



Botswana

**Partnership Framework for HIV/AIDS
2010 - 2014**

**A Collaborative Effort Between
The Government of Botswana**

and

The Government of the United States of America



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Section 1 - Introduction

1. The Botswana Partnership Framework on HIV/AIDS outlines the strategy for the Government of Botswana (GOB) and the Government of the United States of America (USG) through the President's Emergency Plan for AIDS Relief (PEPFAR) to work together to continue to address HIV/AIDS in Botswana over the next five years (2010-2014). This Partnership Framework provides a strategic overview, defines key partner roles, and summarizes the harmonized contributions of the GOB, PEPFAR and other development partners.
2. The Partnership Framework was developed through a highly consultative process, between June-October 2009, and included all key government ministries and departments involved in leading the HIV/AIDS response in Botswana, as well as all USG (United States Government) agencies implementing the PEPFAR program in the country. Development partners and other relevant stakeholders drawn from the private and civil society sector were also involved in the Partnership Framework formulation process.
3. This consultative process was organized by the Framework Management and Communications Team, chaired by the National AIDS Coordinating Agency (NACA), and including GOB and USG representatives, who met on a regular basis throughout the entire process. The overall design of the document was initially established by a broad-based Framework Design and Implementation Committee, which included representation from GOB agencies and ministries, USG in-country PEPFAR agencies, and civil society, other donors and stakeholders. The technical details were provided by four Technical Working Groups (TWGs) that align with the goals of the GOB's Second National HIV/AIDS Strategic Framework (NSF II) as well as with the Partnership Framework goals. The TWGs were co-chaired by the GOB and USG, and membership included technical experts from the GOB and USG as well as other donor and stakeholder experts. Finally, the framework National Steering Committee (NSC), chaired by the National Coordinator of NACA and consisting of Executive level leadership from GOB departments and ministries, USG agencies, the US Ambassador, and the leadership of donor and stakeholder organizations, met to review the progress and evaluate the final Partnership Framework document.
4. The development of the Partnership Framework implementation will be subsumed into the National Operational Plan (NOP). No separate implementation plan will be developed. The operationalization of the Partnership Framework is expected to be outlined in a detailed National Operational Plan for the Second Strategic Framework for HIV/AIDS 2010 to 2016. The NOP will establish baselines, set targets and timelines and provide detailed information on specific activities and planned contributions by GOB, PEPFAR, and other donors and stakeholders in Botswana. The same consultative processes used for developing the Partnership Framework are expected to be used for the development of the detailed National

Operational Plan. The planned steps required to develop the National Operational Plan are outlined in Section 5.

5. The planned activities described within this document are subject to availability of funds and continued needs in Botswana. Through a consultative process, this document may be modified or revised as needed with the written approval of both partners.

1.1 Background

6. Botswana is a middle-income country (nominal GDP per capita \$7,096 in 2009) in Southern Africa with a stable, democratic government, which has been implementing effective development policies since independence in 1966. Given this context, the wise use of the country's mineral wealth and the GOB's commitment, Botswana has seen significant growth and major reductions in the poverty levels of its citizens over the last 40 years. The country has one of the most developed public health systems in Africa, which is built on a strong health infrastructure system. Key successes include:
 - 97% antenatal care coverage
 - 94% of deliveries are attended by a skilled health worker
 - 97% of one-year-old children are fully immunized for DPT3
 - 100% of facilities providing antenatal care also provide HIV testing and counseling
7. However, HIV/AIDS remains the most significant social and public health problem in Botswana. The country is experiencing one of the most severe HIV/AIDS epidemics in the world, affecting both urban and rural areas with equal ferocity. UNAIDS estimated that in Botswana's population of about 1.8 million, close to one out of four adults aged 15-49 were HIV positive in 2007. In addition, national sentinel surveillance over the last five years found that one out of three pregnant women is HIV positive. Currently about 300,000 adults and children are estimated to be HIV positive and 160,000 are in need of antiretroviral therapy. Finally, more than 52,000 children have been orphaned after losing one or both parents as a result of HIV/AIDS.
8. Despite the strong health system foundation, responding to this massive epidemic has severely stressed the existing human resources and health system infrastructure. There is a health personnel gap coupled with increased demand to focus on cost-effectiveness of service delivery, human resources and financial management issues. Procurements and logistics are weak areas and the Central Medical Stores needs significant efforts to strengthen its services.
9. The HIV epidemic has also severely impacted Botswana's labor force, affecting productivity and investment and increasing financial outlays by the Government to sustain existing programs and services. A 2006 report funded by the United

Nations Development Program (UNDP) on behalf of NACA, *The Economic Impact of HIV/AIDS in Botswana*, estimated that in the next 20 years, the economy will be decreased by 30% due to the impact of HIV/AIDS. Furthermore, the GOB projects that by 2021 Botswana's population will be reduced by 18% from what it would have been in the absence of the epidemic.

10. Since the beginning of the epidemic, the GOB has shown a high-level of commitment in mitigating the impact of HIV/AIDS. The GOB investment of domestic resources to support AIDS prevention, care and treatment is estimated to be between 2-3% of GDP and the GOB contributes between 80-90% of the required resources for HIV/AIDS treatment. The national response is guided by clear national priorities and strategies outlined in the NSF II, the Tenth National Development Plan (NDP10), and HIV/AIDS related goals as contained within the nation's development blueprint, *Vision 2016*.
11. For the past several years the GOB has made commendable achievements in its fight against HIV/AIDS. Some of the success stories include:
 - The National Antiretroviral (ARV) Program covers almost 82% of citizens in need of treatment (approximately 133,032 as of September 30, 2009).
 - Prevention of Mother to Child Transmission (PMTCT) counseling and testing services reach over 95% of pregnant women, lowering HIV transmission to less than 4% of infants born to HIV positive mothers.
 - Strong national HIV/AIDS Counseling and Testing (HCT) and routine testing programs nationwide.

These achievements were made possible with financial and technical contributions from the US Government and other development partners.

12. Under PEPFAR I (2004-2008), the USG played a major role in assisting the GOB in mitigating the impact of HIV/AIDS. Through PEPFAR financial and technical assistance, a number of interventions were strengthened and new services have been established at all levels. For the past five years, GOB ministries and departments and civil society organizations have benefited from PEPFAR support. Some of the accomplishments of this support can be exemplified in the strengthening of the following programs: HCT, Orphans and Vulnerable Children (OVC), PMTCT, lab infrastructure, biomedical transmissions, drug procurement and infrastructure development. Furthermore, PEPFAR technical assistance has contributed toward the development of various national guidelines, manuals and systems strengthening. In addressing human capacity needs, PEPFAR supported several programs aimed at strengthening the capacity of human resources for health.
13. PEPFAR has also developed strong partnerships with the National AIDS Coordinating Agency (NACA), the Botswana Defense Force (BDF), the Ministries of Health (MOH), Ministry of Local Government (MLG), Ministry of

Education and Skills Development (MOESD), Ministry of Youth, Sports and Culture, as well as with civil society and private sector organizations.

1.2 Progressing Towards a Technical Assistance Model

14. Since the beginning of the national response, the GOB has led the way politically, technically and financially. The GOB covers the majority of the costs to support AIDS prevention, care and treatment, contributing an estimated 2-3% of gross Domestic Product (GDP). As a result, unlike many other PEPFAR countries, PEPFAR in Botswana does not directly support large scale delivery of a wide range of HIV/AIDS-related services. Instead, PEPFAR has played an important role in supporting Botswana's HIV/AIDS response by strategically filling service delivery gaps, while providing technical support to GOB and civil society's efforts to scale up and roll out services at national and local levels.
15. In Botswana, PEPFAR support already has several components of a technical assistance (TA) model such as support for policy and curriculum development. However, the continued need to strategically fill service delivery gaps remains. Given the declining revenues from diamond exports in Botswana and the fact that PEPFAR still supports critical services in the country, the transition to a pure TA model will be a gradual process. This process will be tied closely to Botswana's future economic conditions; however, purposeful planning on transitioning PEPFAR support services to the GOB will be pursued and negotiated targets established.

