

Botswana: PMTCT



UNITE FOR CHILDREN
UNITE AGAINST AIDS

Statistics, 2010

Estimated # of children (0-14) living with HIV	16,000 [9,900 - 20,000] (2009)[1]
Population	1,950,000 (2008)[13]
Annual births	48,000 (2009)[13]
Neonatal mortality rate	46/1,000 (2004)[3]
Infant mortality rate	43/1,000 (2009)[4]
Under 5 mortality rate	57/1,000 (2009)[4]
Maternal mortality ratio	190/100,000 (2008)[12]
Adult (15-49) HIV prevalence	24.8% [23.8% - 25.8%] (2009)[1]
HIV prevalence young people (15-24)	female: 11.8% [9.0% - 15.9%] male: 5.2% [3.7% - 7.3%] (2009)[1]
Estimated # of pregnant women living with HIV	13,000 [6,900 - 17,000] (2009)[2]
Exclusive breast-feeding for infants <6 months	20% (2007)[11]
Comprehensive knowledge about HIV (15-24 yrs)	female: -- male: --
Condom use at last higher-risk sex (15-24)	female: -- male: --
Unmet need for family planning:	--
% ANC facilities that provide testing and ARVs for PMTCT	100% (2008)[2]
Timing of first ANC visit (months)	No ANC: 5.5% 1-4 months: 53% >4 months: 41.3% (2007)[14]
% of women attending at least 4 ANC visits during pregnancy	73.3% (2007)[14]

National targets by 2016 [6]

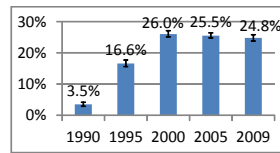
- 30% of voluntary counseling and testing clients access it as couples
- 90% of HIV positive pregnant women access highly active antiretroviral therapy

Strategic Focus of National Plan [6]

- Scale up interventions to address prevention among young women and men
- Increase demand and provision of quality HIV testing and counselling services and post-exposure prophylaxis
- Increase resources to strengthen community and health infrastructure, equipment and systems
- Improve linkages and referrals between health and community structures and across sexual and reproductive health, HIV and tuberculosis services
- Improve coordination of technical assistance
- Address legal and ethical environment for HIV prevention and support
- Support use of strategic information to inform advocacy
- Build capacity to address HIV and AIDS stigma and discrimination

HIV prevalence among adults appears to have stabilized, but remains high

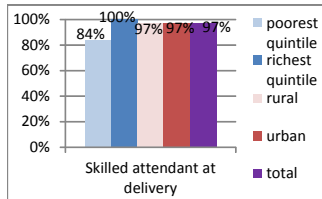
Adult HIV (15-49) prevalence (%) (1990-2009) [1]



Nationally, adult HIV prevalence is estimated at 24.8%, while prevalence among pregnant women is thought to be close to 33%. [9] Two times as many young women (15-24) are living with HIV than young men, with a prevalence of 11.8% and 5.2% respectively. [1] Among females, prevalence is highest among women who report they live with a partner, at 36.6%. [9]

Nearly all pregnant women receive the support of a skilled attendant care at delivery, though some of the poorest miss out

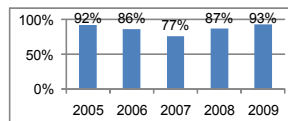
Percentage of births attended by skilled health personnel, (2007) [14]



Evidence indicates that virtually all women (97%) receive the support of a skilled attendant at delivery, though coverage among the poorest women (84%) does not match rates among the women occupying the highest wealth bracket (100%).

Overall, HIV testing among pregnant women has remained high since 2005

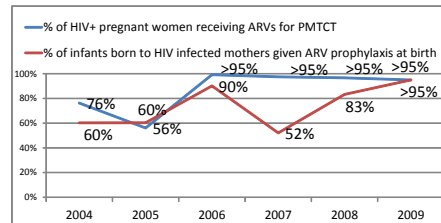
Trends in percentage of pregnant women tested for HIV during ANC visit (2005-2009) [2]



93% of women were tested for HIV during ANC in 2009. Near universal utilization of ANC services and provision of testing within ANC (100%) [2] could be partially credited for this high rate.

