

LINKAGES BOTSWANA

Summary of Achievements

October 2015–September 2019

Between October 2015 and September 2019, the LINKAGES project — funded by the U.S. Agency for International Development (USAID) through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) — was a flagship project for addressing the HIV epidemic among key populations (KPs) in Botswana. The project enabled unprecedented access to one-stop shop, KP-friendly HIV prevention, care, and treatment services for female sex workers (FSWs) and men who have sex with men (MSM). By successfully introducing innovations such as the enhanced peer outreach approach (EPOA), index testing, and peer navigation, the project contributed meaningful progress toward the 95-95-95 targets in Botswana. In addition, the project used its data to advocate for and achieve policy changes that will make for a more sustainable, locally led, and KP-inclusive response to the epidemic. This brief summarizes the achievements of the LINKAGES project in Botswana.

BACKGROUND

The LINKAGES Botswana project began in October 2015 with the aim of reducing HIV transmission among FSWs and MSM and improving the quality of life for people living with HIV (PLHIV) in Botswana. During its four-year period of performance, until September 2019, the project implemented activities to strengthen access to and uptake of HIV prevention, care, and treatment services among KP members and their sexual partners and contribute toward Botswana's goal of epidemic control. The project was implemented in Greater Gaborone, Selibe Phikwe, Serowe/Palapye, Ngamiland, and Chobe as these areas were found to have the highest prevalence of HIV among FSWs and MSM in the 2012 Biological and Behavioral Surveillance Survey (BBSS).

LINKAGES partnered with the Government of Botswana (GOB), the National AIDS and Health Promotion Agency (NAHPA), and nine local civil society organizations (CSOs) to reduce HIV transmission among FSWs and MSM, and to improve their enrollment and retention in care across the HIV service cascade. LINKAGES also strengthened the capacity of these CSOs, improving their financial systems and positioning them to be self-reliant and receive direct funding. The local CSO partners included (1) Botswana Network of Law and Ethics (BONELA), (2) Botswana Family Welfare Association (BOFWA), (3) Matshelo Community Development Association (MCDA), (4) Men for Health and Gender

Highlights

- Diagnosed more than 1,759 KP members with HIV through the project, more than 80% successfully initiated on treatment
- Steadily improved linkage-to-treatment rates among newly diagnosed KP members, from 56% to 99% among FSWs and from 38% to 98% among MSM over the life of project
- Successfully introduced the EPOA and index testing, which led to substantial increases in HIV case finding among FSWs
- Supported the Government of Botswana to introduce pre-exposure prophylaxis (PrEP), initiating over 500 KPs on PrEP in the last year of the project
- Helped develop the third National Multisectoral HIV and AIDS Response Strategic Framework 2018–2023 (NSF 3), ensuring it was inclusive of KPs
- Carried out the second Behavioral and Biological Surveillance Survey and used results to inform revisions of the National Sexually Transmitted Infections (STIs) guidelines, with specific recommendations for KPs
- Contributed data used in the legal case that led to the Botswana High Court's decision to decriminalize homosexuality in June 2019

Justice Organization (MHGJO), (5) Lesbians, Gays and Bisexuals of Botswana (LEGABIBO), (6) Silence Kills Support Group (SKSG), (7) Sisonke, (8) Tebelopele Voluntary Counseling and Testing Center (TVCTC), and (9) Nkaikela Youth Group (NYG).

KEY PROGRAMMATIC ELEMENTS

The LINKAGES Botswana team worked through its local CSO partners to deliver a comprehensive package of interventions designed to increase access to high-quality HIV prevention, treatment, care, and support services for KPs (Table 1). These services were delivered in an integrated manner through a differentiated, one-stop-shop model during mobile outreach and at KP-friendly drop-in centers (DICs) run by the CSOs. With the

one-stop-shop model, LINKAGES and its partners provided all clinical services in one location without the need for referral to another facility.

SERVICE DELIVERY IMPACT

Over the life of project, the LINKAGES Botswana team consistently reached more than 4,000 FSWs per year through peer outreach. The number of MSM reached by the project steadily increased from year to year, from 623 in FY16 to 1,758 in FY19. More than 1,759 KP members were diagnosed with HIV through the project, and over 80% of them were successfully initiated on treatment. In addition, the project began offering PrEP to KPs in the last year and, over the course of FY19, initiated 258 FSWs and 296 MSM on PrEP.