1.3 Alignment of GOB Strategies and the Partnership Framework Goals

16. This Partnership Framework was prepared during a period of transition from the first National Strategic Framework (NSF I, 2003-2009) to the Second National Strategic Framework (NSF II, 2010-2016), as well as the launching of its National Development Plan 10 (NDP 10, 2010-2016).
17. In 2007 a mid-term review (MTR) of the first NSF was undertaken to inform the development of the NSF II. The MTR found that although outstanding achievements were made in terms of treating and caring for those already infected, there was no corresponding achievement in prevention of new infections. While the MTR recognized the need to maintain the excellent results in care and treatment, it was recommended that the next plan period should intensify and accelerate proven prevention efforts. Such an approach would maintain the required delicate balance between meeting the needs of those living with HIV and AIDS, and at the same time prevent new HIV infections.
18. As a result, the NSF II is built on the following four priority areas, which constitute the current strategic priorities of the national response to HIV and AIDS:

- Priority Area 1: Prevention
 - Priority Area 2: Systems Strengthening
 - Priority Area 3: Strategic Information Management
 - Priority Area 4: Treatment, Care and Support
19. These four priority areas are ranked in order of their perceived importance as they relate to delivering a sustained and targeted impact on HIV transmission and AIDS related illnesses and deaths.
20. The Partnership Framework outlines goals and objectives aligned with the NSF II and the NDP 10, and summarize how PEPFAR resources are expected to be used over the next five years to support the GOB's national priorities for HIV/AIDS. This is envisioned to help direct PEPFAR's support to the national program, and in particular, the GOB's ongoing efforts to increase the cost effectiveness and quality of the Botswana national response. (Please see Annex 1, which contains the approved version of the NSF II.)
21. The Partnership Framework also takes into account the second phase of PEPFAR, which encourages USG support in all countries to begin to shift from providing emergency support toward supporting increased sustainability of each country's HIV/AIDS response. This shift is particularly critical for PEPFAR-supported programs in Botswana, given the likely decrease in PEPFAR support in coming years.
22. The consultative process utilized in developing the Partnership Framework has strengthened transparency and collaboration between USG, GOB and other partners in addressing the HIV/AIDS epidemic in Botswana.

1.4 Governing Principles

The development of the Partnership Framework was governed by the following principles:

- Demonstrate high level political commitment and ownership of the national response by the GOB and all the sectors involved in HIV and AIDS;
- Align with the national priorities that are clearly outlined in NSFII, NDP10 and other national frameworks including *Vision 2016*;
- Build on Botswana's strong national HIV/AIDS response;
- Promote the three ones: One National Strategy, One Coordinating Agency and One National Monitoring and Evaluation System;
- Promote true ownership and transparency in resource allocations;
- Partner with and strengthen civil society organizations in complementing national responses in the fight against HIV/AIDS, with a focus on financial resource management by local organizations;

- Increase involvement of affected communities especially people living with HIV/AIDS (PLWHA) and most at risk populations (MARPS);
- Consider gender sensitive approach in all programs;
- Promote public-private partnerships to enhance sustainability and additional resources;
- Leverage resources from other development partners;
- Ensure accurate and timely reporting and accountability resources.

Section 2 - Five-Year Strategic Overview

23. The Partnership Framework aims to support the GOB's existing plans by establishing a strategy for the use of PEPFAR resources over the next five years to support the national response to HIV/AIDS. The general principles outlined in key GOB strategic documents (as explained above in Section 1) have been used to help prioritize specific contributions and policy initiatives that the partners provide to each program area.
24. The Partnership Framework outlines how the partners envision working together to:
- Maintain critical HIV/AIDS services
 - Address existing gaps in Botswana's HIV/AIDS response
 - Include gender-sensitive approaches in all aspects of HIV programming and service delivery
 - Improve the quality and long-term sustainability of Botswana's HIV/AIDS response
 - Support policy development and implementation that enhances the national response
 - Leverage additional resources from other donors
 - Capacitate local organizations in program management and financial management to improve sustainability

2.1 Gender as a Cross-Cutting Issue

25. The NSF II guides all partners to include gender-sensitive approaches in all aspects of HIV programming and service delivery. The GOB and PEPFAR are also committed to working together to find solutions to gender-based violence, stigma, low male partner involvement and other drivers of the epidemic.
26. The NSF II states:

"The status of women, especially adolescent girls, is one of the most powerful drivers of the AIDS epidemic. Women are very often caught within a vicious set of circumstances. As they tend to have little power over their own bodies, they are put at risk by a combination of tacit social acceptance of male partners having more than one sexual relationship, inability to negotiate

condom use, and sexual exploitation, especially among younger girls. Thus, socially as well as biologically, they are more susceptible to HIV infection. There is also growing evidence in the region on gender violence, sexual abuse and how they could be associated with risk to HIV infections. If the national response does not begin to deal effectively with this larger reality experienced by women and girls, it cannot hope to achieve the goal of Vision 2016."

27. The pattern of HIV/AIDS in Botswana, particularly in the sexually active age groups, shows a gender bias. A number of factors fuel the spread of the epidemic, such as multiple concurrent partners (MCP), high population mobility, shifting social and cultural norms, stigma and gender-based violence (GBV). HIV prevalence is higher among females than males, 20.4% and 14.2%, respectively (Botswana AIDS Impact Survey, III, 2009), which is attributed to women's inability to negotiate for safe sex.
28. Gender-based violence (GBV) is a world-wide problem that poses significant health and human rights concerns to vulnerable populations. GBV fosters the spread of HIV/AIDS because it limits women's and girls' ability to negotiate sexual practices, to disclose HIV status and to access services due to fear of GBV.
29. The GOB, through the Women's Affairs Department (WAD) and the National AIDS Coordinating Agency (NACA) in collaboration with UNDP piloted a gender mainstreaming project in ministries. In 2008, a National Policy on Gender and Development recognized both men and women as vital resources for developing the country and identify and eliminate all obstacles impeding their economic, political and social participation. Furthermore, in the NDP10, the GOB plans include mainstreaming gender in all HIV/AIDS programs. Likewise, all planning, programming and service delivery under the Botswana Partnership Framework should also be held to these high standards and aim to bring gender equity in all program areas. Therefore, the programs supported by the Partnership Framework should include a gender focus in every program area. This focus should address not only the inequalities that women face, but also consider gender appropriate interventions targeting men and how they play a role in reduction of infections, as well as improved care and support for their female partners and the orphans and vulnerable children in their families and communities.

2.2 Achieving Sustainability through Empowering Local Organizations

30. Key to the success and sustainability of the Partnership Framework interventions is the intensive involvement of local actors and capacitating of these entities during the first few years of implementation. To achieve this aim, the Partnership Framework should serve as a guide to the partners in working toward a more cost-effective and sustainable model for the PEPFAR-supported components of HIV/AIDS services in Botswana. Key elements of this strategy are (1) to substantially increase the percentage of funding that is channeled through local organizations over the five-year period, (2) to ensure that local implementing partners are empowered and entrusted with decisions to develop and implement programs tailored to meet local needs, while international organizations support

their efforts by providing much needed technical capacity where there is need with the intention to transition in the next two to three years of implementation of the framework to local organizations. The ultimate accountability for management decisions and results should also rest with local organizations. Together, this approach should be a significant departure from the old implementation modalities where significant resources were held through international organizations and local implementing partners were not always given the support they need to be successful, self-sustaining implementers.

