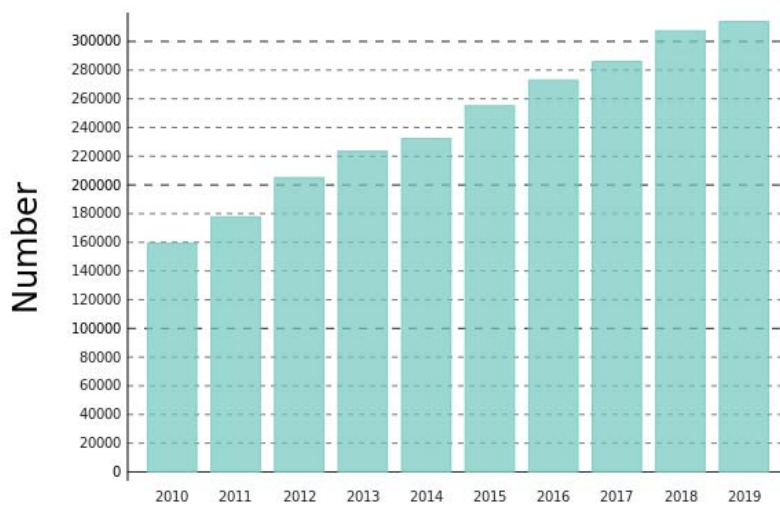
Number of people living with HIV who know their HIV status



Source: Spectrum file

1.2 People living with HIV on antiretroviral therapy, Botswana (2010-2019)

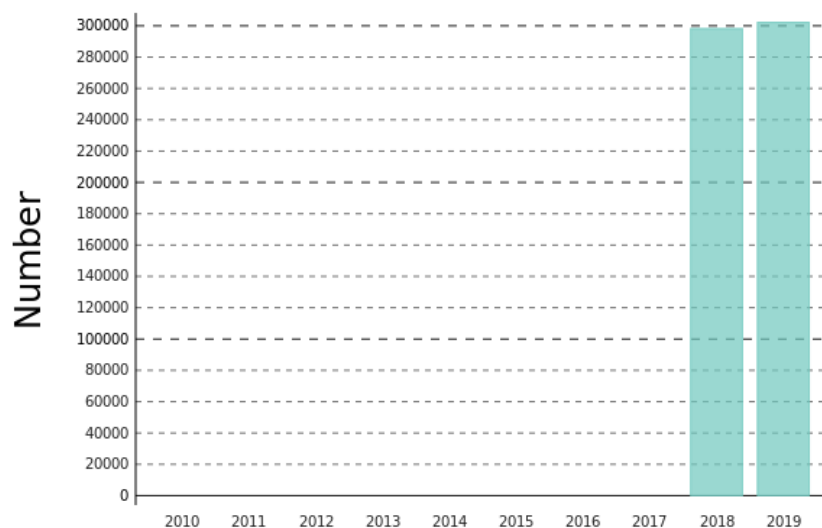
Number of people on antiretroviral therapy



Source: Spectrum file

1.3 People living with HIV on antiretroviral treatment who have suppressed viral load, Botswana (2010-2019)

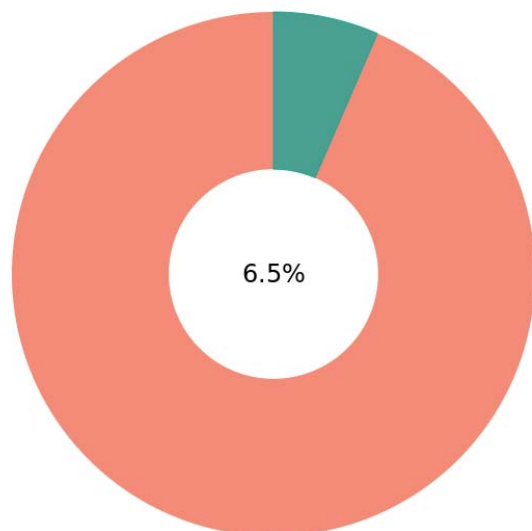
Number of people living with HIV with suppressed viral loads



Source: Spectrum file

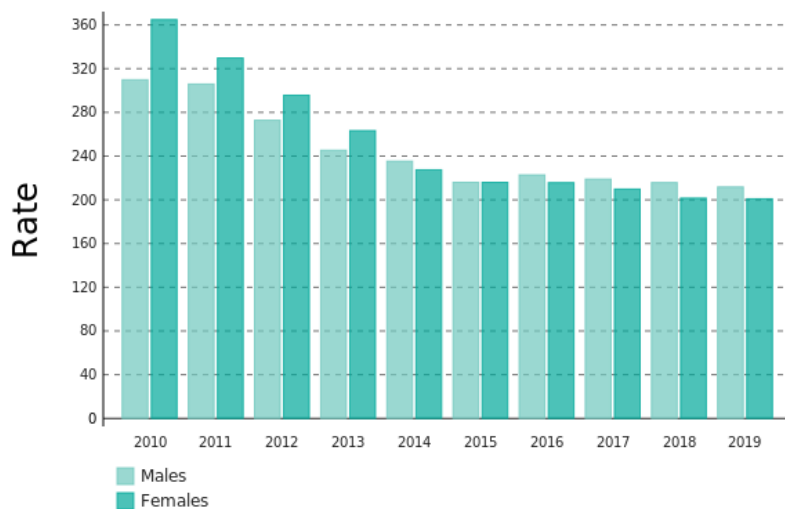
1.5 Antiretroviral medicine stock-outs, Botswana (2019)

Percentage of treatment sites that had a stock-out of one or more required antiretroviral medicines during a defined period



1.6 AIDS mortality rate per 100 000, Botswana (2010-2019)

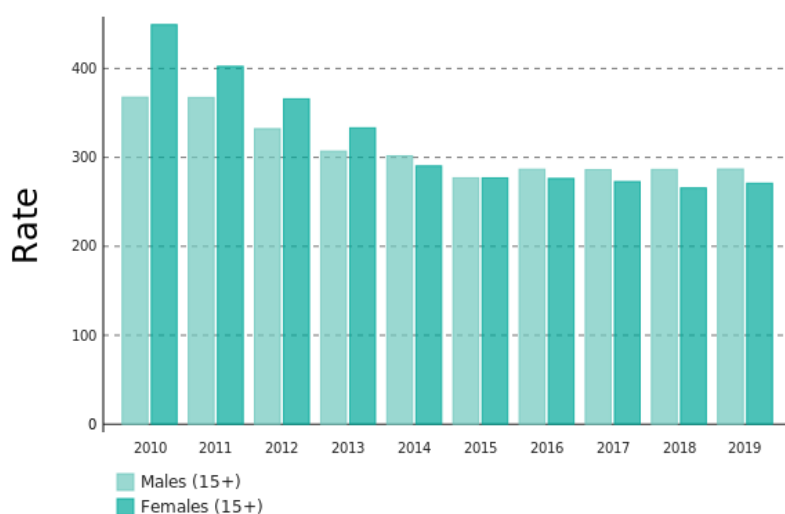
Total number of people who have died from AIDS-related causes per 100 000 population