Table 1. LINKAGES Botswana core package of services for FSWs and MSM

Reach, Test, and Prevent

- Peer-led outreach and education
- Risk assessment, counseling, risk reduction planning
- Condom use promotion; distribution of condoms and lubricant
- HIV testing services (HTS)
- Violence screening; post-exposure prophylaxis (PEP) services; and referral to medical, psychosocial, and legal services
- Family planning and other reproductive health services for FSWs
- Screening and treatment of sexually transmitted infections (STIs)
- Cervical cancer screening
- Pre-exposure prophylaxis (PrEP) services

Care and Treatment

- Link to care and treatment services, including same-day ART initiation and re-initiation
- Peer navigation to support treatment initiation and adherence
- Viral load testing and monitoring
- Tuberculosis (TB) screening and referral for treatment
- Assessment for STIs and other opportunistic infections (OIs) and referral
- Referral for prevention of mother-to-child-transmission (PMTCT) services for FSWs who are pregnant
- Index testing
- People living with HIV (PLHIV) support groups for psychosocial support and to improve ART adherence
- Multimonth dispensing of ART for stable clients
- Switching of stable clients to the tenofovir, lamivudine, and dolutegravir (TLD) regimen

Figure 1. Trends in case-finding among FSWs over the life of project

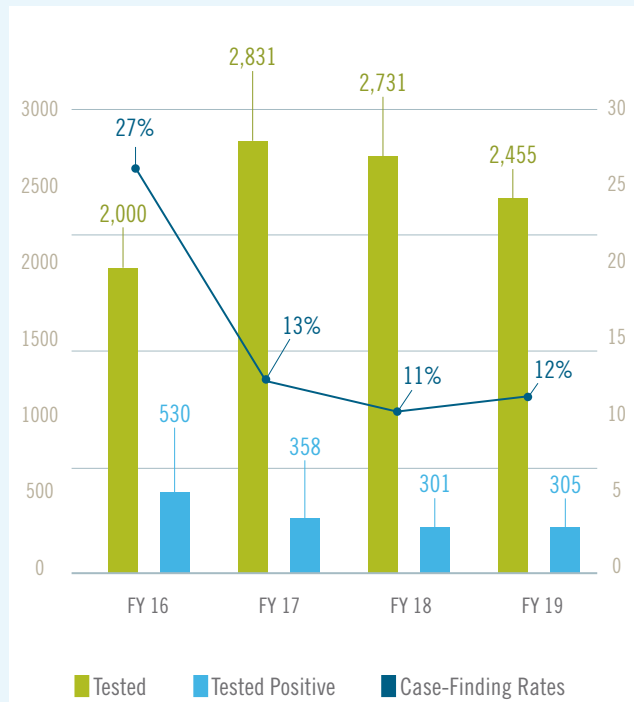
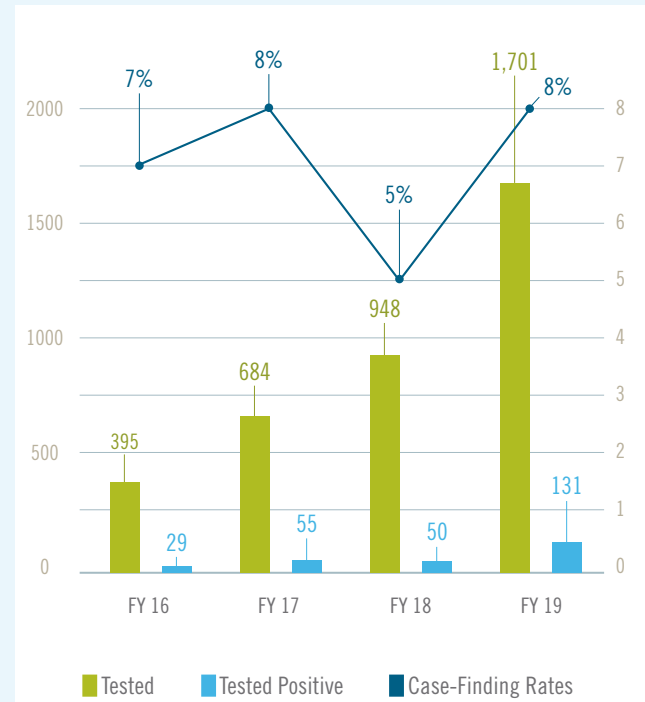


