

**Context and challenge:** AIDS is a foremost cause of maternal, newborn and child death in southern Africa. In Botswana, almost 1 in every 4 people aged 15–49 is infected with HIV. The risk to children begins before birth; one third of pregnant women aged 15–24 in Botswana are HIV-positive. Maternal HIV-positive status leads to an increased rate of stillbirths and deaths in the neonatal period and infancy, even if HIV is not transmitted to the child. Women who contract HIV during pregnancy or while breastfeeding have a high risk of passing the infection to their newborn. Moreover, mothers are increasingly at risk of death, leaving behind babies with diminished chances of survival. AIDS is a significant cause of disability and death in babies and children beyond one month.

**Interventions and approaches:** In Botswana, prevention of mother-to-child transmission of HIV (PMTCT) was initiated in 1999 with strong political commitment and high resource allocation. From the outset, the Government of Botswana planned for national coverage of interventions. Services are provided free of charge to women and children and integrated into existing maternal and child health services. These interventions include safe obstetric practices, counselling, HIV testing, prophylaxis or treatment for

HIV infection as indicated, and testing of babies for HIV infection at six weeks of age. Antiretroviral therapy is also provided to qualifying mothers and their families. Rigorous monitoring and evaluation is implemented and supply chains closely managed.

One of the central success factors in Botswana was the unified coordination mechanism around a single national scale-up plan. PMTCT was fully integrated with maternal and child health services, but ongoing adjustments were made to increase quality and service uptake. Political commitment was important, as was cohesive programme management. Community participation and male involvement were also crucial elements to support women who chose not to breastfeed and to facilitate follow-up paediatric care and support.

**Results:** In Botswana, the programme expanded to nationwide coverage by 2004. By 2005, 54 per cent of HIV-positive mothers were receiving antiretroviral drugs during pregnancy.

*See References, page 108.*