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Child and Adolescent HIV Testing and Counselling Programme

HIV/AIDS Situation Among Children and Adolescents in Botswana

In Botswana, HIV and AIDS is reversing the socioeconomic gains made by the country over the years. The population-based HIV prevalence is estimated at 17.6% [Botswana HIV/AIDS Impact Survey III (BAIS III) Preliminary Report, 2009] and is a high 33.7% among pregnant women (2007). HIV prevalence among children and adolescents ranges from 2.2% in 1.5 to 4 year olds; 4.7% in 5 to 9 year olds; 3.5% in 10 to 14 year olds and 3.7% among 15 to 19 year olds. The HIV prevalence rate among girls is about two times higher than that for boys in the age group 15 to 19 years with rates of 5.0% and 2.4% for girls and boys respectively (BAIS III Report 2009). It is estimated that there are about 15,000 children living with HIV/AIDS in Botswana (UNAIDS, Global AIDS epidemic update, 2009). According to the 2008 Situation Analysis on orphans and vulnerable children (OVC), there are about 51, 806 (6.5%) of children below 18 years of age have lost one parent (child of a single parent) or both parents (child of married parents) either biological or adoptive.

In 2008, University Research Co., LLC (URC) began working with the MOH, with support from the Centers for Disease Control, to develop guidelines and implementation plans for HIV/AIDS testing and counselling for children and adolescents. The main goal of this work is to increase the number of children and adolescenst who are provided with high quality HIV counseling and testing services.

Early treatment interventions can markedly reduce child morbidity and mortality and improve the quality of life.

Top: Participants at a child & adolescent curriculum pilot workshop

Bottom: Technical working group members in a group discussion during instructional design workshop for the curriculum

HIV testing and counselling services are a critical gateway to accessing other HIV care and treatment services by children and adolescents. Children have a more rapid progression to HIV disease than adults, and signs and symptoms of HIV infection are often not specific. Without access to care, at least one quarter of children born with HIV die before the age of one year and over half of them die before reaching five years of age. Early treatment interventions can markedly reduce child morbidity and mortality and improve the quality of life. However, problems arise due to the lack of guidance on child specific issues, such as the age of HIV consent, disclosure of results, proper provision of counselling for children, and implementation of youth-friendly services. In Botswana, counseling and testing (C&T) for children and adolescents remains an area with critical gaps resulting from legal, policy and program constraints. Providers require clear guidance and training about how and when to counsel and test children and adolescents, taking into consideration legal and ethical issues peculiar to this age group. In order to increase the numbers of children and adolescents effectively tested and put on treatment, there is a need to provide standardized HIV testing and counselling service guidelines for children and adolescents.

Participants and observers during the C&A materials/curriculum pilot workshop

How we work

URC worked with the MOH to establish a multi-sectoral task force to address the development of HIV C&T guidelines for children and adolescents, engaging health and child/youth welfare stakeholders from the Ministries of Local Government and Education, WHO, UNICEF, UNFPA, legislative represenatives, and civil society. A review of WHO, UNICEF and other national guidelines from high burden countries relating to HIV C&T among children and adolescents was conducted and the task force was guided through the process of drafting the guidelines, which were completed in 2010. At the same time, policy makers and stakeholders were engaged to develop an appropriate legal framework to clarify procedures for provision of C&T to minors, including defining conditions under which legal gaurdians or health professionals may authorize testing.

URC also conducted several activities to raise awareness among providers and to disseminate key aspects of the guidelines. In order to support implementation of the new guidelines, URC also developed a curriculum for training health care providers in Child C&T and conducted a pilot workshop, drawing participants from a number of health facilities and NGOs providing counseling and testing services in Botswana, representing District Health Management Teams and hospitals, as well as observers from Technical Working Group. At each step, URC worked closely with the MOH training unit and has incorporated its instructional design approach to develop, review, and finalize the curriculum. A robust training curriculum is especially important since trainings to implement child and adolescent C&T need to be designed to tangibly build provider's skills to understand and address issues of disclosure, knowledge of child development stages, how to assess maturity and emotional state, and appropriate communication methods. Providers need to be able to work with parents/ gaurdians, or in thier absence, to make difficult decisions about disclosing a child's status and also be equipped to deal with issues around loss and bereavement.

Developing a framework for child and adolescent testing

One of the main issues around extending child and adolecent C&T regards the age of consent. In Botswana, the age of consent for HIV testing has traditionally been 21 years, while the age of consent for sexual activity is 16 years. With support from URC, the Government of Botswana engaged in a lengthy process to reduce the age of consent for testing to 16 years, involving extensive debate over a period of three years to review, revise and develop new and significant legislation. The cabinet has recently agreed to lower the age of consent for testing to 16 years in the revised National HIV policy. Also the proposed amendment of the Public Health Act which is with the parliament for approval set the age of HIV testing consent at 16 years.

This framework will help resolve the substantial confusion experienced by health planners and counselling and testing providers regarding who can be offered C&T and under what conditions, and facilitate the alignment of the child and adolescent HIV C&T guidelines with the adult guidelines.

Future needs for Child and Adolescent Testing

Botswana has promoted the practice of Routine HIV Testing, whereby all patients are routinely offered counseling and testing when they access care,since 2004. Child and adolescent counselling and testing is a critical component of the larger RHT program, and URC which has been assisting the MOH to stregnthen RHT since 2008, will continue to work with the MOH and HIV programs at the district level to ensure that implementation is coordinated and geared to improve overall RHT in Botswana. Providers trained on RHT will be targeted for additional training in child and adolescent testing, as a means of building from the existing RHT structures. Mentoring and support will be provided to district focal persons who will also be trained as master trainers to further increase the scope of facility-based trainings.

Advocacy and community mobilization for increased child and adolescent testing will be an important component of future work. Along with the national launch of the new guidelines will come a steady campaign to increase the numbers of children and youth tested and initited on effective treatment. URC will help the district health authorities and partners to increase awareness and uptake of C&T by developing and distributing job aids and guidelines for providers and leaflets for the community. A major emphasis of this effort will be to support district- and community-based NGOs and CBOs working with children through increased training and supervision. Through the combined and concerted efforts of the MOH, providers and implementers at the district level, communities, and parents, Batswana children effected by HIV/AIDS will be able to receive the care and treatment they need to grow up healthy.

Improving systems to empower communities

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