31. During the development of the NOP, the team expects to set a baseline and targets for percentages of funding to be channeled through local organizations over the life of the Partnership Framework.

2.3 Partnership Framework Goals and Objectives

This Partnership Framework lays out the following goals:

- Goal 1: Prevention - “To reduce the number of new HIV infections by 50%.”
- Goal 2: Capacity Building and Health Systems Strengthening - “To increase the GOB, civil society and private sector ability to sustain high quality, cost effective HIV/AIDS services.”
- Goal 3: Strategic Information - “To strengthen strategic information management of the National Response to enhance evidence based planning.”
- Goal 4: Treatment Care and Support - “To provide comprehensive and quality treatment, care and support services to people infected and affected by HIV.”

2.4 Policy Strengthening

32. As one of the first countries to confront the HIV/AIDS epidemic in Africa, the GOB has a history of leading the way in policy development and implementation relating to HIV/AIDS that began well before PEPFAR. During the first five years of PEPFAR, the USG supported the GOB’s continuing efforts to develop and implement policies that improve access, quality, effectiveness and sustainability of HIV/AIDS services. The USG intends to continue to support the GOB’s policy strengthening efforts during PEPFAR II by providing technical assistance in policy development, and financial and technical support in policy implementation.
33. Some of the remaining HIV/AIDS-related policy challenges that Botswana faces are very difficult issues, with complex short and long-term impacts. Many of these policy challenges are faced by other countries as well, and those countries may look toward Botswana for continued leadership in addressing them.

34. The Partnership Framework also represents the continuation and strengthening of the ongoing resolve of the GOB, PEPFAR and other donors and stakeholders to actively work together to find solutions to these policy challenges.
35. Key PEPFAR and GOB policy challenges for ongoing dialog, technical assistance and support include, but not limited to, the following:
- Strengthening institutional arrangements, for example, the Central Medical Stores (CMS) for improved commodities management and logistical support in the country
 - Encouraging greater private sector involvement
 - Supporting livelihoods for OVC and people living with HIV (PLHIV) so they may be more self-sufficient
 - Enhancing the environment for improved civil society engagement and operations in the country
 - Providing services to the entirety of the population
 - Provision of quality and comprehensive services in a tightening economic environment through improved cost-effectiveness
36. Progress in addressing these policy challenges directly impacts the goals and objectives of the Partnership Framework. Shared support for the development and implementation of these and other policy-related issues are outlined along with other anticipated financial, service delivery and technical support contributions in the Roles and Expected Contributions section below.

Section 3 – Partner Roles and Expected Contributions

37. The following section outlines how the resources of the Government of Botswana, PEPFAR, and other donors and stakeholders should be harmonized in support of the GOB's national program. In addition, it also provides indicators, baselines and targets for program areas where that information has been mutually decided upon in the areas of Prevention and Treatment, Care and Support. The remaining indicators, baselines and targets, including those for the Health System Strengthening (HSS) and Strategic Information (SI) goals, are expected to be included in the National Operational Plan.

3.1 The Government of Botswana

38. The Government of Botswana should develop strategies for implementation of the Second National Strategic Framework. The GOB would effectively lead all donors and stakeholders in designing, implementing and monitoring programs that support the national strategy. The GOB should move forward with its new Prevention Plan which will include a significant male circumcision strategy and provision for programs to reduce multiple concurrent partnering. The GOB should work with civil society, private sector and faith based organizations toward

increasing their capacity for program implementation to enhance service coverage throughout the country

39. The GOB currently spends over \$200 million per year to address the HIV/AIDS epidemic. However, revenues have fallen sharply as a result of the global economic downturn, and the subsequent weakness in the diamond market – an important source of the GOB’s financial resources. The current economic outlook does not indicate that the diamond revenue will return to previous levels for a few more years. As a result, original plans to continue to absorb positions and programs currently funded by donors have had to be put on hold, and cuts have had to be made to the GOB’s own budgets.
40. Once the economy recovers, the GOB aims to increase spending as much as possible and revive plans to gradually absorb programs and positions currently supported by donors, including PEPFAR.

3.2 PEPFAR

41. The USG investment should focus on increasing technical assistance since past support and investment has gone largely to infrastructure development, support for staff positions and procurements. PEPFAR proposes to support research in prevention, treatment and care to improve the quality and cost-effectiveness of treatment and care interventions. PEPFAR also proposes to help build the capacity of local civil society and private sector organizations to design and manage programs that are identified as community priorities and to foster development of public-private partnerships to increase sustainability of activities over the coming years.
42. In 2009, PEPFAR contributed \$92 million to support the HIV/AIDS efforts in Botswana. However, this level of financial commitment is likely to slowly decline each year over the next five years. This increases the importance of finding cost-effective mechanisms and sustainable solutions in which to invest in over the next five years.

3.3 Other Donors and Stakeholders

43. The GOB should seek to leverage additional resources from other development partners such as the African Comprehensive HIV/AIDS Partnership (ACHAP), the World Bank (WB), the European Community (EC), the Clinton Foundation and the United Nations (UN) Agencies. GOB is currently working with these development partners under specific program areas such as Prevention, Systems Strengthening, Capacitation of local organizations and Treatment, Care and support.
44. Currently the African Comprehensive HIV/AIDS Partnerships (ACHAP), the public-private partnership between the GOB, the Bill & Melinda Gates

Foundation and the Merck Company Foundation/Merck & Co, Inc., has recently made a second five-year commitment to support HIV programs in Botswana although with a limited budget. ACHAP is also shifting its program focus from treatment to prevention.

45. At the same time, the World Bank is launching a new \$50 million project to support the GOB's management of HIV programs and provide funding to communities for prevention activities. The European Community's current five-year plan focuses on human resources development across several sectors and supports a multi-sectoral approach to mainstreaming HIV/AIDS, as well as strengthening governance in local NGOs. UN agencies support prevention, treatment, care and support interventions and provide technical assistance to Government of Botswana while the Clinton Foundation assists the MOH to make cost-effective ARV purchases and strengthen pediatric AIDS treatment. In addition international academic institutions such as Harvard, Baylor, and the University of Pennsylvania are currently supporting GOB in research, clinical care and training. It is, however, also important to make sure that some of the activities in the country Global Fund proposals are also linked and complement the Partnership Framework.
46. Local institutions such as civil society, private sector and academia also contribute immensely to prevention, treatment, care and support programs. It is expected that their capacity will be strengthened during the course of implementation of this Partnership Framework.

3.4 Indicators, Baselines, Targets, and Specific Commitments

47. As Botswana transitions to the NSF II, and begins a parallel process of developing the NSF II National Operational Plan, more detailed indicators, baselines, targets and specific commitments should be identified upon in an open forum. The information provided here includes the high-level political commitments already accepted by the GOB and the PEPFAR teams. However, the participants intend to develop more specifics during the implementation planning phase. Subsuming the development of the Partnership Framework implementation plan with the NSF II National Operational Plan is intended to ensure the "Three Ones" principle is put into practice, i.e. one national plan and which helps avoid duplication of efforts

3.5 Goal 1: Prevention - "To reduce the number of new HIV infections by 50%

48. A number of critical strategies and interventions should be used to reduce new HIV infections in Botswana. These are expected to include implementing behavioural change interventions aimed at addressing the main drivers of the epidemic such as multiple concurrent sexual partnerships, intergenerational sex, high consumption of alcohol, high population mobility, shifting social and cultural norms, stigma, and gender based violence. Scaling up cost-effective

clinical prevention programs including safe male circumcision is recognized as crucial to enhance HIV prevention, as well as strengthening the capacity of Community Based Organizations (CBOs) to develop and implement context specific strategies to improve access to and utilization of HIV and AIDS services.

