

STRATEGIC FOCUS

The partnership between the U.S. Centers for Disease Control and Prevention (CDC) and the Government of Botswana 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, treatment, and strategic information program development to maximize the quality, coverage, and impact of Botswana's national response to the HIV epidemic. In 2013, CDC launched a four-year study, the Botswana Combination Prevention Project (BCPP), in partnership with the Botswana Ministry of Health and the Harvard School of Public Health. The goal of the study was to evaluate whether coordinated and strengthened community-based HIV prevention methods prevent the spread of HIV better than the current methods. The BCPP program will conclude all in-country activities by August 2018.

CDC Botswana supports the Ministry of Health and Wellness (MOHW) through the President's Emergency Plan for AIDS Relief (PEPFAR) Botswana and CDC headquarters. Our implementing partners (IPs) support Botswana's antiretroviral treatment (ART), prevention of mother-to-child transmission (PMTCT) and TB programs, and work with the most impacted populations in targeted districts to support the scale-up and quality of services for both HIV-positive and HIV-negative individuals. Our HIV testing program is based in public facilities and communities and works to ensure pregnant women, people with TB and suspected TB, families and partners of people living with HIV, adolescent girls, young women, and men living with HIV know their HIV status.

CDC support to Botswana includes linkage to and retention in HIV treatment services, as well as ensuring the quality of these services. The voluntary medical male circumcision (VMMC) program, through static sites and in- and out-of-school campaigns, helps to keep boys and men HIV-free. Our IPs enhance quality services through training, mentoring, and supportive supervision and routine, comprehensive site monitoring visits, and remediation plans. CDC supports quality laboratory testing necessary for the diagnosis and treatment of people living with HIV 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 generalizable knowledge related to HIV and TB. CDC supports the MOHW to enhance cervical cancer detection and prevention programs. CDC and the Government of Botswana worked closely to establish the Botswana Public Health Institute.

KEY ACTIVITIES

- Scale-up of successful high-yield HIV testing modalities, including facility and community index testing, and identification and HIV testing of presumptive TB patients.
- MOHW's universal ART treatment strategy, initiated in June, 2016, aims to provide antiretroviral treatment to all. CDC provides technical assistance to improve clinical services and ensure evidence-based modalities are implemented to enhance treatment initiation, adherence, and retention for people living with HIV (PLHIV).
- The PMTCT program is one of Botswana's success stories. It was grounded in CDC's research findings. CDC's technical assistance provides training, mentoring, and strengthening of existing clinical systems to support pregnant HIV-positive mothers and their HIV-exposed babies.
- Cervical cancer technical assistance is aimed to scale-up capacity in preventing cervical cancer in PLHIV. Capacity building includes policy development, training, and mentorship.
- The national Safe Male Circumcision (SMC) program was launched 2009. CDC supports the SMC program through technical assistance, service delivery, and demand creation.
- CDC strengthens the MOHW's data systems and use by providing expertise and technical assistance to enhance data completeness and quality, improve surveillance systems, and increase data use.
- In collaboration with the MOHW and PEPFAR, CDC provided technical assistance for constructing and equipping of the National Public Health Laboratory (NPHL). The NPHL was built to: establish laboratory capacity for routine surveillance and response to public health emergencies; to improve the availability, quality, and use of laboratory data for evidence-based decision making and planning in support of routine surveillance and epidemiologic investigations; and, to foster collaboration between human, animal, and environmental health laboratories. The NPHL hopes to provide a forum to promote partnerships as Botswana strives for a One Health approach to health care.
- Results from CDC's BCPP study led to innovative testing, linkage to treatment, and retention strategies. Lessons learned in health information system challenges, poor documentation of viral load testing, and other key operational and research questions have been rapidly translated into programs for maximum impact.

Key Country Leadership

President:
Mokgweetsi Eric Keabetswe Masisi

Minister of Health:
Alfred Madigele

U.S. Ambassador:
Earl R. Miller

PEPFAR Coordinator:
Dan Craun-Selka

CDC/DGHT Director:
Michelle Roland

Country Quick Facts

Per Capita GNI:
\$6,760 (2016)

Population:
2.25 million (2016)

Under 5 Mortality (per 1,000
Live Births) (2016): 41

Life Expectancy (2016):
67 years

Global HIV/AIDS Epidemic

Estimated HIV Prevalence
(Ages 15-49) (2016): 21.9%

Estimated AIDS Deaths
(Age ≥15) (2016): 3,500

Estimated Orphans Due to
AIDS (2016): 68,000

Reported Number Receiving
Antiretroviral Therapy (ART)
(Age ≥15) (2016): 290,000

Global Tuberculosis (TB) Epidemic

Estimated TB Incidence:
326/ 100,000 (2016)

TB patients with known HIV-
status who are HIV-positive:
60% (2016)

TB Treatment Success Rate:
79% (2015)

Country Staff: 49

Locally Employed Staff: 40
Direct Hires: 7
Fellows: 1 (incoming)
Third Year Peace Corps
Volunteer: 1

