



BOTSWANA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
AMONG UNIFORMED PERSONNEL IN
SELECTED AFRICAN NATIONS AND
BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

Botswana has maintained one of the world's highest economic growth rates since achieving independence in 1966, though growth slowed to 4.7% annually in 2006-07. Through fiscal discipline and sound management, Botswana has transformed itself from one of the poorest countries in the world to a middle-income country. Diamond mining has fueled much of the expansion and currently accounts for more than one-third of the gross domestic product (GDP) and for 70% to 80% of export earnings. Tourism, financial services, subsistence farming, and cattle raising are other key sectors. The estimated population of Botswana is 1.8 million people, with an average life expectancy of 51 years. English is the official language of Botswana, but the vast majority of people speak Setswana. The country has an estimated literacy rate of 81%, evenly distributed between men and women. The GDP per capita is \$14,700, with 30% of Botswanans living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in Botswana's general population is considered one of the highest in the world, estimated at 24.1%. Botswana has approximately 270,000 individuals living with HIV/AIDS. Identified risk factors include high-risk heterosexual contact with multiple partners, in-country migration, and lack of care and treatment for sexually transmitted infections. Heterosexual contact is the principal mode of transmission.

Military Statistics

The Botswana Defense Forces (BDF) is estimated at 10,000 active-duty personnel. No prevalence data are available, but the BDF is currently planning to conduct a

seroprevalence study in 2008. Botswana expends 3.4% of the GDP on the military.

PROGRAM RESPONSE

In-Country Ongoing Assistance

Through the Office of Defense Cooperation (ODC) at the US Embassy, a DHAPP program manager works in collaboration with DHAPP staff and the BDF. DHAPP staff is an active member of the President's Emergency Plan for AIDS Relief (PEPFAR) Botswana Country Team and provided technical assistance in developing the Country Operational Plan (COP) for FY08. Population Services International (PSI) also works as an implementing partner with the BDF for prevention activities.

Foreign Military Financing Assistance

Botswana was awarded Foreign Military Financing (FMF) funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for FY03 and was released in FY05. To date, funding for the 2003 appropriation has been used to procure a CD4 machine, a chemistry analyzer, and a PCR analyzer.

OUTCOMES & IMPACTS

Prevention

The BDF, in conjunction with the ODC and PSI, reported reaching 3,170 troops and family members with comprehensive prevention messages as well as training 437 peer educators. Significant progress was made in the last 2 quarters of the year in training peer educators. The continued goal of the program is to reach more troops and family members with prevention messages. Currently, the BDF supports 80 condom service outlets, which is an increase from last year.

The BDF has consulted the National Health Laboratory of Botswana and the Botswana-Harvard Partnership for oversight and direction on procuring



additional laboratory equipment. The Botswana-Harvard School of Public Health AIDS Initiative for HIV Research and Education is a collaborative research and training initiative between the Government of the Republic of Botswana and the Harvard AIDS Initiative. Currently, 2 service outlets carry out blood-safety activities, and 5 individuals were trained in blood safety. In collaboration with John Snow International, 350 BDF members were trained in injection safety.

Two (2) service outlets provide prevention of mother-to-child transmission (PMTCT) services. In FY07, 124 pregnant women used these services, and 40 received a complete course of antiretroviral prophylaxis. Nineteen (19) health care workers were trained in the provision of PMTCT services. Through intensive mobilization campaigns, the military health services have seen an increase in the number of pregnant women using PMTCT services. Much of this accomplishment is due to the collaboration between the BDF and the Botswanan Ministry of Health.

Care and Treatment

Counseling and testing (CT) services are critical to the BDF's program, and 7 outlets offer these services. An additional Voluntary Counseling and Testing (VCT) Center will be built for the BDF in the coming year so to expand its CT services. Strategically chosen, 37 HIV counselors were trained so that all BDF installations have coverage. In FY07, 2,141 individuals were counseled and tested.

The BDF supports 7 service outlets that provide palliative care to its troops, family members, and their civilian neighbors. Seventeen (17) individuals were trained in the provision of these services. The BDF's number of troops receiving palliative care and/or treatment services is classified. Three (3) service outlets provide antiretroviral therapy (ART). Fifty-nine (59) health care workers were trained in the delivery of ART services, and 11 individuals were trained in laboratory-related activities. During FY07, FMF funding procured a CD4 machine, a chemistry analyzer and a PCR analyzer for BDF labs.

Other

HIV policy training was provided to 34 individuals, and 240 individuals were trained in HIV-related community mobilization for prevention, care, and/or treatment. In the coming year, the BDF hopes to expand its HIV-related community mobilization for prevention, care, and/or treatment training to more members. Plans are currently under way for a seroprevalence study and behavioral survey within the BDF.

Proposed Future Activities

Continued comprehensive HIV programming for BDF members and their families was proposed to the PEPFAR Botswana Country Team. All proposed activities were included in the FY08 COP. Some of these activities include continued prevention efforts, construction of an additional VCT Center, review and possible revision of HIV policy, training of 3–5 BDF medical personnel on tuberculosis treatment, building infrastructure of electronic data management for ART patients, and conducting a seroprevalence study and behavioral survey.