Source: Spectrum file

1.6 AIDS mortality rate per 100 000 among adults, Botswana (2010-2019)

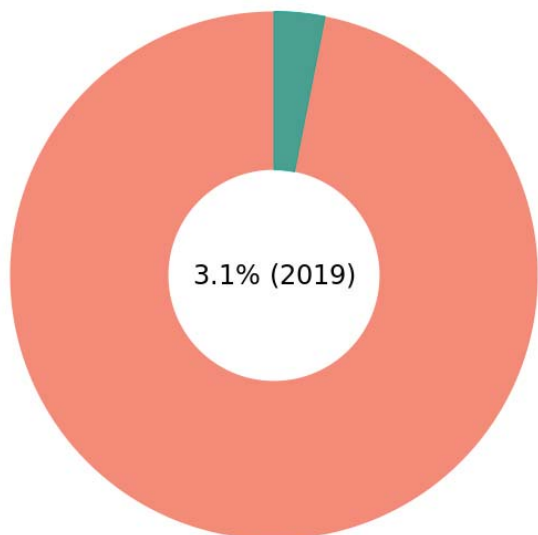
Total number of adults who have died from AIDS-related causes per 100 000 population



Source: Spectrum file

1.7 HIV testing volume and positivity, Botswana

Percentage of HIV -positive results returned to people (positivity) in the calendar year



Number of HIV tests conducted = 498 039

Prevention of mother-to-child transmission

Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018

Progress summary

The Government of Botswana in collaboration with UN partners conducted a PMTCT HIV and Syphilis data validation exercise which has contributed towards improved HIV estimates for 2019. The Mother to Child Transmission rate at 6 weeks is estimated at 1.11% and final transmission including breast feeding in 2019 was estimated at 1.94%. The majority of transmissions were due to mothers infected during pregnancy and breast feeding, as well as those who started late in pregnancy or dropped off ART during breast feeding. This calls for interventions for HIV negative pregnant women to prevent sero-conversion, such as provision of PreP to HIV negative women and increased frequency of HIV testing among pregnant and breastfeeding mothers. The program plans to conduct an audit of HIV infected children to investigate reasons for Mother child Transmission infection. PMTCT coverage has remained high (>95%) over recent years.

Policy questions (2019)

Does your country have a national plan for the elimination of mother-to-child transmission of HIV?

Yes

Target(s) for the mother-to-child transmission rate and year: <1%; 2020

Elimination target(s) (such as the number of cases/population) and year: -

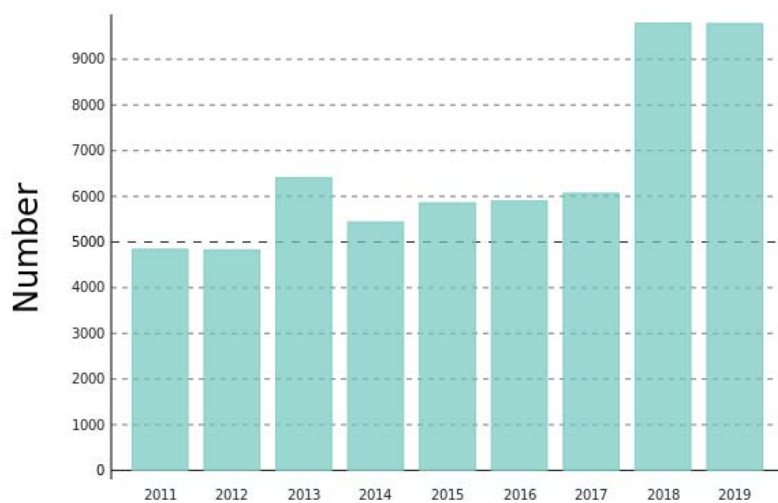
Do the national guidelines recommend treating all infants and children living with HIV irrespective of symptoms and if so, what is the implementation status of the cut-off?

Treat all, regardless of age

Implemented countrywide (>95% of treatment sites)

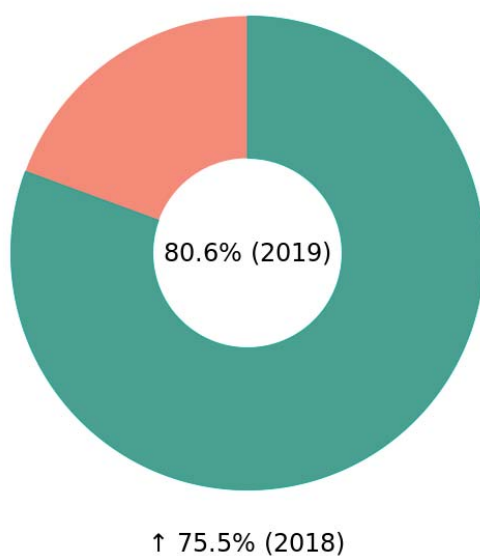
2.1 Early infant diagnosis, Botswana (2011-2019)

Number of infants who received an HIV test within two months of birth



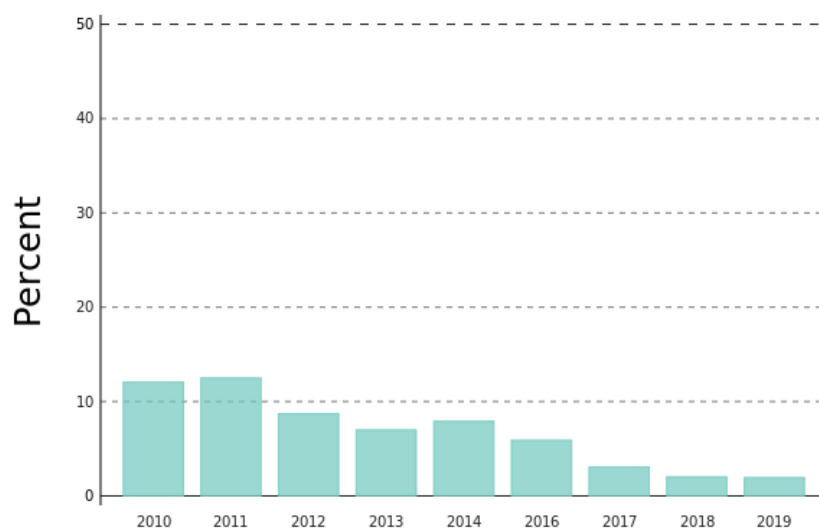
2.1 Early infant diagnosis, Botswana (2018-2019)

Percentage of infants born to women living with HIV receiving a virological test for HIV within two months of birth



