Botswana: PMTCT

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

<table>
<thead>
<tr>
<th>Adult HIV (15-49) prevalence (%)</th>
<th>(1990-2009) [1]</th>
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<tbody>
<tr>
<td>2000</td>
<td>16.6%</td>
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<td>2005</td>
<td>15.5%</td>
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<td>2006</td>
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<td>2007</td>
<td>14.6%</td>
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<td>2008</td>
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Nationally, adult HIV prevalence is estimated at 24.8%, while prevalence among pregnant women is thought to be close to 33%. 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. Among females, prevalence is highest among women who report they live with a partner, at 36.6%.

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

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

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

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

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

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.

### National targets by 2016 [8]

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

### Strategic Focus of National Plan [9]

- 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

### 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]
- PEPPAR program country

### Domestic Health Financing [7]

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

[15] Personal communication with UNICEF Botswana