

BOTSWANA

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, care, treatment, and strategic information capacity development in order to maximize the quality, coverage, and impact of Botswana's national response to the HIV epidemic.

CDC Botswana supports the Ministry of Health and Wellness (MOHW) through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) to reach HIV epidemic control. CDC's implementing partners (IPs) focus on improving the quality of HIV and TB services across the HIV care continuum. CDC/PEPFAR programs incorporate innovative biomedical interventions and evidence based strategies to ensure high-quality programs, utilizing US Government funding most effectively and efficiently. CDC's facility-based HIV testing program focuses on accurate HIV testing, and identifying those most likely to be HIV positive or with the greatest risk of transmitting HIV infection, then linking them to HIV clinical services and immediately initiating antiretroviral treatment (ART).

CDC Botswana actively monitors the quality of HIV treatment, including maintaining people on ART and in HIV clinical care. The voluntary medical male circumcision (VMMC) program, through various campaigns, helps to keep boys and men HIV-free. CDC and implementing partners focus on enhancing HIV quality services through training, mentoring, and supportive supervision as well as initiating routine, comprehensive site monitoring visits and remediation plans. CDC supports implementation of new HIV diagnostic testing, HIV viral load detection technologies, and high-quality laboratory services overall. CDC Botswana focuses on the collection and analysis of high-quality epidemiologic data, and provides technical assistance to build its capacity to develop, implement, and disseminate population-based surveys, improve the quality of national health information systems, and report on PEPFAR program indicators. It monitors and evaluates results and adjusts the national program to improve outcomes.

KEY ACTIVITIES

CDC provides technical assistance to support Botswana's MOHW across several public health program areas, including:

- Initiating ART to all persons living with HIV in Botswana,
- Training and mentoring public health professionals to strengthen Botswana's national prevention of mother to child transmission clinical systems and to improve care and treatment of pregnant, HIV-positive mothers and their HIV-exposed babies,
- Advancing high-quality testing programs and expanding HIV index testing and partner notification and testing,
- Improving HIV clinical care services and advanced, evidence-based modalities and enhancing same-day and fast-track treatment initiation, adherence, and retention for persons living with HIV,
- Strengthening national public health data systems and use by providing expertise to enhance data completeness and quality, improve surveillance systems, and increase data use for decision-making,
- Expanding TB case-finding and TB preventive treatment,
- Initiating use of TB genotyping, and mapping technologies to better target areas of high TB incidence to decrease TB transmission,
- Expanding cervical cancer program capacity and coverage to prevent cervical cancer in persons living with HIV through policy development, training, and mentorship,
- Launching the fifth Botswana AIDS Impact & TB Prevalence Survey (April 2019), and
- Increasing the National Public Health Laboratory (NPHL)'s quality of screening and diagnostic testing for HIV, TB, and other public health diseases and supporting disease outbreak case-finding, emergency responses, and public health research and evaluations

Key Country Leadership

President:
Mokgweetsi Eric Keabetswe Masisi

Minister of Health:
Alfred Madigela

U.S. Ambassador:
Craig Cloud

CDC/DGHT Director:
Nwando Diallo (Acting)

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

Per Capita GNI:
\$7,750 (2018)

Population (million):
2.25 (2018)

Under 5 Mortality:
38/1,000 live births (2017)

Life Expectancy:
68 years (2017)

Global HIV/AIDS Epidemic
(aidsinfo.unaids.org)
Estimated HIV Prevalence
(Ages 15-49): 3.6% (2018)

Estimated AIDS Deaths
(Age ≥15): 14,000 (2018)

Estimated Orphans Due to
AIDS: 410,000 (2018)

Reported Number Receiving
Antiretroviral Therapy (ART)
(Age ≥15): 270,804 (2018)

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

Estimated TB Incidence:
300/100,000 population
(2017)

TB patients with known HIV
status who are HIV positive:
48% (2017)

TB Treatment Success Rate:
79% (2016)

TB Mortality:
19/100,000 population (2017)

DGHT Country Staff: 40.25
Locally Employed Staff: 35
Direct Hires: 5.25
Fellows & Contactors: 0

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

July 2019 | The CDC Division of Global HIV & TB activities are implemented as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR); non-HIV related TB activities are supported by non-PEPFAR funding