3.5.1 Behavior Change Interventions and Communication (BCIC)

Strategic Objectives	GOB Expected Contributions	PEPFAR Expected Contributions	Anticipated Contributions from other Donors
<p>To increase the adoption of safer sexual behaviors and practices</p>	<p>Provide coordination and support to implementing partners across the public sector, civil society organizations and private sector in the following program areas:</p> <p>1) Mainstreaming and implementation of campaigns to reduce multiple and concurrent partnerships through mass media, community mobilization and peer education.</p> <p>2) Life skills and abstinence programs, mass media, community mobilization and peer education to strengthen social support for monogamy and reduced # of partners.</p> <p>3) Promotion of correct and consistent male and female condom use through targeted interventions.</p> <p>4) Strategic support to the uniformed forces on HIV prevention campaigns, distribute condoms and interventions that promote safer sex practices.</p>	<p>Support projects on MCP, condom distribution, HIV prevention; interventions for Most At Risk Populations, capacity building to districts in HIV prevention, mass media addressing HIV prevention</p> <p>Support community-based organizations and the Botswana Defense Force, HIV prevention projects</p> <p>Support capacity building projects for civil society and FBOs</p> <p>Support projects that target vulnerable girls, youth and parents</p> <p>Support programs that focus on gender equity</p> <p>Support Life Skills programs</p> <p>Support development of innovative interventions to address alcohol abuse and its links to the spread of HIV/AIDS</p>	<p>ACHAP: Expressed desire to support this area (but formal agreement not concluded)</p> <p>World Bank: Support prevention to Ministry of Health; Ministry of Labor and Home Affairs; Ministry of Education and Skills Development; Ministry of Local Government</p> <p>UNFPA: Commodity provision (and potentially financial support) to Ministry of Health; Ministry of Education and Skills Development; Ministry of Home Affairs</p> <p>Royal Netherlands Embassy: Financial support</p>

	5) Conduct behavioral studies to inform and evaluate interventions on prevention activities.		
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3.5.1.1 Behavior Change Interventions and Communication Indicators*

Indicator	Baseline	Target
Percentage of sexually active people who engage in multiple concurrent partnerships		Reduced by 50%
Percentage of sexually active women and men aged 10-18 who have partners 10 or more years older		Reduce by X% (To be determined during development of the Partnership Framework Implementation Plan)
Percentage of the population who have sexual intercourse before the age of 15	3.5%	Reduced by 50% to 1.75%
Percentage of the sexually active population who report correct and consistent condom use		Increased by X% (TBD in NOP)
Percentage of sexually active population who engage in risky sexual behaviors after consuming alcohol and other substances		Reduced by X% (TBD in NOP)
Percentage of the population who express accepting attitudes towards people living with HIV/AIDS		Increased by X% (TBD in NOP)
Number of people who experience gender related sexual violence and coercion.		Reduced by X (TBD in NOP)
Number of community interventions or services that explicitly address norms about masculinity related to HIV/AIDS		TBD
Number of community based interventions or services that explicitly address the legal rights and protection of women and girls		TBD
Number of services or interventions that explicitly aim at increasing access to income and productive resources of women and girls impacted by HIV/AIDS		TBD

* All baselines and targets should be finalized during the development of the National Operational Plan.

3.5.1.2 Male Circumcision (MC)

Strategic Objectives	GOB Expected Contributions	PEPFAR Expected Contributions	Anticipated Contributions from other Donors
To increase demand for safe male circumcision and circumcise 80% of males aged 0-49	<p>Financial and technical support</p> <p>Coordination and policy development</p> <p>Procurement of MC supplies and equipment</p> <p>Provision of in-service training to MC providers</p> <p>Recruitment of and salary support for MC providers</p> <p>Development of M&E tools</p> <p>Refurbishment of facilities for MC services</p> <p>Provide support to disciplined forces, private sector and CSOs to implement safe MC</p>	<p>Support for salaries of MC providers</p> <p>Integration of MC curricula into Health Training Institutes</p> <p>Refurbishment of MC procedure rooms, including at BDF clinics</p> <p>Development of IEC materials and branding of MC campaign</p> <p>Public Health Evaluations for MC service delivery</p> <p>Revisions and updates of MC training materials, guidelines and policies</p> <p>Coordination of US military trained physicians to support MC services for disciplined services</p>	<p>ACHAP: Financial and technical support</p> <p>WHO: Financial and technical support</p>

3.5.1.2.1. Male Circumcision Indicators*

Indicator	Baseline	Target
Percent of males aged 0-49 who are circumcised	11%	80% by 2016

* All baselines and targets should be finalized during the development of the National Operational Plan.

3.5.1.3 HIV Testing and Counseling (HCT)

Strategic Objective	GOB Expected Contributions	PEPFAR Expected Contributions	Anticipated Contributions from other Donors
To expand access to quality HIV Testing and Counseling services	<p>Financial and technical support of HCT services</p> <p>Coordination and Policy direction</p> <p>Increase and strengthen the provision of post test services for HCT clients</p> <p>Procurement, distribution, and quality assurance of test kits and testing reagents</p>	<p>Increase visibility of HCT services and new programs</p> <p>Build capacity, improve quality, provide M&E and increase uptake of RHT</p> <p>Financial and technical assistance in supply chain management of HCT commodities, M&E activities, and development of national guidelines and policies</p>	<p>ACHAP: Financial and technical assistance</p> <p>WHO to MOH UNICEF to MOH UNAIDS to MOH UNFPA to MOH: Financial and technical assistance</p>

	Strengthen capacity of CSO, private sector and armed forces to provide HCT services	<p>Financial and technical assistance for provision of VCT services and development of HCT protocols, interventions, and curricula adaptations into the local context</p> <p>Build capacity of civil society organizations to promote HCT services and link these services to HIV care and treatment</p> <p>Mentor potential HCT service providers and staying current on evidence based HCT interventions and inform GOB of new developments</p> <p>Promote collaboration between RHT and VCT</p> <p>Joint development of operational research projects & protocols</p>	
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3.5.1.3.1 HIV Testing and Counseling Indicators*

Indicator	Baseline	Target
Proportion of Batswana who have ever been tested	56%	Increased by X (TBD in NOP)
Number of Batswana who are referred to appropriate services		Increased by X (TBD in NOP)

* All baselines and targets should be finalized during the development of the National Operational Plan.

3.5.1.4 Prevention of Mother-to-Child Transmission (PMTCT)

Strategic Objectives	GOB Expected Contributions	PEPFAR Expected Contributions	Anticipated Contributions from other Donors
To increase access to quality PMTCT services	<p>Increase early infant HIV testing and diagnosis</p> <p>Coordination and policy direction</p> <p>Procurement, distribution, and quality assurance of test kits, infant formula, and antiretroviral (ARV) drugs for all service providers</p> <p>Provision of trainings, equipment, infrastructure and staff salaries for PMTCT activities</p>	<p>Provision of laboratory supplies and equipment for early infant diagnosis program</p> <p>Financial and technical assistance for logistics management information systems for infant formula, trainings and training curricula, psycho-social support activities, and increasing male partner involvement</p> <p>Improve data quality</p>	<p>Botswana-Harvard Partnership: Conducting HIV research to better inform PMTCT Program</p> <p>UNICEF and UNFPA: Financial and technical assistance to Ministry of Health</p>

	<p>Strengthen post-natal care services and linking PMTCT to HIV care and treatment services</p> <p>Ensure availability of family planning (FP) services at all health facilities and integrate FP into ARV services</p> <p>Review and update of guidelines and policies</p> <p>Joint development of operational research projects & protocols</p> <p>Strengthen community involvement in PMTCT</p>	<p>Financial and technical assistance for development of national guidelines and policies</p> <p>Joint development of operational research projects & protocols</p>	
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3.5.1.4.1 Prevention of Mother-to-Child Transmission (PMTCT) Indicators*

Indicator	Baseline	Target
Percentage of pregnant women who access PMTCT services (prophylaxis uptake)	91%	100%
PMTCT rates	4%	<1%

* All baselines and targets should be finalized during the development of the National Operational Plan.

