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ADDRESS BY

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OF THE

REPUBLIC OF BOTSWANA

AT THE

2006 HIGH LEVEL MEETING ON AIDS

**OUTCOME OF THE 26TH SPECIAL SESSION: IMPLEMENTATION
OF THE DECLARATION OF COMMITMENT ON HIV/AIDS**

FRIDAY 2, JUNE 2006

UNITED NATIONS

NEW YORK

Mr President;
Secretary General of the United Nations, Mr Kofi Annan;
Your Excellencies;
Distinguished Ladies and Gentlemen;

1. It is an honour and a privilege to address this Assembly, whose objective is to review the implementation of interventions against a problem that touches our lives. Ever since the first AIDS case in Botswana was diagnosed in 1985, the severity of the epidemic in the country has grown rapidly, as reflected by prevalence rates among pregnant women, which rose to over 30% by the late 1990s. At the same time, we were experiencing rising hospital bed occupancy and mortality rates.

2. Recognising the socio-economic and development effects of the epidemic, we adopted a multi-sectoral response led by our President, whose leadership and commitment, among other initiatives, is demonstrated by his chairing of the National AIDS Council.

3. It is because of this leadership and political commitment that our national response is currently central to our planning process, with all sectors on board and each playing a significant role within the *ONE* agreed national HIV/AIDS strategic framework.

4. **Mr President**, in 1999, Botswana established a national programme to prevent mother to child transmission of HIV (PMTCT). This was part of the larger effort to prevent HIV infection and, in that regard, one of the key strategies in the national response.

5. More than 83% of HIV positive pregnant women have enrolled in this program, as compared to 28% in 2002 and 61% in 2004. Mother-to-child transmission of HIV has been reduced from about 40% in 2002 to about 6% in 2006. This outcome, coupled with increased treatment access, means that more and more children and mothers are being saved.

6. We may still have a long way to go to achieve universal access but, for us in Botswana this trend demonstrates an opportunity for early achievement of that ultimate target, even before 2010.

7. In January 2002, my Government introduced a national ARV programme, offering free treatment to every citizen who meets treatment criteria. By the end of 2005, more than 50% of the patients were already on treatment, thus exceeding the WHO/UNAIDS 3 by 5 target for the country. To date, about 64,000 patients are on treatment.

8. Our experience demonstrates that accessible, affordable and effective HIV treatment programs can create a more favourable environment for HIV prevention. There are indications that are suggestive of a *levelling-off* of the epidemic, as shown by the decline in HIV prevalence among pregnant women from 37.4% in 2003 to 33.4% in 2005. Although it may be too early to celebrate this, we cannot help but be encouraged.

9. Despite these moderate achievements, Mr President, we have had our share of challenges. The high disease burden has directly affected our human resources, which are pivotal in the fight against the epidemic. It is therefore very important that, as we develop national strategic HIV/AIDS plans, we also incorporate a strong human resource component.

10. Stigma and discrimination continue to threaten the success of our programmes, and to address this, we continue to actively involve males and other significant family members. The price of drugs and laboratory tests is a challenge to our budget, thus there is need to identify innovative strategies that will enable us to sustain our programs.

11. Mr President, allow me to conclude by acknowledging and thanking all our partners for their financial and technical support. Let me also thank this Assembly for being so attentive.

12. This, indeed, demonstrates our need to share experiences in earnest pursuit of solutions that can work in our varied environments.

13. Remember, we have a common enemy that we must fight together in true partnership and, victorious we shall emerge.

14. Mr President, I thank you.