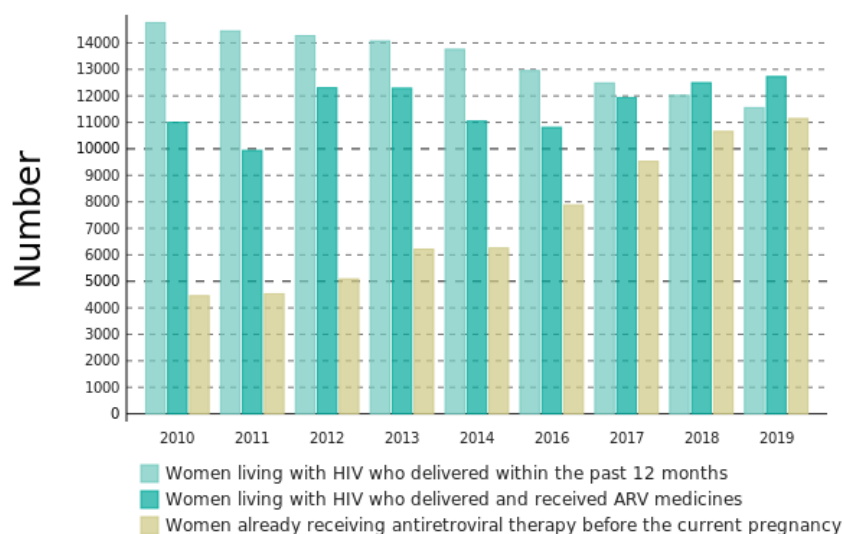
2.2 Mother-to-child transmission of HIV, Botswana (2010-2019)

Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months



Source: Spectrum file

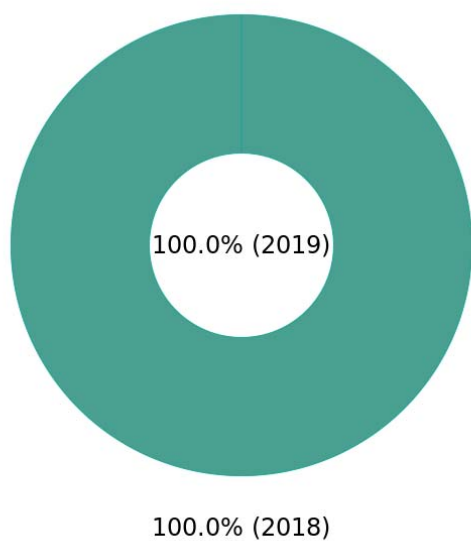
2.3 Preventing mother-to-child transmission of HIV, Botswana (2010-2019)



Source: Spectrum file

2.3 Preventing mother-to-child transmission of HIV, Botswana (2018-2019)

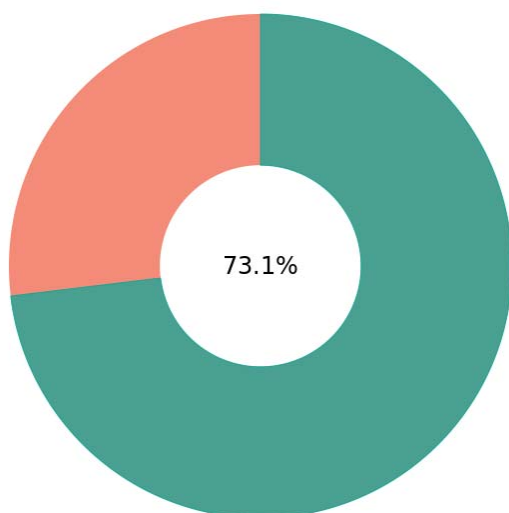
Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of mother-to-child transmission of HIV



Source: Spectrum file

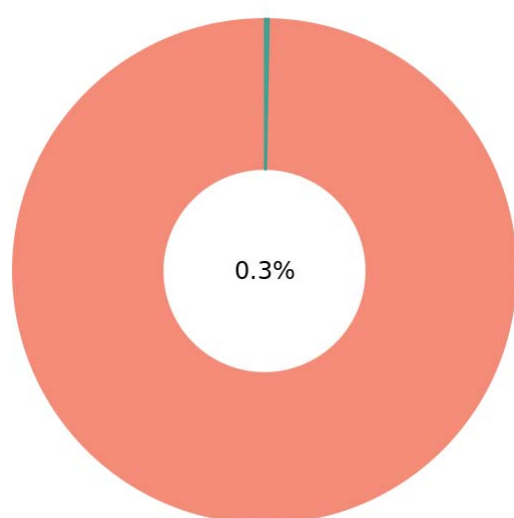
2.4 Syphilis among pregnant women, Botswana (2019)

Percentage of pregnant women tested for syphilis



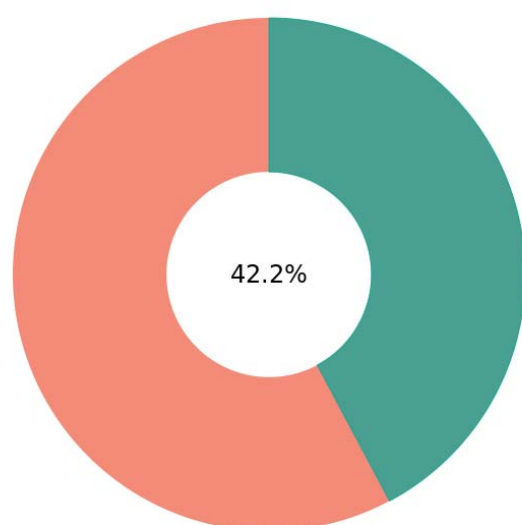
2.4 Syphilis among pregnant women, Botswana (2019)

Percentage of pregnant women tested positive for syphilis



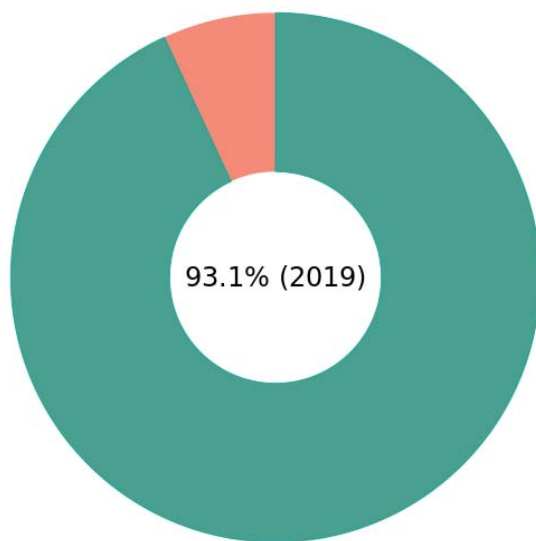
2.4 Syphilis among pregnant women, Botswana (2019)

Percentage of pregnant women on treatment among those who tested positive



2.6 HIV testing in pregnant women, Botswana (2018-2019)

Percentage of pregnant women with known HIV status



↑ 0% (2018)

HIV prevention; Key populations

Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners

Progress summary

Botswana realizes the potential upscaling of combination prevention options has in Fast-tracking Ending AIDS by 2030 and continues to employ a multi-sectoral approach in working towards achieving this 3rd Commitment. For example, public education and sensitization is being done through Multi-media tools, Workplace Wellness programs, District and Village Multisectoral AIDS Committees on Correct Condom use, harm reduction, condoms dispensing and distribution, programming for Key Populations and prisoners, among others. The Public Health Act does not discriminate against people of varied age, sex and gender hence the public health facilities services are inclusive of Key Populations. Moreover, the government continues to finance programming specific to Key Populations, to increase and improve on quality of servicing for this population.

