



BOTSWANA & HIV/AIDS:

Innovative Financing Underpins
IBRD Support to Botswana's
Fight Against HIV/AIDS



IBRD Results

SYNOPSIS

Botswana's HIV/AIDS epidemic has affected nearly one quarter of the country's population, and IBRD has formed a partnership with the government to boost prevention efforts across the country. The project is in its infancy but has already introduced a new financial instrument, supported by the European Commission, which promises flexible and cost-effective support for a range of prevention efforts under the project.

Challenge

Botswana is affected by the second most severe HIV/AIDS epidemic in the world, after Swaziland. The scale of the human cost of the epidemic is immense. AIDS-attributed mortality in Botswana increased from 4 percent to 27 percent of all reported deaths between 1992 and 2003 and the national prevalence rate among adults of 15–49 years is now estimated at 24 percent, and a total of 283,000 people, out of a population of more than 1.8 million, were living with HIV/AIDS in Botswana in 2008. Key factors fueling the HIV/AIDS epidemic include the incidence of multiple concurrent sexual partnerships, the incidence of unprotected sex and inter-generational sexual relationships, higher vulnerability among women, persistent inequality and poverty, and high levels of population mobility. The impact of this sweeping epidemic has already undermined the very significant socioeconomic development achievements realized over the past three decades.

Results

The IBRD is supporting Botswana's efforts to contain and reserve the spread of the HIV/AIDS epidemic through the Botswana National HIV/AIDS Prevention Support

(BNAPS) Project. This project became operational in July 2009 and is making gradual progress toward its objective: to assist the government of Botswana in increasing the coverage, efficiency, and sustainability of targeted and evidence-based HIV/AIDS efforts. It aims to strengthen institutional management and coordination capacity, and finance strategic and innovative HIV/AIDS-related prevention and mitigation activities.

Key indicators used to monitor the project, with a special focus on the institutional capacity of the National AIDS Coordinating Agency (NACA) and on the performance of the civil society and private sector component, include the following:

- Performance of NACA assessed by NACA's beneficiaries and of the technical advisors within NACA twice during the project (year 2 and 4);
- Proportion of sexually active males and females who report having had sex with more than one partner in the past 12 months by age group: (a) 15-to-19 years; (b) 20-to-24 years; and (c) 25-to-49 years;
- Proportion of youths aged 15-to-19 years and 20-to-24 years who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission;

- Proportion of youth aged 15-to-19 years and 20-to-24 years reporting either (a) no sexual activity; or (b) condom use during the last sexual encounter with a non-regular partner in the past 12 months; and
- Proportion of people 15-to-19 years and 20-to-24 years who report a sexual partner with more than 10 years age difference during the last 12 months.

Approach

The BNAPS project has been designed to address the strategic and implementation gaps identified in Botswana government's response to HIV/AIDS, including its focus on prevention as a national "survival strategy". The BNAPS project additionally has been developed to support and catalyze the implementation of the new National Operational Plan for Scaling-Up HIV Prevention in Botswana. The plan focuses on prioritization of targeted activities to the most-at-risk-populations with the greatest potential impact for preventing new HIV infections. It also enables a corresponding prioritization regarding national resource allocation. Overall, the project's focus is on prevention within the broader context of the government's national plan for combating the epidemic.

IBRD Contribution

IBRD is supporting Botswana's fight against HIV/AIDS with a US\$50 million loan facility, known as a "buy-down" program. This particular IBRD loan financing mechanism was developed to increase the flexibility and cost efficiency of funding for projects tackling these kind of cross-border challenges. To date, the buy-down mechanism has been piloted on an IBRD project to support tuberculosis control in China. This instrument relies on donor resources to lower the cost of an IBRD loan targeted at a priority health program. The release of donor funds is dependent on project performance, as measured against jointly-agreed indicators and targets. Given that its upper middle-income status excludes Botswana from the World Bank's interest-free or low interest rate IDA resources, Botswana asked that the BNAPS project be financed utilizing this new IBRD facility.

Partners

The European Commission (EC) has also agreed to support the financing of this project by helping reduce the interest rate cost to Botswana of the BNAPS buy-down loan. The EC has approved an additional a €14 million (US\$20 million) in its next four year Economic Development Framework to support Botswana's access to the IBRD loan. Critically, the EC has agreed to provide its funds directly to Botswana's Ministry of Finance and Development Planning once performance targets are achieved, ensuring swift and direct support.

In recent years, Botswana's HIV/AIDS program has been supported by a few international donors, including the Global Fund Against AIDS, Tuberculosis, and Malaria, the U.S., other selected bilateral agencies, the Bill & Melinda Gates Foundation, and Merck, an international pharmaceutical company. However, even the combined levels of donor and government spending have not kept pace with the rising cost of the response to the epidemic. Botswana's government requested the IBRD operation in anticipation that these additional financial and technical resources would play a strategically significant role in supporting a more efficient and evidence-based response to the epidemic. This was particularly so given the Bank's comparative advantage in the areas of strategic planning, knowledge-sharing, implementation support, and the leveraging of additional resources.

Given the magnitude and long-term impact of the epidemic, another focus of the proposed operation will be to enable a transition from an "emergency" response to a broader, more strategic, and more sustainable approach. Additionally, in partnership with the government, the World Bank will seek to establish regular, collaborative development partner forums towards facilitating a more synchronized, complementary, and effective response.

Next Steps

The BNAPS Project is in its first year of a 5-year implementation period. The government, with support from IBRD

and other development partners, has mobilized different sectors (Including health, transport, and education), civil society organizations, and communities to increase their capacity to respond to the demands of the HIV/AIDS epidemic. Although the project is a modest contribution to the overall national response, it provides focused assistance of institutional strengthening, especially in key areas such: as fiduciary management and results reporting among civil society organizations; strategic planning and monitoring and evaluation; managing targeted technical activities in participating ministries and government agencies; and

evidence-based policymaking in the health sector through a modest agenda of research and evaluation at the Ministry of Health. By relying on local groups and specialists in building this critically-important technical and institutional capacity, it is expected that the core elements of the BNAPS effort will continue well after the five-year project lifespan.

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