Nearly all mothers & infants receive regimens to prevent HIV infections in children

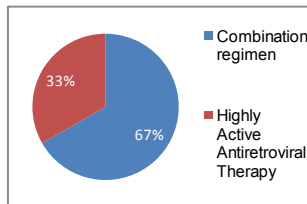
Trends in percentage of HIV+ pregnant women and HIV-exposed infants receiving ARVs for PMTCT, (2004-2009) [2]



It is likely that Botswana has achieved universal coverage of antiretrovirals (ARVs) for HIV-positive pregnant women and prophylactic ARVs for HIV-exposed infants. Trend data suggests that while coverage for women has been level since 2006, the rise in coverage for infants has taken place rapidly since 2007.

There is remarkable progress toward the standard use of higher quality PMTCT regimens and treatment for HIV-positive pregnant women

Distribution of various ARV regimens provided to pregnant women, (2009) [2]



AZT prophylaxis has been phased out, and combination regimens constitute two thirds (67%) of PMTCT regimens for HIV-exposed women. Highly active antiretroviral therapy (HAART), or therapy for the woman's own health, makes up the other third. With sustained efforts to roll out HAART, Botswana may be on track to meet its target of 90% HAART coverage by 2016.

POLICY ENVIRONMENT

- Multi-sectoral HIV and AIDS plan (2010-2015) in place
- No sub-national plans
- Policy on HAART being piloted [15]

BUDGET ENVIRONMENT

- Global Funds recipient: R 2 [9];
- PEPFAR program country

Domestic Health Financing [7]

- Govt expenditure on health, as per cent of total govt spending: 13%

THE BOTTOM LINE

If Botswana is to meet its national targets for PMTCT by 2016:

- ✓ **primary prevention** among couples must continue to be a priority
- ✓ **provision of family planning services** to HIV-positive women must continue to be a priority
- ✓ **increasing access** of ANC and PMTCT services to the poorest women is critical. This will require innovations in service delivery.
- ✓ **improving the quality** of those services must continue to be a priority. If all women receive HAART, as envisioned in the national plan, the numbers of new infections among children will drop dramatically.

References



UNITE FOR CHILDREN
UNITE AGAINST AIDS

- [1] Report on the Global AIDS Epidemic, UNAIDS, 2010
- [2] Towards universal access: scaling up priority HIV/AIDS interventions in the health sector. Progress report, 2005, 2006, 2007, 2008, 2009, 2010, WHO, UNAIDS, UNICEF
- [3] State of the World's Children Special Edition, Statistical Tables, UNICEF, 2009
- [4] Levels & Trends in Child Mortality, Report 2010, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, UNICEF, WHO, The World Bank, United Nations DESA/Population Division, 2010
- [5] Multiple Indicator Surveys 2000
- [6] The Second Botswana National Strategic Framework for HIV and AIDS 2010 - 2016
- [7] World Health Statistics, WHO, 2010
- [8] The Global Fund to Fight AIDS, Tuberculosis and Malaria: Botswana portfolio:
<http://portfolio.theglobalfund.org/Country/Index/BOT#>
- [9] UNGASS 2010 Botswana Report: "Progress Report of the National Response to the 2001 Declaration of Commitment on HIV and AIDS", Botswana Country Report 2010:
http://data.unaids.org/pub/Report/2010/botswana_2010_country_progress_report_en.pdf
- [10] Children and AIDS, Fifth Stocktaking Report. UNICEF, UNAIDS, WHO, UNFPA, UNESCO, 2010:
http://www.unicef.org/publications/index_51902.html
- [11] Family Health Survey, Final report, Table 8.4, p. 64, 2007
- [12] Trends in Maternal Mortality: 1990 - 2008, Estimates developed by WHO, UNICEF, UNFPA and the World Bank, 2010:
http://www.childinfo.org/files/Trends_in_Maternal_Mortality_1990_to_2008.pdf
- [13] State of the World's Children, Statistical Tables, UNICEF, 2011, forthcoming
- [14] Family Health Survey, Final report, Table 7.1, 2007
- [15] Personal communication with UNICEF Botswana