Periodic national surveys such as Key Populations Mapping & Size Estimation (2017) and BBSS II(2017) continue to inform progress on the HIV response for this commitment. New information on Prevalence of Condom Use and VMMC will not be available until the BAIS V, is conducted.

Condom use has declined across all populations. Condom use at last sex with multiple sexual partners declined from 90.2% in 2008 to 81.9% (2013) showing increased risky behaviour. Correct and consistent condom use among sex workers decreased from 61.7% to 47.9% and from 84.2% to 77.2% among men who have sex with men from 2012 to 2017. A condom programming strategy to develop sustainable strategies to close the current gaps in condom programming will be developed in 2020.

There is high prevalence of inter generational relationships among adolescents and young women (AGYW) in Botswana. A third of sexually active AGYW report having a partner five

years or older than them. Teenage pregnancy remains a challenge and is the main reason for school drop outs. There are inadequate youth friendly services across the country. Young people require more platforms for dialogue to create effective programs for youth. In recent years, there has been innovation around youth programming such as the Shuga radio program, U report, Don't get me twisted and other social media platforms.

The Government of Botswana with support of the UN has developed a national combination prevention package for Adolescents and Young People which defines services for different groups of young people including AGYW, Men and boys, Adolescents Living with HIV and Key Populations. Implementation of the packages will begin in 2020. There is a need to explore male service friendly delivery models to increase uptake of services among men and address social and cultural norms that put women at higher risk of HIV.

The Ministry of Health and Wellness is providing PrEP services to Adolescent girls and women 18-24 years in four districts. Prep guidelines have been integrated into the Integrated HIV-TB-SRH guidelines. As at March 2019 30 people had been enrolled and 329 retained, total retention rate of 96.7% The program requires tailored messaging and awareness raising interventions to increase uptake.

VMMC coverage among 10-29 year old HIV negative men stands at 61 percent against an NSF III target of 90% by 2023. To increase the coverage, demand creation is will be needed for older men.

Policy questions: Key populations (2019)

Criminalization and/or prosecution of key populations

Transgender people

- Neither criminalized nor prosecuted

Sex workers

- Ancillary activities associated with selling sexual services are criminalized
- Ancillary activities associated with buying sexual services are criminalized
- Profiting from organizing and/or managing sexual services is criminalized

Men who have sex with men

- Yes, penalty not specified

Is drug use or possession for personal use an offence in your country?

- Possession of drugs for personal use is specified as a criminal offence

Legal protections for key populations

Transgender people

- Neither criminalized nor prosecuted

Sex workers

- Constitutional prohibition of discrimination based on any grounds

Men who have sex with men

- Constitutional prohibition of discrimination based on sex

People who inject drugs

- No

Has the WHO recommendation on oral PrEP been adopted in your country's national guidelines?

Yes, PrEP guidelines have been developed and are being implemented

3.1 HIV incidence rate per 1000, Botswana (2010-2019)

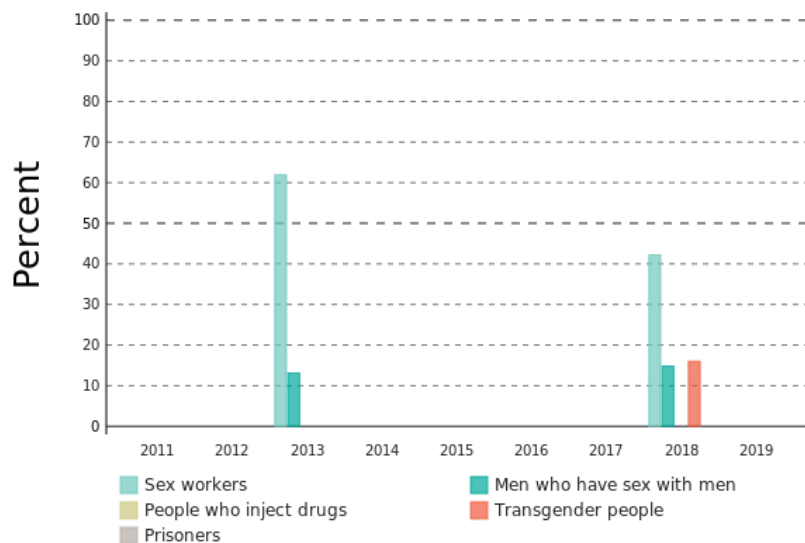
New HIV-infections in the reporting period per 1000 uninfected population (Adults, ages 15-49)



Source: Spectrum file

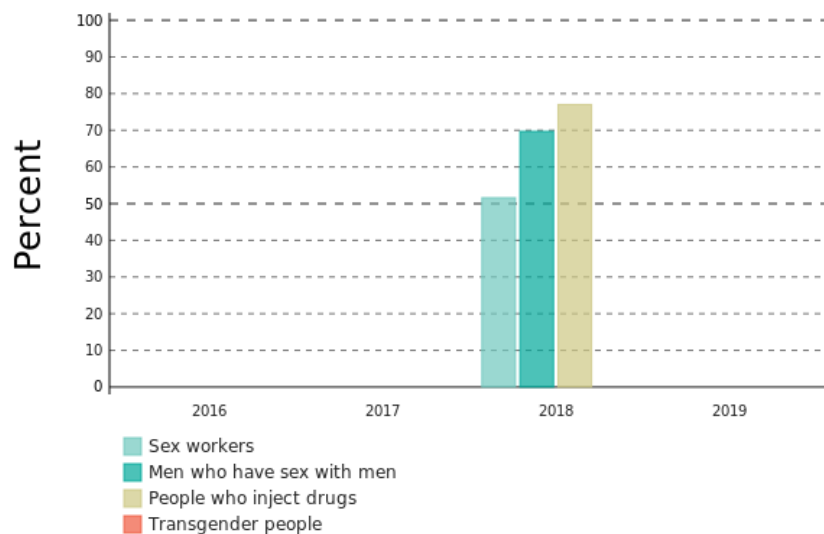
3.3 HIV prevalence among key populations, Botswana (2011-2019)

