

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, results from the Fifth Botswana AIDS Impact Survey (BAIS V) showed Botswana has reached epidemic control, with 95-98-98 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.

Through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), CDC continues to partner with GOB to maintain HIV epidemic control, with a focus on equitable access to services, and build sustainable country health systems. This is being done primarily through technical assistance for evidence-based, person-centered HIV services as well as overall health system strengthening, focused on clinical mentorship with quality assurance. A strengthened health system will improve governance and build capacity so that successful HIV control programs can be sustained. CDC and GOB continue to strengthen our lasting collaboration through strong cooperation and coordination for greater impact and sustainability.

KEY ACTIVITIES AND ACCOMPLISHMENTS

- Address gaps in HIV services using BAIS V results to prioritize service provision, especially among adolescents and young adults. CDC Botswana is working with GOB Ministry of Health (MOH) to improve services for adolescents and children living with HIV and key populations, reduce HIV-related mortality, improve TB preventive therapy coverage and cervical cancer screening, and move to a 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 in addition to eliminating mother-to-child transmission of syphilis and hepatitis through clinical mentorship and continuous quality improvement (CQI).
- Extend the Clinical Mentorship Program to all health districts in the country, enhancing public health facility capacity for the provision of high-quality HIV services across the HIV care continuum.
- Maintain CQI for targeted interventions in all health districts 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.
- Provide testing for recent HIV infection in the traditional HIV testing services program, linking results to case-based surveillance. Recency testing was 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 case-based surveillance data with geographic 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 and support GOB efforts to strengthen the public health infrastructure by supporting the Field Epidemiology Training Program to enhance response capacity of the trained public health workforce and to support the Botswana Public Health Institute to coordinate public health expertise and systems, further helping to sustain control of the HIV epidemic as well as other diseases of public health importance.
- Continue to work with MOH 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.
- Expand MOH research capacity through partnership on implementation research and provision of training and other technical assistance at the national and district levels, including facilitating participation of local and international universities.

Key Country Leadership

President:
H.E. Mokgweetsi Eric Keabetswe Masisi

Minister of Health:
Dr. Edwin Dikoloti

U.S. Ambassador:
Howard Van Vranken

Acting CDC/DGHT
Director:
Hussain Baseer

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

Per Capita GNI:
\$7,350 (2022)

Population (millions):
2.63 (2022)

Under 5 Mortality:
34.9/1,000 live births
(2022)

Life Expectancy:
61.1 years (2021)

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

Estimated HIV Prevalence
(Ages 15-49): 16.4% (2021)

Estimated AIDS Deaths
(Age ≥15): 3,700 (2022)

Estimated Orphans Due to
AIDS: 54,000 (2022)

Reported Number
Receiving Antiretroviral
Therapy (ART) (Age ≥15):
316,713 (2022)

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

Estimated TB Incidence:
235/100,000 population
(2021)

TB Patients with Known
HIV-Status who are HIV-
Positive:
45% (2021)

TB Treatment Success
Rate: 78% (2020)

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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