

Botswana

REACHING COMMUNITIES WITH CRITICAL SRH AND HIV SERVICES

THE CHALLENGE:

Botswana continues to bear a high burden of the HIV epidemic, with an estimated HIV prevalence of 23 per cent among 15–49 year olds and 30 per cent among 15–49 year-old pregnant women. The country's maternal mortality ratio (MMR) is estimated at 170 deaths per 100,000 live births, with maternal and neonatal mortality reduction remaining a challenge. However, Botswana has made significant

progress in scaling up both sexual and reproductive health (SRH) and HIV services. Approximately 94 per cent of pregnant women in the country attended antenatal care clinics and 95 per cent of deliveries were attended by skilled personnel. More than 95 per cent of pregnant women living with HIV were receiving antiretroviral therapy (ART) for prevention of mother-to-child transmission (PMTCT) of HIV in 2013.

THE CATALYST:

Through the SRHR (Sexual and Reproductive Health and Rights) and HIV Linkages Project funded by the European Union, and the Governments of Sweden and Norway (2011–2015), Botswana has made notable progress in increasing access to and uptake of key integrated HIV and SRH services across nine pilot sites. Several key steps have been taken to achieve this progress.

Joint programming and close consultation with the Ministry of Health from the start of the project resulted in the development of a national strategy and implementation plan to integrate SRH and HIV services. This plan has provided strategic guidance towards the development of a costed scale up of integration nationwide. The recent decision to simultaneously scale up SRH and HIV linkages with antiretroviral rollout countrywide is clear evidence of Botswana's commitment to reach as many individuals as possible with comprehensive and integrated services.

Training and technical support provided to the project's nine pilot sites, including enhancing the role of nurses through task-shifting and task-sharing, has expanded access to integrated SRH and HIV services—such as HIV testing; antiretroviral treatment (ART) prescribing,

dispensing, and initiation; dual contraception for prevention of unplanned pregnancy and sexually transmitted infections (STIs); and screening for cervical cancer.

The 'one-stop shop' model (i.e. when a provider offers both SRH and HIV services at the same place in one session or visit) in the project sites has emerged as a successful 'good practice' to deliver integrated services to clients regardless of their HIV status. Under this model, stigma and discrimination, along with defaulter rates for ART have been reduced among people living with HIV. The model has also increased opportunities for continuity of care for SRH and HIV care services, and has decongested health facilities by reducing the number of client visits for different health care services.

Strategic partnerships with non-governmental organizations (NGOs)—including the Botswana Family Welfare Association (BOFWA), the Botswana Network on Law and Ethics (BONELA), and Stepping Stones—have strengthened the provision of youth-friendly services, mobilized communities around stigma reduction, and promoted male involvement and gender mainstreaming.

Rationale and Benefits of SRH and HIV Integration

Given that most HIV infections are sexually transmitted—or are associated with pregnancy, childbirth, and breastfeeding—and the presence of certain sexually transmitted infections (STIs) further increases the risk of HIV transmission, linking SRH and HIV services simply makes sense.

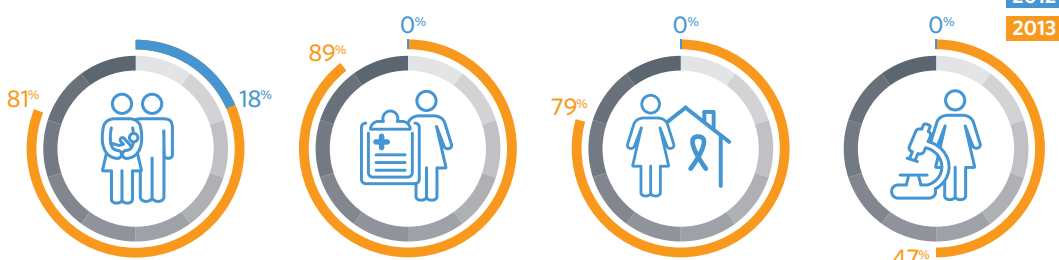
The benefits of integrated services are multifold. SRH services can provide a platform for reaching clients with crucial HIV prevention, care, and treatment interventions—helping them to understand their risks for HIV and make informed decisions about their sexual and reproductive health. At the same time, HIV services can provide an effective entry point for addressing the unmet family planning needs of female clients living with HIV and can increase access to and uptake of key SRH services, such as cervical cancer screening and antenatal care.

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THE CHANGE:

As a result of these efforts, a significant increase in the uptake of integrated SRH and HIV services has been registered in the project sites since the start of the project.



The number of postnatal care clients accessing both HIV and family planning services **increased by 63 per cent**, from 18 per cent in 2012 and 81 per cent in 2013.

The number of family planning clients (women) accessing both HIV and family planning services **increased by 89 per cent**, from 0 per cent in 2012 to 89 per cent in 2013.

The number of clients (women) at HIV service delivery points accessing both HIV and family planning services **increased by 79 per cent**, from 0 per cent in 2012 to 79 per cent in 2013.

The number of clients (women) at HIV service delivery points screened for cervical cancer **increased by 47 per cent**, from 0 per cent in 2012 to 47 per cent in 2013.

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