Percentage of specific key populations living with HIV



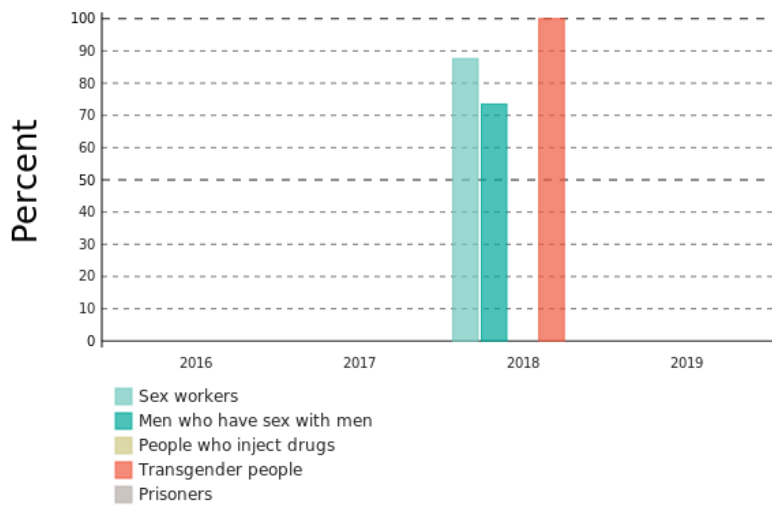
3.4 HIV testing among key populations, Botswana (2016-2019)

Percentage of people of a key population who tested for HIV in the past 12 months, or who know their current HIV status



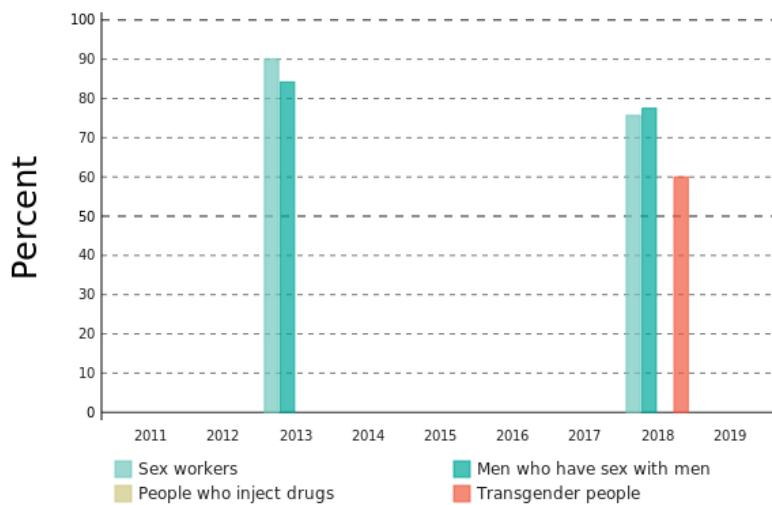
3.5 Antiretroviral therapy coverage among people living with HIV in key populations, Botswana (2016-2019)

Percentage of the people living with HIV in a key population receiving antiretroviral therapy in the past 12 months



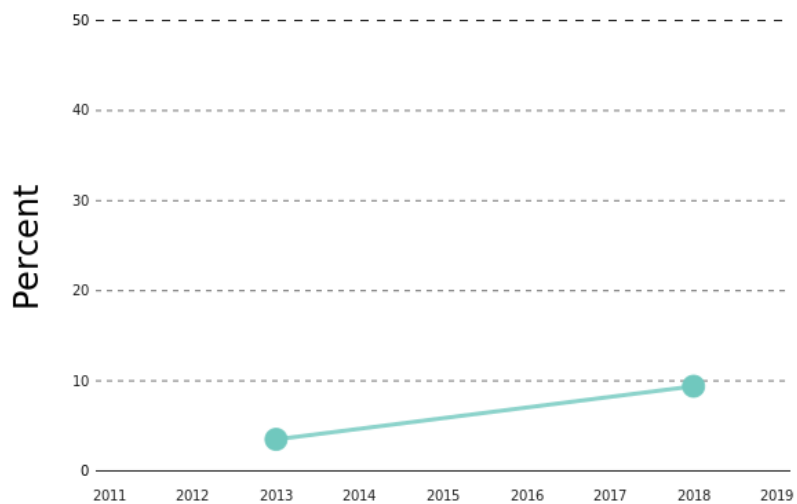
3.6 Condom use among key populations, Botswana (2011-2019)

Percentage of people in a key population reporting using a condom the last time they had sexual intercourse



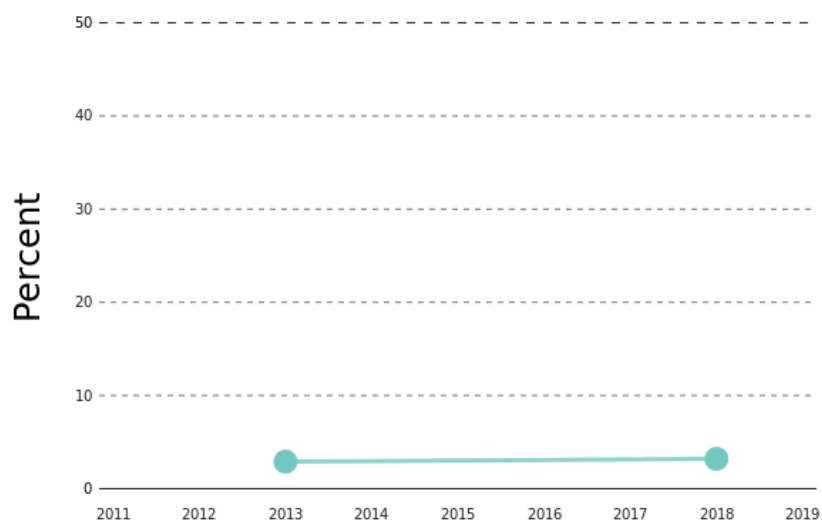
3.11 Active syphilis among sex workers, Botswana (2011-2019)

Percentage of sex workers with active syphilis



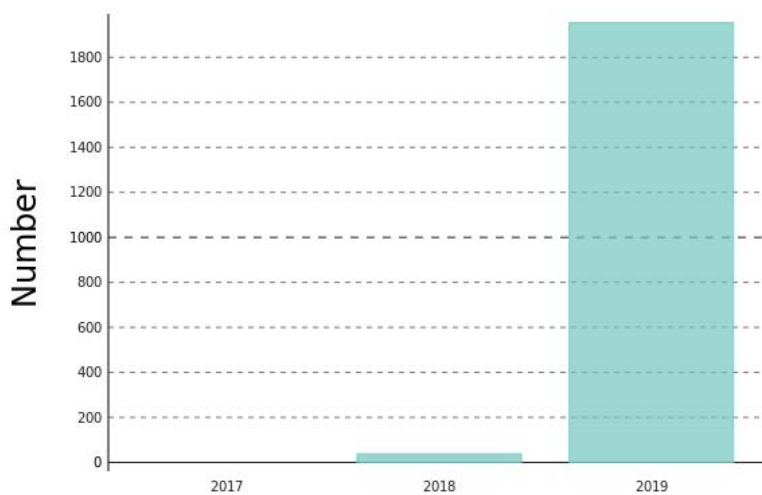
3.12 Active syphilis among men who have sex with men, Botswana (2011-2019)