3.5.1.5: Medical Transmission (Blood and Injection Safety)

Strategic Objectives	GOB Expected Contributions	PEPFAR Expected Contributions	Anticipated Contributions from other Donors
To provide quality, safe, adequate and accessible blood and blood products in Botswana	<p>Finalize and implement national blood transfusion policy</p> <p>Strengthen blood donor mobilization strategy through media, community mobilization and peer education to promote voluntary non-remunerated blood donation</p> <p>Recruit potential blood donors country wide in collaboration with Botswana Red Cross Society (BRCS)</p> <p>Scale up <i>Pledge 25</i> project in collaboration with Ministry of Education and Skills Development(MOESD) and Ministry of Youth, Sports and</p>	<p>Financial and technical assistance for development of national guidelines and policies</p> <p>Financial and technical support for the development of communications interventions to promote blood safety</p> <p>Financial and technical support for the recruitment of blood donors</p> <p>Financial and technical support to National Blood Transfusion Service (NBTS) for the expansion of the <i>Pledge 25</i> project</p> <p>Financial and technical support for critical human</p>	<p>WHO: Provision of financial and technical assistance to Ministry of Health</p>

	<p>Culture (MYSC)</p> <p>Build Capacity of the NBTS through human resources, training, equipment and infrastructure</p> <p>Implement Quality Management System in National Blood Transfusion Service.</p> <p>Promote rationale use of blood</p> <p>Integrate blood safety with other programs (e.g., laboratory, care and treatment, HIV counseling and testing, injection safety and malaria)</p> <p>Strengthen M&E and data management systems</p>	<p>resources (e.g., medical director), training, equipment and infrastructure</p> <p>Financial support for the implementation of a Quality Management System in the NBTS</p> <p>Financial support for promotion of rational use of blood</p> <p>Financial and technical support for integration of blood safety with other programs</p> <p>Financial and technical support strengthening M&E of blood safety and for improving data quality</p>	
<p>To develop and implement National Infection Prevention & Control Program</p>	<p>Develop and implement the National Infection Prevention & Control Policy guidelines and standard operating procedures</p> <p>Integrate and scale-up Injection Safety, Phlebotomy and other related procedures with the national infection prevention and control structures</p> <p>Build capacity of the Occupational Health and Safety through human resource and training</p> <p>Scale up management of health care waste</p> <p>Strengthen HIV post-exposure prophylaxis</p> <p>Develop and implement training program and standards for infection control</p> <p>Develop and implement M&E and data management systems for infection control and healthcare waste management strategies</p>	<p>Financial and technical assistance for development of national guidelines and policies</p> <p>Financial and technical assistance for integrating and scaling-up Injection Safety, Phlebotomy and other related procedures with the national infection prevention and control structures</p> <p>Financial and technical support for critical human resources at the Occupational Health Unit of MOH and training</p> <p>Technical assistance in Scale up management of health care waste</p> <p>Financial and technical assistance for scaling up post-exposure prophylaxis</p> <p>Financial support for the development of communications interventions to promote infection prevention and control, including injection safety</p> <p>Technical assistance in developing and implementing</p>	<p>United Nations: Provision of financial and technical assistance</p>

		a training program and standards for infection control	
		Financial and technical support to strengthen M&E and data management systems for infection control and healthcare waste management strategies	

3.5.1.5.1 Medical Transmission Indicators

Indicator	Baseline	Target
Number of blood units collected per year	23,275	TBD
% of blood units screened for HIV in a quality assured manner	100%	100%
Proportion of health facilities receiving 100% of the blood units for transfusion from NBTS	80%(28 of 35 facilities)	100%
% of blood units discarded due to Transfusion Transmissible Infections (TTI) including HIV reactivity	4.6%	TBD
% of HIV prevalence in donated blood	1.5%	<1%
% increase in regular voluntary non-remunerated blood donors	TBD	TBD
% HIV incidence in regular blood donors	TBD	TBD
Number of healthcare workers who successfully completed an in-service training program in different aspects of blood transfusion	N/A	1,000
% of hospitals with operational blood transfusion committees	46% (16 of 35 hospitals)	100%
Number of hospitals performing blood transfusion which have hemovigilance system	0	35
Number of blood transfusion centers with ISO 9001 certification	0	3
Number of health facilities with designated Infection Control focal person	23% (8/34)	100% (34)
Number of health districts with designated Infection Control focal person	0	100% (29)
Number of health facilities implementing National Infection Prevention & Control policy guidelines	0	60% (472/786)
Number of healthcare workers trained in Infection Prevention & Control and health waste management	54% (8,153)	90% (13,500/15,000)
Number of health facilities that provide routine reports on sharps	0	100% (786)

injuries quarterly to DEOH		
Proportion health facilities that provide HIV PEP	TBD	TBD
Number of persons provided with post-exposure prophylaxis (PEP) By exposure type: Occupational, Rape/Sexual Assault Victims, or Other Non-Occupational	TBD	TBD
Proportion of Healthcare workers that received a complete vaccination of hepatitis B	<10%	95%
Percentage of health facilities with satisfactory health care waste management systems	0 (no National data)	85%

* All baselines and targets should be finalized during the development of the National Operational Plan.

3.6 Goal 2: Capacity Building and Health Systems Strengthening – “To increase the GOB, civil society and private sector ability to sustain high quality, cost effective HIV/AIDS services.”

49 To achieve the national goals for HIV/AIDS prevention, care and treatment, Botswana will need to strengthen the public health delivery system, build the capacity of civil society organizations and facilitate more effective participation of the private sector in the national response. The Partnership Framework should build on previous investments by the GOB in strengthening human resources for health (HRH), training in leadership and governance and improving infrastructure and procuring supplies and equipment, by taking a more comprehensive, strategic approach to building sustainable systems that creates efficiencies and improves overall service delivery.

3.6.1 Human Resources for Health*

Strategic Objectives	GOB Expected Contributions	PEPFAR Expected Contributions	Anticipated Contributions from other Donors
To enhance and coordinate quality service delivery in the health system through increased human resources for health	<p>Put policies and structures in place to increase health worker training output at local health training institutes and absorption and retention of graduates into the workforce</p> <p>Implement critical elements of HRH Plan:</p> <ul style="list-style-type: none"> - Attraction and retention plan - Use, decentralization of the HRIS - Strengthen management of HRH <p>Develop appropriate policies, strategies and</p>	<p>Financial and technical assistance to expand staff, infrastructure and equipment as necessary to accommodate increased intake and improve quality of pre-service education</p> <p>Technical assistance to implement the HRH and retention plans and HRIS rollout</p> <p>Technical assistance to improve the management of human resources for health</p> <p>Technical assistance to</p>	<p>WHO: Technical assistance in HRH to Ministry of Health</p> <p>University Partners: Support health worker training (for example: University of Pennsylvania (UPENN) and Baylor are contributing to the development of the medical school. UPENN also does</p>

	<p>SOPs for new and established cadres</p> <p>Strengthen the role and function of councils</p> <p>Coordinate and provide leadership for HIV in-service training for health workers</p>	<p>strengthen in-service training for health workers (coordination and implementation of technical, managerial and leadership training)</p> <p>Technical support to strengthen the role and functions of the councils</p>	<p>clinical training in the hospitals and clinics; Harvard assists in the area of in-service training for the ARV program; Baylor does pediatric training)</p>
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* All baselines and targets should be finalized during the development of the National Operational Plan.