Figure 2. Trends in case-finding among MSM over the life of project



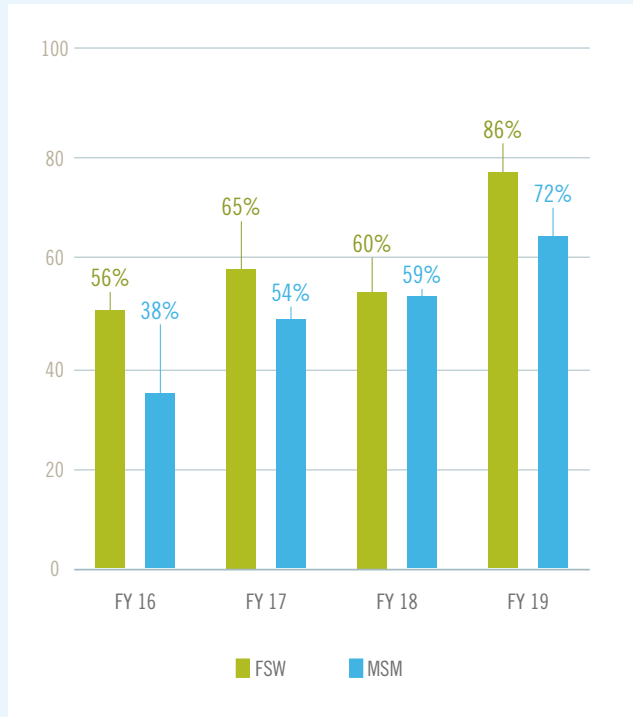
HIV case-finding rates varied somewhat over the course of the project (Figures 1 and 2). The first year of the project saw its highest case-finding rate for FSWs at 26%, due primarily to the effective implementation of the EPOA with FSWs that year. After that, case finding hovered around 13% for FSWs. For MSM, the case-finding rate ranged from a low of 5% in FY18 to a high of 8% in FY17 and FY19; however, the number of MSM tested and diagnosed steadily increased over time, doubling between FY18 and FY19. This was mainly due to the introduction of PrEP, which resulted in reaching and testing new MSM who had not previously been reached by the program.

The project's linkage-to-treatment rate also steadily increased over time, jumping from 56% for FSWs at the beginning to 99% in the last year, and from 38% to 98% for MSM (Figure 3). These improvements were facilitated by the implementation of the “test-and-start” strategy, which began in June 2016 and was made possible by the one-stop-shop model, as well as the engagement of a Linkage to Care Officer (LTCO) for MSM in FY17 and the introduction of peer navigation for FSWs in FY18. The project also saw improvements in treatment initiation after it received permission,



following advocacy with the Ministry of Health and Wellness (MOHW), to provide free ART to nonnational KP individuals.

Figure 3. Trends in linkage to treatment among FSWs and MSM over the life of project



TECHNICAL HIGHLIGHTS

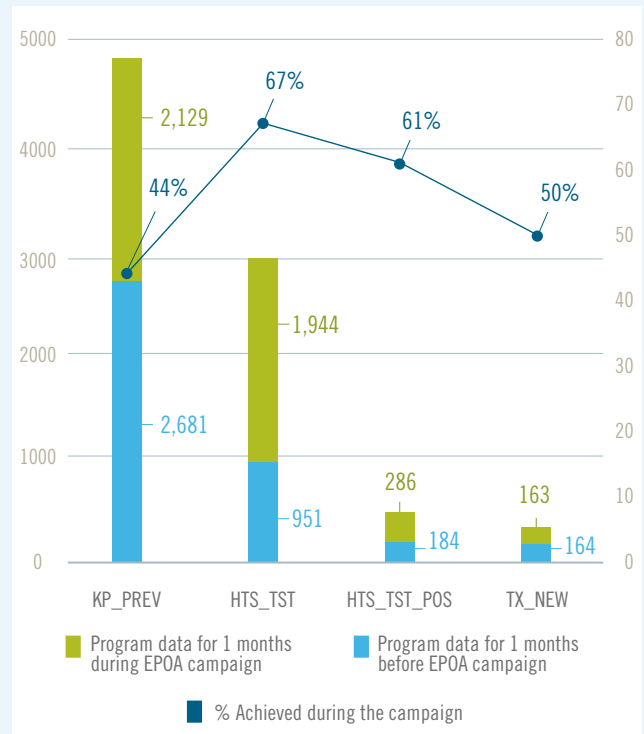
ENHANCED PEER OUTREACH APPROACH (EPOA)

