CDC in Botswana

The Centers for Disease Control and Prevention (CDC) established an office in Botswana in 1995 to strengthen tuberculosis prevention and control. In 2000, the partnership grew to include HIV prevention, treatment, and strategic information program development to maximize the Botswana’s response to the HIV epidemic. CDC continues to provide technical assistance and research to support Botswana’s HIV and TB control programs and for injury prevention.

CDC STAFF

- 7 U.S. Assignees
- 40 Locally Employed

AT A GLANCE

Population: 2,291,661 (2017)
Per capita income: $16,990
Life expectancy at birth: F 65/M 61 years
Infant mortality rate: 31/1,000 live births

Sources:
- World Bank 2018, Botswana
- Population Reference Bureau 2018, Botswana

TOP 10 CAUSES OF DEATH

1. HIV/AIDS
2. Ischemic heart disease
3. Stroke
4. Lower respiratory infections
5. Diabetes
6. Diarrheal diseases
7. Tuberculosis
8. Neonatal disorders
9. Chronic obstructive pulmonary disease
10. Alzheimer’s disease

Source:
- GBD Compare 2018, Botswana

HIV and Tuberculosis

HIV is a leading cause of death and a health threat to millions worldwide. As a key implementer of the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), CDC works closely with Botswana’s Ministry of Health & Wellness (MOH) to build a robust national HIV response including:

- HIV testing efforts
- Linkage to and retention in HIV treatment services
- Antiretroviral treatment
- Prevention of HIV mother-to-child transmission
- Voluntary medical male circumcision programs
- Tuberculosis (TB) prevention and control programs
- Working with the populations most impacted by HIV in targeted districts of the country.

CDC support to Botswana includes ensuring the quality of HIV services and programs. The voluntary medical male circumcision program, through static sites and in- and out-of-school campaigns, helps to keep boys and men HIV-free. CDC’s implementing partners enhance quality services through training, mentoring, and site monitoring visits, and remediation plans.
With tuberculosis emerging as the leading cause of death among people living with HIV, in addition to epidemiology and surveillance, CDC also supports:

- Quality laboratory testing for the diagnosis and treatment of people living with HIV and with TB
- TB clinical trials
- TB diagnosis and management
- TB transmission characteristics.

Plans are also underway to initiate a combined HIV and TB prevalence survey.

**Laboratory Capacity Building**

In collaboration with the MOH and PEPFAR, CDC provided technical assistance for constructing and equipping the National Public Health Laboratory that was built to:

- Establish laboratory capacity for routine surveillance and response to public health emergencies
- Improve the availability, quality, and use of laboratory data for evidence-based decision making and planning in support of routine surveillance and epidemiologic investigations
- Foster collaboration between human, animal, and environmental health laboratories for a One Health approach (recognizes that the health of people is connected to the health of animals and the environment) to health care

**Health Systems Strengthening**

CDC is working with the MOH and the International Association of Public Health Institutes to establish the Botswana Public Health Institute. National public health institutes (NPHIs) help countries carry out essential public health functions and serve as homes for their public health systems and expertise. CDC helps countries develop and strengthen NPHIs to protect the public’s health and contain disease close to the source. Botswana’s NPHI will focus on laboratory research, surveillance, and emergency response.

**Injury Prevention**

CDC works with the University of Botswana (UB) to build capacity for injury prevention research by training and mentoring scientists. Current projects include:

- An economic analysis examining the costs of road traffic crash-related injuries and deaths in Botswana
- Design of a road user knowledge, attitudes, and behaviors survey
- An evaluation of the effect of a 2008 national alcohol tax on alcohol-related road traffic crashes

CDC works with the MOH and other partners to design and implement population-based surveys. These include the Youth Risk and Behavior and Biological survey and the Violence Against Children survey.

**CDC IMPACT IN BOTSWANA**

As part of the plans to eliminate HIV mother to child transmission more than 90% of HIV infected pregnant women received antiretroviral prophylaxis through the adoption of Option B+.

Mother-to-child HIV transmission has been reduced to 2.1%.

Botswana achieved over 97% viral load suppression among HIV patients on antiretroviral therapy.

For more country information, visit: [www.cdc.gov/globalhealth/countries/botswana](http://www.cdc.gov/globalhealth/countries/botswana)

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