3.6.2. Health Systems Structures*

Strategic Objectives	GOB Expected Contributions	PEPFAR Expected Contributions	Anticipated Contributions from other Donors
To integrate and strengthen the national health system structures for effective service delivery	<p>Implement and roll out the 10-year Essential health service plan</p> <p>Increase and strengthen the national warehousing and distribution system</p>	<p>Technical assistance to implement the health systems plan</p> <p>Financial and technical support to strengthen the health inspectorate to improve quality of service delivery</p> <p>Support the strengthening of the Central Medical Stores (CMS)</p>	<p>WHO to Ministry of Health</p> <p>ACHAP</p> <p>World Bank to Ministry of Health</p>

* All baselines and targets should be finalized during the development of the Partnership Framework Implementation Plan.

3.6.3 Leadership/Governance/Coordination*

Strategic Objectives	GOB Expected Contributions	PEPFAR Expected Contributions	Anticipated Contributions from other Donors
To strengthen, civil society and private sector capacity (leadership, governance, coordination and partner/sector mobilization) at all levels in order to achieve the objectives of the national response	<p>Review and revise national coordination mechanisms and structures in order to harmonize and align all HIV actors under the Partnership Forum on AIDS</p> <p>Develop guidelines for partner engagement in HIV/AIDS</p> <p>Strengthen evidence-based planning and decision-making</p> <p>Regulate health-related activities and</p>	<p>Financial and technical assistance to national NGO networks to coordinate, communicate with and represent their member NGOs and CBO's</p> <p>Financial and technical assistance to National NGOs that have affiliates countrywide and potential for broad reach to expand their services</p> <p>Financial and technical support in targeted districts in remote, underserved locations to provide strategic resources and linkages between the government at</p>	<p>World Bank: Funding to Ministry of State President - NACA</p> <p>ACHAP: Technical and financial assistance</p> <p>SIDA: Provide technical assistance</p>

	<p>accredit health service</p> <p>Develop and implement National Community Mobilization Strategy</p> <p>Complete and implement the National Strategy for NGO Capacity Building</p>	<p>district level and local CBOs</p> <p>Provide financial support for development of national guidelines</p> <p>Provide technical support and funding to support HR policies, HR systems, good governance and quality care</p> <p>Funding and technical assistance to MLG district/city/village structures to support Community Mobilization Strategy</p> <p>Technical assistance and funding for NGO networks including on-line ICT support, district coalitions and Centers of Excellence</p> <p>Ensure complementary funding for program and operational costs to civil society groups</p>	
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* All baselines and targets should be finalized during the development of the National Operational Plan.

3.6.4 Infrastructure and Maintenance*

Strategic Objectives	GOB Expected Contributions	PEPFAR Expected Contributions	Anticipated Contributions from other Donors
To create a conducive and supportive environment aimed at ensuring quality service provision through improved infrastructure and maintenance of facilities and equipment	<p>Construct a National Public Health Laboratory and National Quality control laboratory structures to improve service delivery</p> <p>Develop and implement a preventive maintenance plan of facilities and equipment</p>	<p>Provide technical assistance and funding to support transformation of Bio-engineering Department and the new laboratories including staffing, training, and operations</p> <p>Improve CSO facilities through provision of adequate office space, transportation and ICT</p> <p>Provide technical assistance for health facility management</p> <p>Solicit and fund PPPs to operate ICT in remote areas</p>	<p>ACHAP: Turn over to Ministry of Health aligned with plan to transform Bio-engineering Dept</p>

* All baselines and targets should be finalized during the development of the National Operational Plan.

3.6.5 Resource Mobilization/Financial Management*

Strategic Objectives	GOB Expected Contributions	PEPFAR Expected Contributions	Anticipated Contributions from other Donors
To provide sustainable financial support for cost effective interventions in the national response	<p>Facilitate effective resource mobilization efforts for the national HIV/AIDS response</p> <p>Conduct and institutionalize National AIDS Spending Assessment (NASA)</p> <p>Carry-out costing studies</p> <p>Review and revise procurement policies to reduce costs</p> <p>Review public-private partnership policies/incentives to increase contribution of private sector to GOB and civil society HIV programs</p> <p>Complete and implement the Health Financing Strategy (in IHSP)</p> <p>Develop comprehensive HIV/AIDS database for tracking resources mobilized and used in the national response</p> <p>Conduct the HIV/AIDS sustainable financing study</p>	<p>Provide funding and technical assistance for costs studies of prevention, OVC, care and support, and NSFII implementation plan</p> <p>Participate and support NASA exercise</p> <p>Provide technical assistance and funding to foster PPPs and complete the Health Financing Strategy</p> <p>Support NGOs for income generating activities and improved financial management and accountability</p> <p>Provide financial and technical support towards development of the HIV/AIDS database</p> <p>Technical assistance to undertake the National Health Accounts</p> <p>Financial support for the conduct of the sustainable financing study for HIV/AIDS programs</p>	<p>ACHAP: Financial and technical assistance</p> <p>WHO and UNAIDS: Technical assistance to Ministry of State President - NACA</p> <p>NGOs: Develop income-generation activities</p>

* All baselines and targets should be finalized during the development of the National Operational Plan.

3.7 Goal 3: Strategic Information – “To strengthen Strategic Information management of the National Response to enhance evidence based planning.”

- 50 Over the next five years, the Partnership Framework seeks to strengthen and implement a comprehensive and integrated monitoring and evaluation (M&E) framework. This is expected to be achieved by the GOB leading a review of the

National M&E Framework, and the development of an M&E plan, operational manuals and standardized tools.

51 The GOB and other partners also expect to facilitate development of a prioritized national research agenda which includes evaluation, scientific research and surveillance. The partnership also seeks to strengthen documentation processes and information sharing mechanisms.

52 The Partnership Framework also seeks to strengthen Information Management systems through the development of a strategic plan led by the GOB. This plan should in turn guide the networking of computerization of hospitals and clinics, ensure the integration and interfacing of information systems, and provide guidance on record linkage, data security and assessment of patient identifiers.

3.7.1 Strategic Information Management Systems*

Strategic Objectives	GOB Expected Contributions	PEPFAR Expected Contributions	Anticipated Contributions from other Donors
To strengthen the strategic information management systems at all levels	Develop and implement a comprehensive and integrated HIV/AIDS M&E framework Lead review of national M&E framework, development of M&E plan, operational manuals and standardized tools	Provide technical assistance and financial support for the review of framework, development of plan, operational manuals, and data audit tools	WHO and UNAIDS: Financial support and technical assistance to Ministry of State President (NACA)
	Build capacity of institutions	Continue supporting M&E positions until they are absorbed by the GOB Continue supporting M&E capacity building within civil society Provide financial and technical assistance to strengthen training and educational opportunities for M&E cadre	ACHAP: Financial support and technical assistance WHO and UNAIDS: Offer financial support and technical assistance to Ministry of the State President -NACA and BONASO
	Provide leadership and guidance in expansion and integration of HIV and other health related surveillance activities and surveys	Provide financial support and technical assistance to develop and execute the strategic documents on HIV surveillance	ACHAP: Financial support and technical assistance in areas in line with its Phase II objectives

	<p>Coordinate the development and execution of a national scientific research and evaluation agenda.</p> <p>Coordinate information dissemination to provide for a culture of information use for planning</p>	<p>and the Evaluation Agenda.</p> <p>Continue to support operations research to ensure evidence-based interventions and cost effectiveness</p> <p>Provide financial support and technical assistance for information resource centers</p>	<p>WHO and UNAIDS: Financial support and technical assistance to MOH and Ministry of State President -NACA</p>
	<p>Lead in the development of an HIMS strategic plan</p>	<p>Continue giving financial support and technical assistance in development of HIMS strategic plan and on integration & harmonization of systems</p>	<p>Stakeholders: Work together to engage private sector to assist with systems harmonization and integration</p> <p>ACHAP: Financial support and technical assistance</p> <p>UNAIDS: Financial and technical support to Ministry of State President-NACA and MOH</p>

* All baselines and targets should be finalized during the development of the National Operational Plan.