Percentage of men who have sex with men with active syphilis



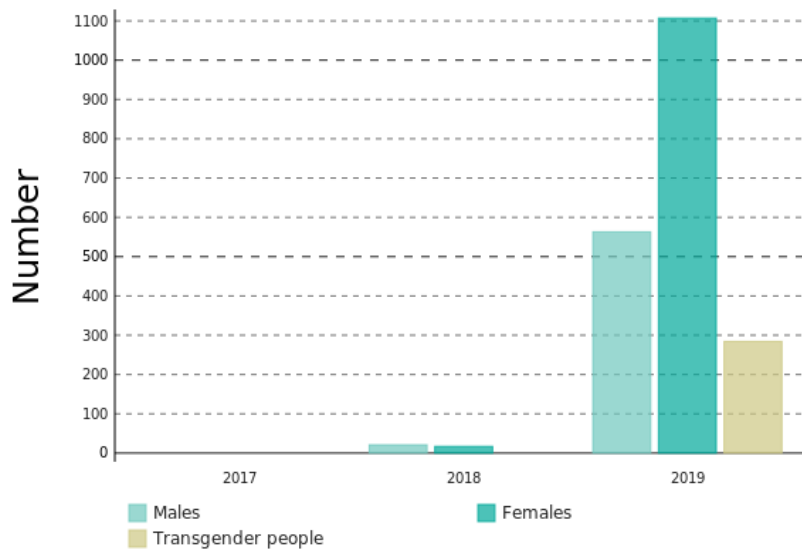
3.15 People who received pre-exposure prophylaxis, Botswana (2017-2019)

Total number of people who received oral PrEP at least once during the reporting period



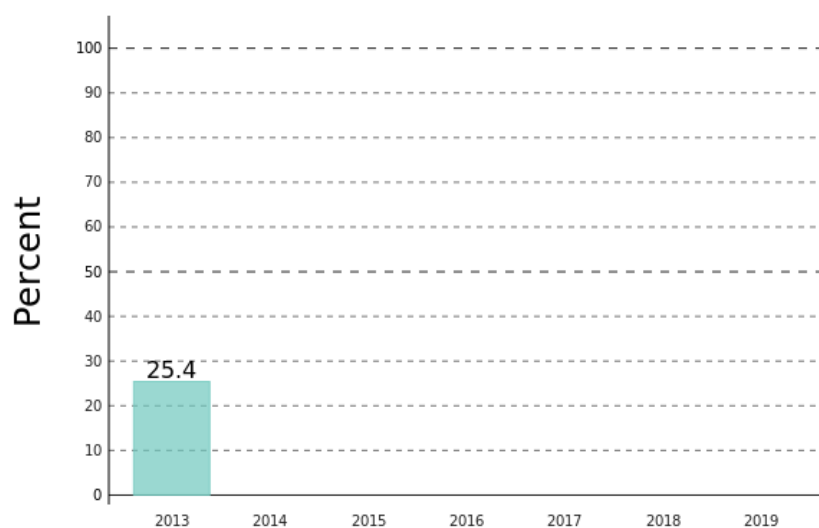
3.15 People who received pre-exposure prophylaxis, Botswana (2017-2019)

Number of people who received oral PrEP at least once during the reporting period



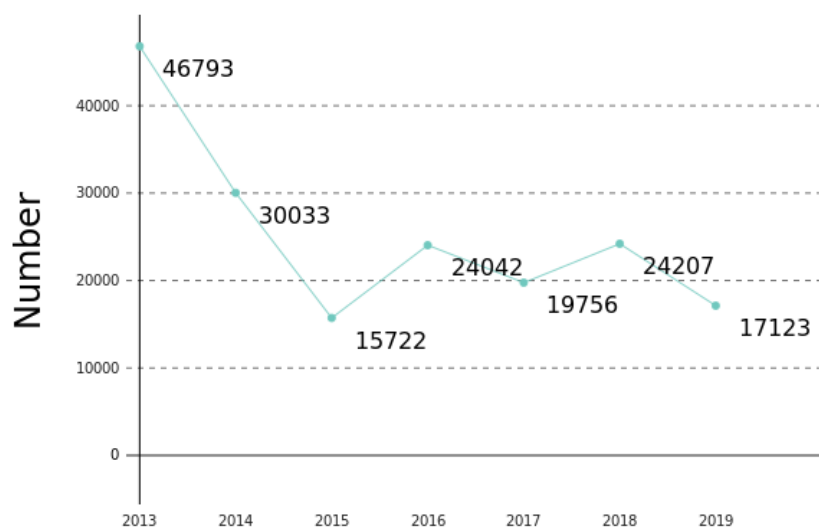
3.16 Prevalence of male circumcision, Botswana (2013-2019)

Percentage of men 15-49 that are circumcised



3.17 Annual number of males voluntarily circumcised, Botswana (2013-2019)

Number of male circumcisions performed according to national standards during the past 12 months



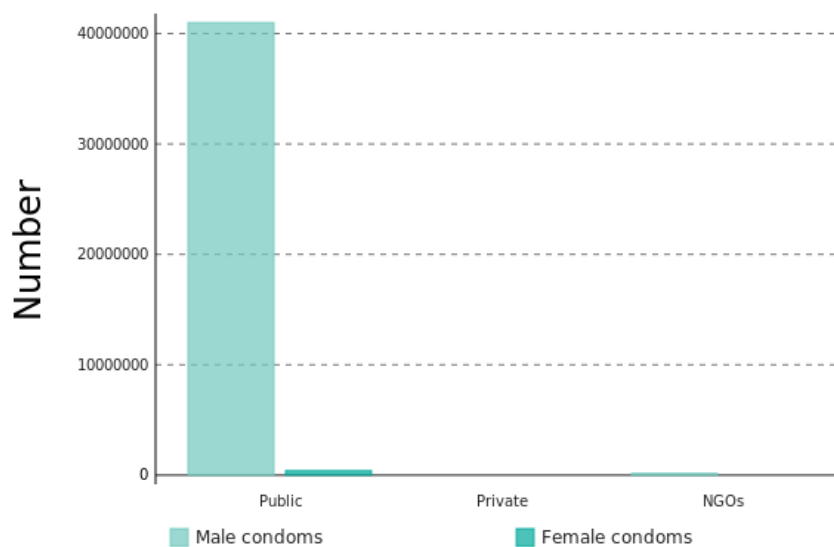
3.19 Annual number of condoms distributed, Botswana (2019)

Number of condoms distributed during the past 12 months



3.19 Annual number of condoms distributed, Botswana (2019)

Number of condoms distributed during the past 12 months



Gender; Stigma and discrimination

Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020

Progress summary

Botswana's commitment to reduce incidences of gender based violence is also driven by a multi-sectoral approach; through Ministry of Local Government- Department of Social Services, Ministry of Defence - Police Services and Ministry of Labour & Home Affairs through a dedicated Department of Gender Affairs.

It is worth noting that despite information gaps on Stigma in the Health Settings in Botswana, the country has committed to reducing Stigma in the Health Settings through continuous sensitization of Health care providers in Public health facilities. The 3rd National Strategic Framework has also earmarked to implement surveys to assess the prevalence of Stigma in the Health Care Setting among Key Populations and or HIV Positive clients.

