STRATEGIC FOCUS

The partnership between the U.S. Centers for Disease Control and Prevention (CDC) and the Government of Botswana (GOB) began in 1995 with the goal of strengthening tuberculosis (TB) prevention and control through public health research. In 2000, the partnership grew to include HIV prevention, care, treatment, and strategic information for program development to maximize the quality, coverage, and impact of Botswana's national response to the HIV epidemic. In 2013, CDC, in partnership with the Botswana Ministry of Health and Wellness (MOHW) and the Harvard School of Public Health launched a four-year study called the Botswana Combination Prevention Project (also known as Ya Tsie), which was a randomized trial designed to examine whether a combination of HIV prevention measures could reduce HIV incidence, compared to the standard of care. Concluded in late 2018, the results have led the way in innovative testing, linkage to care, and retention strategies. There were several lessons learned regarding health management information system challenges, poor documentation of viral load testing, and other key operational and research questions have been rapidly translated into the overall CDC and the U.S. President's Emergency Plan for AIDS Response (PEPFAR) Botswana programs for maximum impact.

The CDC Office supports and partners with the GOB through PEPFAR, to provide high quality services linkages to and retention in HIV care and treatment for people living with HIV (PLHIV). The Voluntary Medical Male Circumcision (VMMC) program helps adolescent boys and men to remain HIV-free. Our implementing partners (IPs) enhance quality services through training, mentoring and supportive supervision, routine and comprehensive site monitoring visits, remediation plans, and follow-up action. CDC also supports the MOHW to enhance cervical cancer detection and prevention among women living with HIV. Through its IP, CDC supports 71 sites in 17 high HIV burden districts of the 27 districts in Botswana. The support is across the clinical cascade and includes client-centered health services. In addition, our team maximizes strategies such as PrEP and Prevention of Mother-to-Child Transmission (PMTCT), key components of combination HIV Prevention efforts that will contribute to reduction in HIV infections. CDC Botswana supports efforts to prevent vulnerable young girls and their partners from acquiring HIV through building capacity of government facilities to offer youth-friendly services as well as establish safe spaces for young girls, the implementation of the comprehensive Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) program towards building networks in the communities, and to have a productive life free of HIV. CDC Botswana supports quality laboratory testing for the diagnosis and care of PLHIV and with TB. Our strategic information support is critical to the development, implementation, and dissemination of population-based surveys, as well as the quality of national health information systems and PEPFAR monitoring and evaluation systems. Our science program contributes to knowledge related to HIV, TB, and cervical cancer. Another key focus area is to assist the GOB in establishing the Botswana Public Health Institute, and a Field Epidemiology Training Program, while leveraging current CDC Botswana staff to support the prevention, detection, and control of public health diseases. The COVID pandemic has demonstrated the critical need to have systems in place where trained epidemiologists can be on the front lines of the public health response.

KEY ACTIVITIES AND ACCOMPLISHMENTS

- Renewed effort to strengthen TB health care services for PLHIV clients through intensified TB screening and diagnosis, as well as placing all eligible PLHIV on TB preventive treatment.
- Support the implementation and scale up of high-yield, evidence-based index testing and active partner
 notification to optimize HIV case identification. HIV self-testing is one innovative approach
 complementing testing especially targeting men who are hard to reach.
- Strengthen and continue to support same day initiation of life saving antiretroviral therapy for all HIV
 infected individuals. Most recently, CDC Botswana worked with the MOHW to adopt the implementation
 and provision of free antiretroviral therapy to non-citizens.
- Support capacity building for diagnostics including testing quality, both at laboratories and point of care
 testing sites, through funding and technical assistance. The support is provided to 56 public health
 laboratories that are interlinked in the GOB referral system, building quality management systems of
 these testing sites, certifying personnel and sites for testing, and transfer of new technology to the GOB.
- Strengthen the MOHW's data systems by providing expertise and technical assistance to enhance data completeness and quality, improve surveillance systems, and increase data use.
- Continue to support implementation of the Botswana HIV/AIDS Impact Survey series with the fifth survey currently in field implementation. Results of this survey (anticipated by the end of 2021) will guide PEPFAR strategic programming in Botswana.

Key Country Leadership

President: Mokgweetsi Eric Keabetswe Masisi

Minister of Health: Edwin Dikoloti

U.S. Ambassador: Craig Cloud

CDC/DGHT Director: Pauline Harvey

Country Quick Facts (worldbank.org/en/wherewe-work)

Per Capita GNI: \$6,640 (2020)

Population (millions): 2.35 (2020)

Under 5 Mortality: 42/1,000 live births (2019)

Life Expectancy: 70 years (2019)

Global HIV/AIDS Epidemic (aidsinfo.unaids.org)

Estimated HIV Prevalence (Ages 15-49): 19.9% (2020)

Estimated AIDS Deaths (Age ≥15): 4,900 (2020)

Estimated Orphans Due to AIDS: 86,000 (2020)

Reported Number Receiving Antiretroviral Therapy (ART) (Age ≥15): 320,269 (2020)

Global Tuberculosis
(TB) Epidemic
(who.int/tb/country/data/
profiles/en)

Estimated TB Incidence: 253/100,000 population (2019)

TB Patients with Known HIV-Status who are HIV-Positive: 49% (2019)

TB Treatment Success Rate: 82% (2018)

Estimated TB Mortality: 78/100,000 population (2019)

DGHT Country Staff: 40.25

Locally Employed Staff: 35 Direct Hires: 5.25 Fellows & Contactors: 00



Our success is built on the backbone of science and strong partnerships.