3.8 Goal 4: Treatment, Care and Support – “To provide comprehensive and quality treatment, care and support services to people infected and affected by HIV.”

53 In 2002, the GOB initiated the MASA Program, a national HIV/AIDS treatment program with the goal of universal access to treatment for all eligible citizens. The MASA Program now provides ART to more than 82% of PLWHA in need, making Botswana one of the few countries providing almost universal access. Throughout the life of this program, the GOB has provided strong leadership and management of the MASA Program, even during the period of rapid massive scale-up, allowing PEPFAR support to focus on technical capacity strengthening and training of personnel to promote quality – a relationship that the Partnership Framework seeks to continue to support.

54 The overall goal is supported by five objectives: Treatment, TB-HIV, Laboratory Services, Care and Support, and Orphans and Vulnerable Children (OVC).

- 55 To this end, sub-objectives include building the capacity of health care workers to provide quality services through pre-service and in-service training and improved staff retention. Improvement of the logistic and procurement mechanisms should streamline availability of safe and efficacious medicines throughout the country.

3.8.1 Treatment

Strategic Objectives	GOB Expected Contributions	PEPFAR Expected Contributions	Anticipated Contributions from other Donors
To decrease the morbidity and mortality of PLHIV	<p>Strengthen ART service delivery for improved coverage and access</p> <p>Policy formulation, coordination, implementation and financial support</p> <p>Build capacity of health care workers to provide quality care and treatment services</p> <p>Improve pediatrics and adolescents access and adherence to treatment</p> <p>Improve the supply chain management system of drugs including ARVs and other related commodities</p> <p>Strengthen the Drug Regulatory Unit (DRU) and the National Drug Quality Control Laboratory (NDQCL) to ensure availability of safe, efficacious and quality medicines in the country</p> <p>Strengthen the management and capacity for infection control in health facilities</p> <p>Expand the participation of private partners in treatment programs</p> <p>Expand and improve electronic patient monitoring systems</p>	<p>Financial support and technical assistance in strengthening of procurement, warehousing and distribution of ARVs at CMS</p> <p>Training of health care workers</p> <p>Systems strengthening at Drug Regulatory Unit and National Drug Quality Laboratory</p>	<p>ACHAP: Technical and financial support</p>

3.8.1.1 Treatment Indicators*

Indicator	Baseline	Target
The five year survival after initiation of ART	89%	95%
Percentage in need of ARV therapy receiving ART	82%	95%

* All baselines and targets should be finalized during the development of the National Operational Plan.

3.8.2 TB/HIV

Strategic Objectives	GOB Expected Contributions	PEPFAR Expected Contributions	Anticipated Contributions from other Donors
To reduce the burden of TB in Botswana, particularly amongst those infected by HIV/AIDS	<p>Provide leadership in strategic planning and review of TB control efforts</p> <p>Implement the findings of the national TB program evaluation conducted in 2009</p> <p>Identify and institute appropriate institutional arrangements for MDR TB surveillance and management</p> <p>Training health care providers on MDR TB management</p> <p>Procure laboratory equipment and supplies, and anti-TB drugs</p> <p>The BDF will improve TB/HIV clinical care through trainings and mentorship</p> <p>Conduct program-based operational research</p>	<p>Provide funding and technical support for pre-service and in-service training of health care workers</p> <p>Support the upgrading of TB laboratory services</p> <p>Fund upgrading and maintenance of TB data management system</p>	<p>WHO: Provide technical support to the Ministry of Health in the development of policy and guidelines; conduct an impact evaluation</p> <p>ACHAP: Provide technical support and funding</p> <p>Global Fund: Work with the Ministry of Health to implement TB/HIV collaborative activities as per Round 5 proposal</p>

3.8.2.1 TB/HIV Indicators*

Indicator	Baseline	Target
Proportion of people seen in HIV care settings who are screened for TB	Not known	90%
Proportion of TB patients who test for HIV	68%	90%

Proportion of HIV-positive TB patients who receive antiretroviral therapy	35%	90%
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3.8.3 Laboratory

Strategic Objectives	GOB Expected Contributions	PEPFAR Expected Contributions	Anticipated Contributions from other Donors
To strengthen laboratory services for improved service delivery	<p>Establish a public health laboratory</p> <p>Provide capacity to the laboratory quality assurance and management systems</p> <p>Improve the supply chain management of laboratory commodities and maintenance of lab equipment</p> <p>Policy formulation and coordination</p>	<p>Provide technical assistance and funding to support the renovation of the existing National Health Laboratory</p> <p>Establish additional testing capacity and an integrated national quality assurance laboratory</p> <p>Establish collaboration and twinning program with other public health laboratory</p> <p>Provide technical support, adequate equipments and training to the biomedical engineering unit to strengthen the capacity for equipment maintenance and calibration</p>	

3.8.3.1 Laboratory Indicators*

Indicator	Baseline	Target
Percentage of laboratories adhering to quality assurance	30%	100%

* All baselines and targets should be finalized during the development of the National Operational Plan

3.8.4 Care and Support

Strategic Objective	GOB Expected Contributions	PEPFAR Expected Contributions	Anticipated Contributions from other Donors
To strengthen the provision of comprehensive quality care and support services	Improve the quality of the management of OIs and other co-morbidities	Provide financial and technical support in the review of STI guidelines to incorporate management of Viral	WHO: Technical and financial support to MOH

	<p>Increase access to quality end of life care for patients suffering from terminal AIDS</p> <p>Develop mechanisms for improving the civil society response in care and support services</p> <p>Develop strategies to improve the household economic livelihoods of families affected and infected by HIV/AIDS</p> <p>Improve coordination, monitoring and evaluation of care and support interventions</p> <p>Intensify nutritional support for children and adults</p> <p>Registration and regulation of pain control drugs including opioids and improving their supply chain management</p>	<p>STIs and for PwP, MARPS and Partner tracing.</p> <p>Financial support for the evaluation of the STI program.</p> <p>Financial support for critical management and coordination positions and trainings</p> <p>Give financial and technical support for the procurement of opioids for pain management.</p> <p>Provide technical support in the formulation of palliative care policy</p> <p>Provide financial and technical support for strengthening civil society organizations capacity and organizational ability to deliver community based care & support services.</p>	
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3.8.4.1 Care and Support Indicators*

Indicator	Baseline	Target
Percentage of registered community home based care patients receiving quality care and support	92%	100%

* All baselines and targets should be finalized during the development of the National Operational Plan.

3.8.5 Orphans and Other Vulnerable Children

Strategic Objectives	GOB Expected Contributions	PEPFAR Expected Contributions	Anticipated Contributions from other Donors
To improve the quality of life of orphans and vulnerable children by ensuring access to optimal care and support	Establish the National Children's Council and other child care protection structures as provided for in the Children's Act	Support the GOB contributions through funding and technical assistance to continue their OVC service delivery efforts	UNICEF: Provide support for technical exchange visits/programs and/or provide technical support

	<p>Strengthen the coordination and monitoring of OVC program</p> <p>Facilitate and monitor implementation of policy and legislation for the protection of orphans and vulnerable children</p> <p>Identify and implement mechanisms for increased access for OVC to essential services</p> <p>Strengthen the capacity of families and communities to protect, support and care for OVC</p>	<p>Provide financial support to fill service delivery gaps, particularly in the areas of pre-school and psycho-social support</p> <p>Provide funding and technical assistance for cost-effective, sustainable OVC service delivery by building the capacity of community based organizations</p> <p>Provide technical support to help explore opportunities and benefits of a livelihoods policy</p>	<p>for research to Ministry of Local Government</p> <p>World Bank: Funds to support projects for the Ministry of Local Government</p> <p>SIDA: Provide financial and technical support to NGO networks for adolescent programs (Ministry of Local Government and Ministry of Youth, Sports and Culture)</p>
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3.8.5.1 Orphans and Other Vulnerable Children Indicators*

Indicator	Baseline	Target
Percentage of OVC receiving basic services	75%	90%

* All baselines and targets should be finalized during the development of the National Operational Plan.