Policy questions (2018)

Does your country have a national plan or strategy to address gender-based violence and violence against women that includes HIV

Yes

Does your country have legislation on domestic violence*?

Yes

- Physical violence
- Sexual violence
- Protection of former spouses
- Protection of unmarried intimate partners

What protections, if any, does your country have for key populations and people living with HIV from violence?

- General criminal laws prohibiting violence
- Specific legal provisions prohibiting violence against people based on their HIV status or belonging to a key population
- Programmes to address intimate partner violence*
- Programmes to address workplace violence
- Interventions to address police abuse
- Interventions to address torture and ill-treatment in prisons

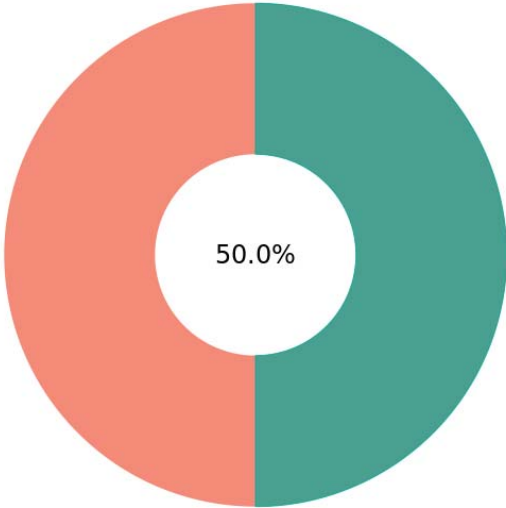
Does your country have policies in place requiring healthcare settings to provide timely and quality health care regardless of gender, nationality, age, disability, ethnic origin, sexual orientation, religion, language, socio-economic status, HIV or other health status, or because of selling sex, using drugs, living in prison or any other grounds?

Yes, policies exists and are consistently implemented

Does your country have laws criminalizing the transmission of, non-disclosure of or exposure to HIV transmission?

Yes

Percentage of Global AIDS Monitoring indicators with data disaggregated by gender



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Knowledge of HIV and access to sexual reproductive health services

Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year

Progress summary

Botswana National HIV Estimates (2020) indicate that the age group 15-19, 20-24 and 25-29yrs have experienced the highest number of New Infections in 2019. This suggests that this population skills, knowledge and capacity to protect themselves is compromised. This is what continues to inform the government and its implementing partners to introduce innovating varied strategies to Fast Track capacitating the Young People towards preventing New Infections. Programs such as DREAMS like projects are examples of innovations in programming for this population.

Policy questions (2018)

Does your country have education policies that guide the delivery of life skills-based HIV and sexuality education, according to international standards, in:

a) Primary school

Yes

b) Secondary school

Yes

c) Teacher training

-

Social protection

Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020

Progress summary

Botswana has a dedicated department – Department of Social Services, hosted by Ministry of Local Government & Rural Development- that supports all needy and vulnerable persons with psycho-social and material need. This population includes families or individuals whose socio and economic status may have been impacted by such morbidities associated with HIV, cancer, among others. What is important to note is that HIV status does not form part of the determinants to qualify for support. This may be a positive note to reduce stigma that may be associated by the community from benefiting from the Social Protection Program

Policy questions (2019)

Does the country have an approved social protection strategy, policy or framework?

Yes, and it is being implemented

a) Does it refer to HIV?

Yes

b) Does it recognize people living with HIV as key beneficiaries?

Yes

c) Does it recognize key populations (sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, prisoners) as key beneficiaries?

No

• -

d) Does it recognize adolescent girls and young women as key beneficiaries?

Yes

e) Does it recognize children affected by HIV as key beneficiaries?

Yes

f) Does it recognize families affected by HIV as key beneficiaries?

Yes

g) Does it address the issue of unpaid care work in the context of HIV?

Yes

What barriers, if any, limit access to social protection programmes in your country?

- Social protection programmes do not include people living with HIV, key populations and/or people affected by HIV
- Lack of information available on the programmes
- Complicated procedures
- Fear of stigma and discrimination
- Lack of documentation that confers eligibility, such as national identity cards
- Laws or policies that present obstacles to access

Community-led service delivery

Ensure that at least 30% of all service delivery is community-led by 2020

Progress summary

Although Botswana has not conducted an assessment to account for this indicator, there is information suggesting that there exists efforts to drive this Commitment. This is legitimized by the following, among others:

NGOs that have been and continues to work with government and other funding partners to do Information, Education & Advocacy on Stigma & Discrimination, Uptake of HIV Testing, PReP, PeP, ART and combination prevention programs. Such NGOs work with CBOs such as Support Groups composed of community members that are HIV Positive and are responsible for community education and mobilisation

-District and Village Multi-Sectoral AIDS Committees continue to drive the strategies of the NSF III through community members actively working to mobilise and inform communities on HIV Services

Policy questions (2019)

Does your country have a national policy promoting community delivery of antiretroviral therapy?

Yes

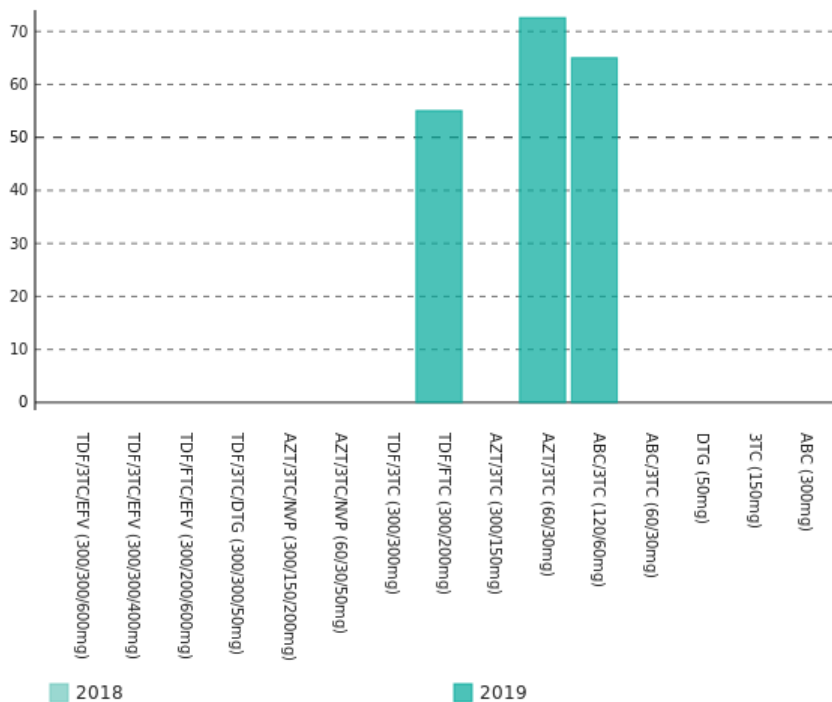
Are there any of the following safeguards in laws, regulations and policies that provide for the operation of CSOs/CBOs in your country?

