

## STRATEGIC FOCUS

The partnership between the U.S. Centers for Disease Control and Prevention (CDC) and the Government of Botswana (GOB) began in 1995 to strengthen tuberculosis (TB) prevention and control through public health research. In 2000, the partnership evolved to include HIV treatment and prevention services, laboratory services, and strategic information programs to maximize the quality, coverage, and impact of the GOB's response to the HIV epidemic. Botswana demonstrates that epidemic control is achievable, as measured by the 2030 UNAIDS 95-95-95 targets: 95 percent of all people living with HIV know their HIV status; 95 percent of all people with diagnosed HIV receive sustained antiretroviral therapy (ART); and 95 percent of all people receiving ART have viral suppression. In 2021, preliminary results from the Fifth Botswana AIDS Impact Survey (BAIS V) show that Botswana is on its way to reaching epidemic control, with 93-98-98 achieved for each UNAIDS target. The country further demonstrated an HIV-free generation is possible when it became the first high-burden country to attain WHO "silver tier" certification, given to countries that lowered mother-to-child transmission to less than five percent and provided prenatal care and ART to more than 90 percent of pregnant women.

In 2022, through U.S. President's Emergency Plan for AIDS Relief (PEPFAR), CDC began working with the GOB to build on results to achieve equitable and sustained HIV epidemic control. This is being done through evidence-based, person-centered HIV prevention and treatment. CDC's partnership with GOB is shifting from direct service provision to increased government technical assistance and overall health system strengthening. The new focus will create additional capabilities such as resilient country health systems and strong communities through increasing local partnerships. CDC and GOB are building lasting collaborations through strong cooperation and coordination for greater impact, burden sharing, and sustainability. CDC's technical assistance is focused on enabling the GOB to provide equitable, person-centered services with quality and efficiency to all Botswanans. A strengthened health system will improve governance and build capacity so that successful HIV control programs can be sustained.

## KEY ACTIVITIES AND ACCOMPLISHMENTS

- Address gaps in HIV services using BAIS V results, especially among adolescents and young adults. CDC Botswana is working with GOB to improve services for adolescents and children living with HIV (A/CLHIV) and key populations, reduce HIV-related mortality, improve TB preventive therapy coverage, and cervical cancer screening, and move to 6-month multi-month dispensing of ART. Equity is emphasized for all seeking services regardless of age, sex, sexual orientation, or geography.
- Assist the GOB in achieving WHO "gold tier" certification, maintaining mother-to-child transmission of less than 5 percent, and increasing provision of prenatal care and ART to over 95 percent of pregnant women through clinical mentorship and continuous quality improvement (CQI).
- Establish a Clinical Mentorship Program to ensure sustainable, high-quality services are provided in GOB Ministry of Health and Wellness (MOHW) sites across Botswana, enhancing health facility capacity to provide high quality HIV services across the HIV care continuum. Clinical mentorship programs are being extended to all 27 health districts in the country.
- Expand CQI for targeted interventions to ensure treatment continuity and person-centered care provision, integrated with data quality, analytics, and the Clinical Mentorship Program. CQI is focused on accurate data and the capacity to interpret the data available at clinical facilities. CQI is also being expanded to all 27 health districts.
- Include testing for recent HIV infection in the traditional HIV testing services program, linking with case-based surveillance (CBS). Recency testing is being expanded from 10 sites to over 200 sites to provide essential information about new HIV diagnoses, new HIV infections, and ongoing HIV transmission. Using experience gained from COVID-19 case control efforts, public health rapid response teams will use the recency and CBS data to identify clusters of recent HIV infections, tailor HIV testing strategies, and target effective HIV treatment and prevention interventions to populations at highest risk, including HIV pre-exposure prophylaxis (PrEP).
- Build on lessons learned from the COVID-19 response, assisting the GOB in strengthening the public health infrastructure by reinitiating Field Epidemiology Training Program to enhance response capacity of the trained workforce and to support the Botswana Public Health Institute to coordinate public health expertise and systems, further helping to sustain HIV epidemic control efforts.
- Continue to work with MOHW to strengthen data and laboratory systems. Data support includes improving electronic medical records, system interoperability, and analysis capacity. Laboratory support includes quality diagnostics, emerging infection response capacity development, and assistance with certifying/accrediting testing and laboratory sites with international standards.
- Each activity contributes to HIV epidemic control and program sustainability, supports clinical mentorship, CQI, rapid response, and other MOHW program activities at the site, district, and national levels.

## Key Country Leadership

President:  
H.E. Mokgweetsi Eric Keabetswe Masisi

Minister of Health:  
Dr. Edwin Dikoloti

U.S. Ambassador:  
Craig Cloud

CDC/DGHT Director:  
Dr. Steven Hong

[Country Quick Facts](https://worldbank.org/en/where-we-work)  
(worldbank.org/en/where-we-work)

Per Capita GNI:  
\$6,940 (2021)

Population (millions):  
2.39 (2021)

Under 5 Mortality:  
44.8/1,000 live births (2020)

Life Expectancy:  
70 years (2020)

[Global HIV/AIDS Epidemic](https://aidsinfo.unaids.org)  
(aidsinfo.unaids.org)

Estimated HIV Prevalence  
(Ages 15-49): 18.6% (2021)

Estimated AIDS Deaths  
(Age ≥15): 4,400 (2021)

Estimated Orphans Due to  
AIDS: 76,000 (2021)

Reported Number Receiving  
Antiretroviral Therapy (ART)  
(Age ≥15): 329,801 (2021)

[Global Tuberculosis  
\(TB\) Epidemic](https://who.int/tb/country/data/profiles/en)  
(who.int/tb/country/data/profiles/en)

Estimated TB Incidence:  
236/100,000 population  
(2020)

TB Patients with Known HIV-  
Status who are HIV-Positive:  
48% (2020)

TB Treatment Success Rate:  
72% (2019)

## DGHT Country Staff: 41

Locally Employed Staff: 36  
Direct Hires: 5  
Fellows & Contractors: 00

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

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