Section 4 - Management and Communications Plan

56 Implementation of the Botswana PEPFAR Partnership Framework is expected to require increased coordination between the GOB and the USG as well as other donors and stakeholders. This increased coordination should improve coordination, harmonization and alignment, cost-effectiveness, and transparency. It should also hold all partners accountable to supporting the GOB's program through the expected contributions outlined in the Partnership Framework.

57 While existing mechanisms in Botswana are effective at information sharing at technical and program management levels, their mandates will need to be reviewed and or expanded to sufficiently meet the management and communications needs required for the implementation of this Framework. Therefore, the GOB, the USG and other donors and stakeholders intend to implement several initiatives to strengthen HIV/AIDS management and coordination within the framework of existing structures. The completed needs assessment on coordination, harmonization and alignment should inform the final structural arrangements for effective program implementation of the framework.

- 58 The structures used in the development of the PF should be integrated inline with structural arrangements for development and oversight of implementation of the Second National Strategic Framework National Operational Plan.
- 59 The existing Joint Oversight Committee (JOC) for the development and oversight of implementation of the Second NSF made up of executive-level leaders from key Government Ministries, USG agencies, and other donors and stakeholders, and chaired by the National AIDS Coordinating Agency (NACA), will provide leadership and oversight. This committee should meet semi-annually to review plans and reports from donors, and provide high-level strategic direction for the national HIV/AIDS program.
- 60 The Joint Oversight Committee (JOC) is a special committee of the Botswana Partnership Forum on AIDS that oversees the development and implementation of the NSF II and NOP. The JOC is chaired by NACA, and includes the USG team (in addition to other donors and stakeholders), and is responsible for coordinating the national response on a regular basis. This mechanism may also establish special management sub-committees, as needed, to provide coordinated management support, such as harmonizing M&E and donor reporting, tracking and supporting key policy initiatives, coordinating public communications efforts, improving cost-effectiveness of PEPFAR resources, or creating *ad hoc* committees to plan special national meetings or events. This team reports directly to the Joint Oversight Committee described above and to the bigger Partnership Forum.
- 61 Existing National Operational Plan Technical Planning Groups (TPG) aligned with the goals and objectives of the second National Strategic Plan for HIV/AIDS (NSF II) will be responsible for identifying challenges and proposing solutions to those challenges to facilitate effective program implementation. They are expected to report to the Joint Oversight Committee through the Management and Support Committee and also regularly share information with other larger existing committees or fora in their specific focus areas as well as the Partnership Forum.

Section 5 - Steps to Complete Implementation Plan

- 62 The goals and objectives outlined in the Botswana Partnership Framework are linked to specific Government of Botswana plans outlined in the *National Development Plan 10* (NDP 10) and the *Second National Strategic Framework for HIV and AIDS, 2009-2016* (NSF II). Many of the PEPFAR-supported objectives in these documents contain baselines, indicators and targets, which, when finalized, should be used as the starting point for those included in the National Operational Plan.
- 63 The following tasks are already underway as the Framework is undergoing final approvals:

- The Technical Planning Groups, which were originally TWGs that developed this document, have begun developing the NOP and looking at the baselines, indicators and targets in the national plans to analyze what gaps exist, and how these will be inclusive of the PEPFAR requirements.
- As the Government of Botswana's planning cycle goes through 2016, it is necessary for all NDP 10 and NSF II targets in the National Operational Plan to show how PEPFAR will contribute toward those targets through 2014, i.e., through the end of PEPFAR II. Therefore, the TPGs are also analyzing the Government's planned seven year targets, and developing appropriate algorithms to estimate how PEPFAR is expected to contribute to those targets over the next five years.

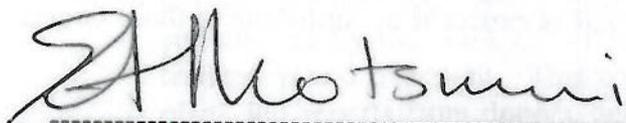
64 The Management and Support Committee (MSC) with support from the TPGs has the responsibility for managing the National Operational Plan development process and the Joint Oversight Committee has the responsibility for reviewing and approving the final plan and oversight of its implementation

Section 2 - Steps to Complete Implementation Plan

The goal and objectives outlined in the Botswana Partnership Framework are broad in scope. The Government of Botswana plans outlined in the Botswana Partnership Framework (BPF) and the Botswana Strategic Framework (BSF) are the primary documents that guide the development of the National Operational Plan (NOP). The BPF and BSF provide the context and direction for the development of the NOP. The NOP should be used as the starting point for the development of the National Operational Plan.

Section 6 - Signatures

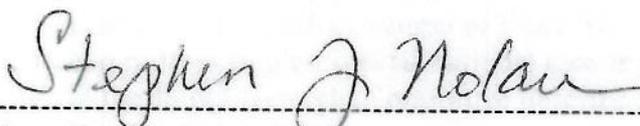
Government of Botswana



Handwritten signature of Lesego Motsumi in cursive script.

Honorable Lesego Motsumi, Minister of Presidential Affairs and Public Administration

Government of the United States of America



Handwritten signature of Stephen J. Nolan in cursive script.

Ambassador Stephen J. Nolan

ACRONYMS AND ABBREVIATIONS

ACHAP	African Comprehensive HIV/AIDS Partnerships
AIDS	Acquired Immune Deficiency Syndrom
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
BAIS	Botswana AIDS Impact Survey
BBCA	Botswana Business Coalition against AIDS
BCIC	Behavior Change Interventions and Communication
BHRIMS	Botswana HIV/AIDS Response Information Management System
BONASO	Botswana AIDS Service Organisation
BRCS	Botswana Redcross Society
CBO	Community Based Organisation
CHBC	Community Home-Based Care
CSO	Central Statistics Office Civil Society Organisation
EC	European Commission
HIV	Human Immunodeficiency Virus
HRH	Human Resources for Health
HSS	Health Systems Strengthening
ICT	Information Communication Technology
IEC	Information Education and Communication
JOC	Joint Oversight Committee
GOB	Government of Botswana
GBV	Gender based Violence
M&E	Monitoring and Evaluation
MARPS	Most At Risk Populations
MC	Male Circumcision
MCP	Multiple and Concurrent Partnerships
MDR	Multi-Drug Resistant
MLG	Ministry of Local Government
MOH	Ministry of Health
MTR	Mid-Term Review
MYSC	Ministry of Youth Sport and Culture
NAC	National AIDS Council
NACA	National AIDS Coordinating Agency
NASA	National AIDS Spending Assessment
NBTS	National Blood Transfusion Service
NDP 10	National Development Plan 10
NDQCL	National Drug Quality Control Laboratory
NGO	Non-governmental Organization
NOP	National Operational Plan

NSF	National Strategic Framework
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Program for HIV/AIDS Relief
PEP	Post-exposure Prophylaxis
PMTCT	Prevention of Mother-to-Child Transmission
PPP	Public Private Partnership
RHT	Routine HIV Testing
SIDA	Swedish International Development Agency
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TB	Tuberculosis
TPG	Technical Planning Group
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session (on HIV/AIDS)
UNICEF	United Nations Children's Fund
UPENN	University of Pennsylvania
USG	United States Government
VCT	Voluntary Testing and Counselling
WAD	Women Affairs Department
WHO	World Health Organization