In FY16, LINKAGES Botswana introduced the EPOA.¹ EPOA is an incentivized, peer-led referral network strategy that is used to identify hard-to-reach populations and link them to HIV services. It was originally developed and implemented by LINKAGES in Thailand with MSM. Botswana was the first LINKAGES country in Africa to try this strategy and the first to implement it with FSWs. LINKAGES Botswana initially conducted a one-month EPOA campaign in four districts (Francistown, Gaborone, Maun, and Selibe-Phikwe). The aim of the campaign was to reach new KP networks and increase uptake of HIV testing services, HIV case finding, and linkage to ART services for those KPs living with HIV. In the five months of project implementation prior to the campaign, 951 KP members were tested

1. For more information about the EPOA, please see [LINKAGES Enhanced Peer Outreach Approach Implementation Guide](#).

for HIV, 184 were diagnosed with HIV, and 146 were initiated on ART. By comparison, during just one month of the EPOA campaign, 1,944 KP members (1,665 FSWs and 279 MSM) were newly tested for HIV, 286 were diagnosed with HIV, and 163 (155 FSWs and 8 MSM) were initiated on ART (Figure 4). Following the success of this initial campaign, the strategy was integrated into the project's core programming and additional campaigns were implemented.

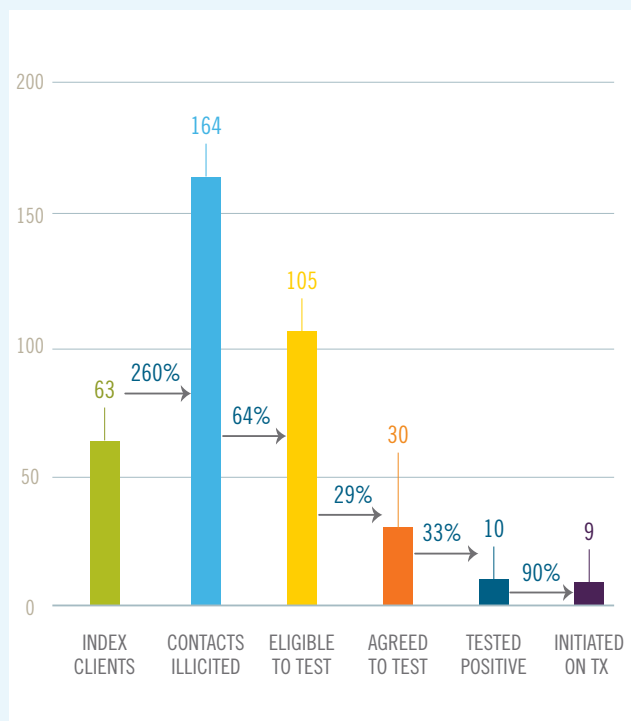
Figure 4. Percent increase against target for KPs in Botswana due to EPOA



INDEX TESTING

Index testing is a focused HIV testing approach in which individuals living with HIV (index clients) are given the voluntary opportunity to list and refer their sexual or injecting partners, their biological children, and their biological parents (if a child is the index case) for HIV testing and counseling. In FY19, LINKAGES piloted index testing in Gaborone with Nkaikela Youth Group. A total of 63 FSWs living with HIV in Gaborone were identified as index cases, and they voluntarily provided 164 sexual contacts. Assisted partner notification was conducted with the provider contacting and offering testing to all 164 contacts. Of these, 64% (105 contacts) were eligible for testing, and 29% (30) accepted testing (Figure 5). Ten of these individuals were newly diagnosed with HIV, resulting in a case-finding rate of 33%. Of the 10 partners who were diagnosed, nine were successfully initiated on treatment. Following this successful pilot, LINKAGES Botswana began scaling up index testing to all six project-supported districts and implementing it with both FSWs and MSM.