- Registration of HIV CSOs is possible
- Registration of CSOs/CBOs working with key populations is possible
- HIV services can be provided by CSOs/CBOs
- Services to key populations can be provided by CSOs/CBOs
- Reporting requirements for CSOs/CBOs delivering HIV services are streamlined

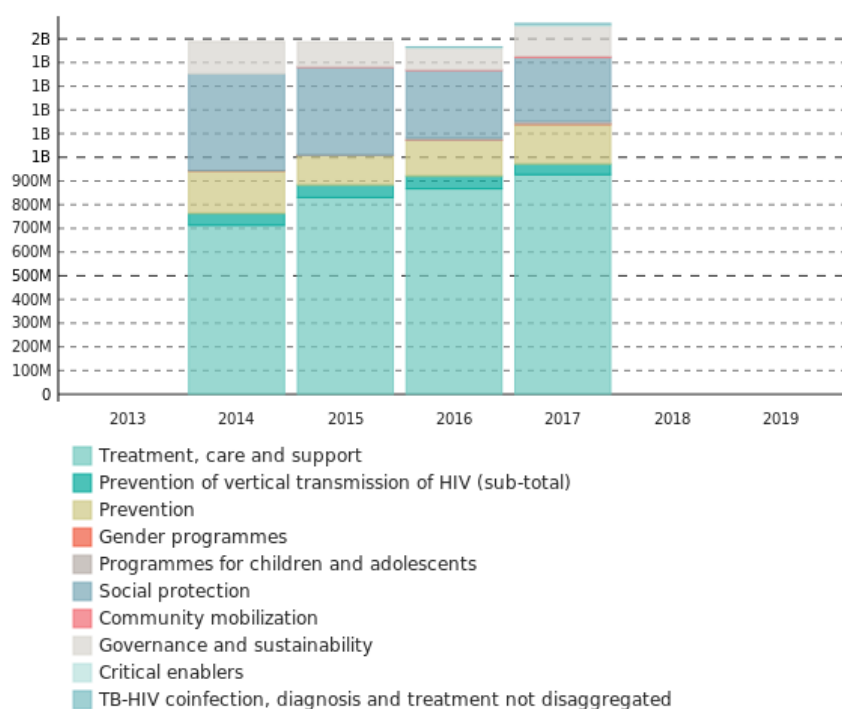
HIV expenditure

Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers

8.2 The average unit prices of antiretroviral regimens (in US\$), Botswana (2018-2019)



8.3 HIV expenditure by programme category, Botswana (2013-2019)



Empowerment and access to justice

Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights

Progress summary

On 11 June 2019, the High Court decriminalized same-sex sexual activity by unanimously declaring that section 164 of Botswana's Penal Code was unconstitutional. This was a human rights milestone which is anchored on the UN principle of "leave no one behind" and inclusiveness. However, Government announced it intends to appeal the decision.

Punitive laws for Key Populations could be impeding them from accessing services because of stigma and discrimination. More evidence is required on the extent of Stigma and discrimination among Key Population's to influence laws and policies and align to international standards. Tailored services for KP's are provided by external partners and delivered through Civil Society Organizations. Services provided include HIV testing, referral and linkage to care and treatment, adherence support and legal AID.

On 18 September 2019, cabinet approved the provision of free ART treatment to Non Citizens. Government issued a directive to all public health facilities in the country to provide treatment to all people living with HIV residing in the country. This major major policy shift closes a significant gap in the country's response to the epidemic.

NAHPA has developed a Human Rights Plan for Removing Legal and Human Rights related barriers to HIV and TB services in Botswana (2019-2024).

Policy questions (2018)

In the past two years have there been training and/or capacity building programmes for people living with HIV and key populations to educate them and raise their awareness concerning their rights (in the context of HIV) in your country?

Yes, at scale at the national level

Are there mechanisms in place to record and address cases of HIV-related discrimination (based on perceived HIV status and/or belonging to any key population)?

No

What accountability mechanisms in relation to discrimination and violations of human rights in healthcare settings does your country have, if any?

- Procedures or systems to protect and respect patient privacy or confidentiality

What barriers in accessing accountability mechanisms does your country have, if any?

- Mechanisms do not function
- Mechanisms are not sensitive to HIV
- Affordability constraints for people from marginalized and affected groups
- Awareness or knowledge of how to use such mechanisms is limited

AIDS out of isolation

Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C

Policy questions (2019)

Is cervical cancer screening and treatment for women living with HIV recommended in:

a) The national strategy, policy, plan or guidelines for cancer, cervical cancer or the broader response to non-communicable diseases (NCDs)

Yes

b) The national strategic plan governing the AIDS response

Yes

c) National HIV-treatment guidelines

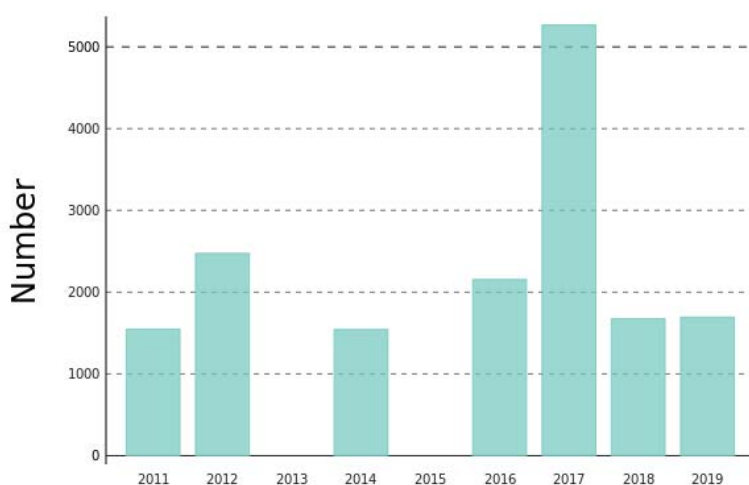
Yes

What coinfection policies are in place in the country for adults, adolescents and children?

- Isoniazid preventive therapy (IPT) or latent TB infection (LTBI) prophylaxis for people living with HIV
- Intensified TB case finding among people living with HIV
- TB infection control in HIV health-care settings
- Co-trimoxazole prophylaxis

10.1 Co-managing TB and HIV treatment, Botswana (2011-2019)

Number of HIV-positive new and relapse TB patients started on TB treatment during the reporting period who were already on antiretroviral therapy or started on antiretroviral therapy during TB treatment within the reporting year



10.2 Proportion of people living with HIV newly enrolled in HIV care with active TB disease, Botswana (2015-2019)

Total number of people living with HIV with active TB expressed as a percentage of those who are newly enrolled in HIV care (pre-antiretroviral therapy or antiretroviral therapy) during the reporting period



10.4/10.5 Sexually transmitted infections, Botswana (2013-2019)

Number of men reporting urethral discharge in the past 12 months; number of men reported with laboratory-diagnosed gonorrhoea in the past 12 months

