

# Country progress report - Botswana

Global AIDS Monitoring 2018





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# 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**

Steady progress has been made on the HIV Testing and treatment cascade. An estimated 86 percent of People Living with HIV knew their status in 2017, while 84% of People Living with HIV were on treatment and 81% of People living with were virally suppressed.

In terms of program performance, the ART program has done remarkably well in terms of putting people diagnosed with HIV on treatment. Among those who knew their status 98% were on treatment and 96.7% of people accessing treatment were virally suppressed.

However adult males are lagging on all three targets. Only 74% male adults living with HIV knew their Status in 2017, while 72% of adult males living with HIV were on treatment and 70% of Adult males living with HIV were virally suppressed.

The Government of Botswana is currently implementing HIV Testing Services Strategy to increase testing yields. The HIV positive yield for HIV testing is around 5%. The strategy HIV testing in TB clinics, hospitals and Index testing. Self Testing will be piloted for future roll out. With the introduction of the Treat All strategy in June 2016, the number of people initiated on ART has increased by 37% since 2015. Viral suppression remains high above 95%, however only 46% of viral load testing data was used for analysis from the data warehouse as there is a backlog in uploading data. The Patient information management system has been down due to a system upgrade (migration from PIMS version 3 to version 4). Many facilities have resorted to manual reporting making it impossible to disaggregate by age at national level. Testing of the system is currently ongoing which will be followed by rolled out. A data quality Assessment for the ART program is planned for 2018.

With the adoption of treat all, patients are initiated immediately on ART regardless of CD4 count, which has led to a reduction in patients coming with CD4 > 200. The program is seeing much healthier patients initiating on ART. Retention of people on ART remains high 91%. During the year 2017, Central Medical Stores has experienced stock out for only one ARV once in July. During the same period 9 facilities out of the 88 facilities which send reports to LMIS had a stock out for the same item.

### **Policy questions (2017)**

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

**a) Is solely performed based on voluntary and informed consent**

Yes

**b) Is mandatory before marriage**

No

**c) Is mandatory to obtain a work or residence permit**

No

**d) Is mandatory for certain groups**

Yes

**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

**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, fully implemented

**b) For children**

Yes, fully implemented

# 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 PMTCT program continues to report high PMTCT coverage at greater than 95%. Although the Population based estimate for testing rate among pregnant women is lower (82.3%) than the program reported testing rate (92%), it is worth noting that women testing at labour and delivery are also initiated on PMTCT to reduce chances of MTCT through to Breast feeding period. This intervention may be associated with the program reported MTCT rate of 1.4% which is lower than the population estimate for MTCT .

PMTCT reporting tools have been revised to allow for capturing of data on Syphilis among pregnant women which will allow future reporting on Syphilis among pregnant women.

## **Policy questions (2016)**

**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; Implemented countrywide

# 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**

Both the Mapping and Size Estimation & the Behavioral and Biological Surveillance Survey (BBSS) were carried out in 2017. Validation of Mapping and Size Estimation results is currently ongoing and will be available for the next reporting round.

Botswana has conducted a Legal Environmental Assessment in which laws and policies that are a barriers or facilitate for access to HIV preventive services for key populations and vulnerable groups are discussed. The report has noted criminalization of HIV status as barrier to testing and criminalization of same sex relationship and sexwork. A community based organization for LGBTI, LEGABIBO has been registered following a court ruling. The CBO facilitates community dialouge on human rights, stigma and discrimination among key populations.

Access to Health Care by Public Health Facilities is open to the public irregardless of sexual orientation and practice. Funding and Technical Support is also made by the government to Non Governmental Organisations that have programmed their service provision to target Key Populations.

PReP strategy has been developed however, government health facilities have not yet commenced implementing it. It is currently being implemented at some Private Health Facilities, however, data can not be made available yet.

The Voluntary Medical Male Circumcision program has developed a new strategy which runs from 2018 to 2022, with one of the target age groups being 10 to 29 year olds.

## **Policy questions: Key populations (2016)**

## **Criminalization and/or prosecution of key populations**

### **Transgender people**

Neither criminalized nor prosecuted

### **Sex workers**

Partial criminalization of sex work

### **Men who have sex with men**

Yes, imprisonment (up to 14 years)

## **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**

No

### **Sex workers**

No

### **Men who have sex with men**

Prohibition of discrimination in employment based on sexual orientation

### **People who inject drugs**

No

## **Policy questions: PrEP (2017)**

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

Yes, PrEP guidelines have been developed but are not yet being implemented



# 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**

Due to lack of new data, the country is unable to monitor progress on this indicator. The Ministry of Health through BONELA plans to conduct a survey to assess health workers attitudes towards Key Populations. The Ministry through CBO's is providing training to health care workers on the provision of friendly services to key populations.

### **Policy questions (2016)**

**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

**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

# 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**

## **Policy questions (2016)**

**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)?**

Botswana Network of Ethics, Law and AIDS (BONELA), Ombudsman, Industrial Court, Legal AID housed at AG's Chambers.

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

Complaints procedure

Mechanisms of redress

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

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**

## **Progress summary**

The Ministry of Health and Wellness has developed an Integrated Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Strategic plan for 2017-2021.

## **Policy questions (2016)**

**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?**

Intensified TB case finding among people living with HIV

TB infection control in HIV health-care settings

Co-trimoxazole prophylaxis