Figure 5. Increased case-finding through index testing with FSWs

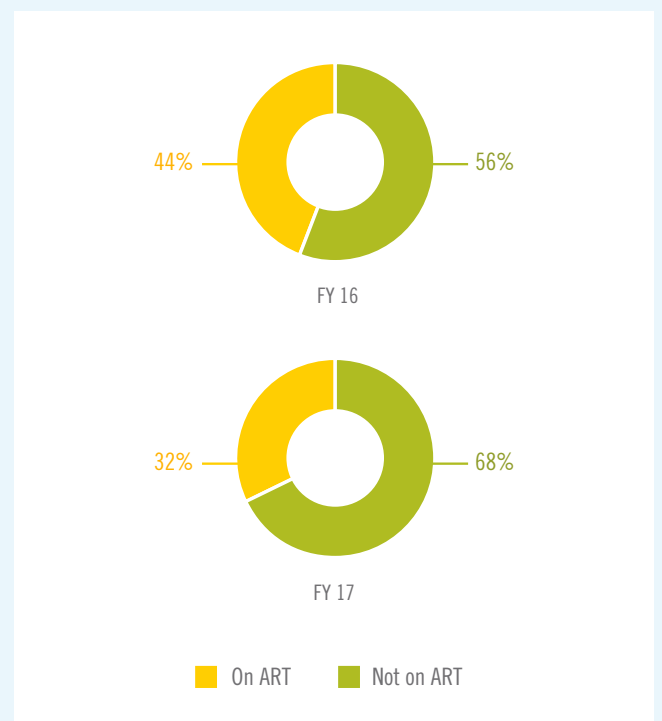


SAME-DAY ART INITIATION AND SUPPORT FOR TREATMENT ADHERENCE

LINKAGES Botswana's one-stop-shop model was an approach to differentiated service delivery that worked for KPs in Botswana, particularly for treatment services. The model facilitated same-day ART initiation, allowing KPs to be tested in one room and, if diagnosed positive, initiated on treatment without delay. This approach resulted in a 12% increase in linkage to treatment among FSWs, from 56% in FY16 to 68% in FY17 (Figure 6). Once on treatment, KPs living with HIV received support to remain adherent. Peer navigators,² who were from the KP community and living with HIV themselves were brought on board to support FSWs. However, MSM in Botswana preferred to be followed by non-KP members to reduce their risk of experiencing stigma and discrimination. Therefore, the project engaged a Linkage to Care Officer to support MSM to be adherent.

2. For more information about peer navigation, please see [LINKAGES Peer Navigation for Key Populations Implementation Guide](#).

Figure 6. Improvement in ART treatment acceptance by FSWs (FY16 vs FY17)

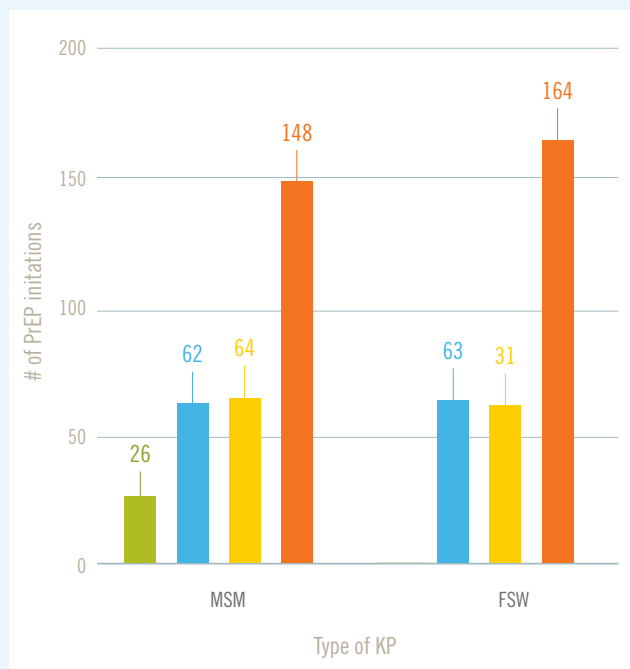


PrEP

LINKAGES Botswana started implementation of PrEP in Q4 FY18 by training providers to offer PrEP to all KP members who tested HIV negative and integrating PrEP services into the one-stop-shop model. Initially the uptake of PrEP was low for both FSWs and MSM reached by the project. However, through enhanced demand creation strategies for PrEP including promotion through social media for MSM and the expansion of PrEP services to all sites, the project observed a substantial increase in uptake by the end of FY19 (Figure 7). The dramatic boost among MSM in Q4 was likely also aided by the Botswana High Court's decision on June 11, 2019, to decriminalize same-sex sexual practices. LINKAGES Botswana is currently providing technical assistance to MOHW on the national scale-up of PrEP.



Figure 7. Number of MSM and FSWs newly initiated on PrEP by quarter in FY19



ENABLING ENVIRONMENT

In addition to expanding access to high-quality services among KPs, LINKAGES Botswana forged partnerships and used program data to advocate for policy changes that would allow the country to be more responsive to the needs of KPs. Key contributions of the LINKAGES project to the enabling environment in Botswana include:

- Spearheaded the development of KP-specific content for the third National Multisectoral HIV and AIDS Response Strategic Framework 2018–2023 (NSF 3), thereby ensuring inclusion of KPs in this key strategic document
- Advocated for provision of free ART to noncitizens of Botswana living with HIV, leading to a Cabinet motion to change policy and an interim conditional approval for ART provision to noncitizens while Parliament changes the legislation
- Armed with data that KPs preferred receiving services through community-based organizations rather than public health facilities, supported clinical partner TVCTC to receive a waiver to provide clinical services in all sites, without the need to go through the vigorous private facility accreditation process
- Collaborated with the Global Fund to conduct a PEPFAR/Global Fund Cascade Assessment across five districts, which led to the formation of the National KP Technical Working Group
- Provided technical assistance on strategic information to Global Fund partners to harmonize and standardize data collection tools and operational procedures for KP programming in Botswana
- Supported local implementing partner Lesbians, Gays and Bisexuals of Botswana in their legal case to repeal the criminalization of same-sex sexual acts by providing them with data on MSM access to health services; the data were used in court and subsequently contributed to the Botswana High Court's decision to decriminalize homosexuality in June 2019
- Carried out the second Behavioral and Biological Surveillance Survey and used the results to inform revisions of the National Sexually Transmitted Infections (STIs) guidelines, with specific recommendations for KPs



FUTURE DIRECTIONS

Between 2015 and 2019, the LINKAGES project made great strides toward improving the policy environment and expanding access to comprehensive, KP-friendly services in Botswana. More work remains to realize the dream of a national KP program funded by the government, but the political will is growing, as evidenced by the inclusion of KPs in the National Strategic Framework. Moreover, the Ministry of Health and Wellness has plans to develop a five-year, comprehensive, costed implementation plan that aligns with the NSF. This will be a critical step on the path to epidemic control and ensuring KPs are not left behind as the country pursues the 95-95-95 targets. Much of the work supported by LINKAGES in Botswana will continue under the USAID- and PEPFAR-supported Meeting Targets and Maintaining Epidemic Control (EpiC) project. Through EpiC, FHI 360 and its partners will continue to strengthen services for KPs — including transgender individuals and KP noncitizens — through civil society engagement; advocate for increased funding of local CSO partners by the government through new mechanisms such as social contracting; integrate KP-focused data management systems with national data systems; and address structural barriers that limit KPs' access to services including stigma, discrimination, and violence.

Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES)

is a global cooperative agreement funded by USAID through PEPFAR. Led by FHI 360 with partners Pact, IntraHealth International, and the University of North Carolina at Chapel Hill, LINKAGES has worked in more than 30 countries since 2014 to reduce HIV transmission among key populations — sex workers, men who have sex with men, transgender people, and people who inject drugs — and to improve their enrollment and retention in care.

This report is made possible by the generous support of the American people through USAID and PEPFAR through the terms of cooperative agreement #AID-OAA-A-14-00045. The contents are the responsibility of the LINKAGES project and do not necessarily reflect the views of USAID, PEPFAR, or the United States Government.

Suggested citation: LINKAGES. LINKAGES Botswana: Summary of Achievements, October 2015–September 2019. Durham (NC): FHI 360; 2019.