



Botswana

Country Context

In Botswana, a severe shortage of skilled health workers is one of the main challenges limiting delivery of high quality healthcare services and greatly undermining health system performance. The Ministry of Health has therefore tasked the country's health education and training institutions with reorganizing and redesigning their programs to meet the health system's changing needs and challenges related to providing quality care to the population. This has resulted in greater need for technical assistance and support for health systems strengthening, in particular interventions that develop sustainable capacity to train human resources for health.

With a population of just 2.2 million people, Botswana has one of the highest HIV prevalence rates in sub-Saharan Africa. According to UNAIDS, the 2016 HIV prevalence rate among adults was 21.9 percent, which translates to 360,000 people living with HIV — approximately 200,000 of whom are women. About 68,000 children have been orphaned as a result of Botswana's AIDS epidemic and 12,000 youth aged 0 to 14 are living with HIV. The virus has long had a dramatic impact on the country's healthcare system, including approximately 17 percent of all healthcare workers lost to AIDS between 1999 and 2005 alone. Other public health challenges in Botswana include a high risk of infectious diseases, such as typhoid fever, tuberculosis, and malaria, which is a particular problem in the Northern regions of the country.

As Botswana celebrates 50 years of independence, the country is making a bold move toward epidemic control as a leader in the response to HIV/AIDS. Botswana launched a new policy of "Test and Start" to expand treatment for people living with HIV, which is expected to avert more than 120,000 new infections and 55,400 deaths over the next 15 years, significantly decrease new TB cases, and move the country into a more sustainable era in its response to HIV/AIDS.

With support from PEPFAR and the United States Government team in country, AIHA began working in Botswana in 2007 through our HRSA-supported HIV/AIDS Twinning Center Program and has implemented seven partnerships, along with a Volunteer Healthcare Corps (VHC) program — all of which have successfully graduated from our technical assistance program.

Supporting HIV/AIDS Treatment and Care to Achieve Epidemic Control

In 2017, AIHA began supporting Botswana's efforts to achieve epidemic control by expanding treatment for PLHIV, including roll-out of Test and Start activities. This included supporting implementation of high-priority treatment activities spearheaded by the Botswana University of Maryland School of Medicine Health Initiative (BUMMHI), PEPFAR's lead care and treatment partner in the country.

AIHA's support to BUMMHI fell into two categories: data reconstruction and youth-friendly services.

The objective of the data reconstruction exercise was to determine the actual patient and/or case load at new sites that were added to BUMMHI's portfolio as a result of a site refinement exercise conducted by CDC. This was necessary based on experience at the sites initially supported by BUMMHI and helped identify patients who were lost to follow up (LTFU) care.

BUMMHI reviewed a total of 17,775 patient files, which enabled them to correctly identify LTFU patients and begin the process of reengaging them in ongoing treatment and care or purging their files from the system. BUMMHI determined that 11 percent of patients reported as currently on treatment across the facilities they support and manage were actually LTFU — a significant number of PLHIV that BUMMHI will now be able to track and bring back into treatment as a way to help Botswana achieve the global 90-90-90 targets.

AIHA also provided a grant to support training on youth-friendly health services, enabling BUMMHI to conduct a total of six trainings — three that trained 73 healthcare providers on adolescent sexual reproductive health and three that trained 78 young people between the ages of 15 and 24 years (a PEPFAR target group for epidemic control) as peer educators

with a focus on life skills. BUMMHI conducted these trainings in collaboration with Botswana's Ministry of Health and Wellness using an existing Ministry-approved curriculum for both healthcare providers and peer educators. Additionally, BUMMHI developed and utilized a pediatric disclosure flip chart to train healthcare workers on disclosure management in 10 districts. The nurses and peer educators trained will contribute to finding PLHIV in the target age range of 15 to 29 and help support their retention on treatment and care.

Integrating HIV/AIDS Treatment and Care into Nursing Education and Training

In response to local needs and health strategies, AIHA managed a nursing partnership in Botswana from 2013 to 2015, linking the Institute for Health Sciences in Gaborone (IHS) with Ohio University College of Health Sciences. Together, partners worked to build capacity to upgrade IHS's current nursing diploma program to a full degree program. In particular, they focused on curriculum and faculty development with an emphasis on integrating problem-based learning and evidence-based care, as well as targeted treatment and care for people living with HIV or AIDS.

The US partners supported a core team of IHS faculty, who were pursuing Master's Degrees through Ohio University's online programs. Upgrading the qualifications and skills of these faculty members was essential to improving the quality of teaching needed to successfully implement a degree program.



Experts from Ohio University also provided technical assistance to improve clinical teaching methodologies utilizing simulation and skills labs, as well as the clinical assessment of students.

AIHA further supported learning and teaching resources for the nursing program, including the use of tablet devices to facilitate access to evidence-based, point-of-care information during clinical training.

In alignment with PEPFAR 3.0 priorities, partners conducted a workshop on HIV integration and subsequently jointly developed two new HIV nursing courses — one entry-level course that is now required for all basic diploma students at IHS and one advanced course that is required for all post-basic diploma students. IHS integrated related HIV/AIDS course modules on HIV epidemiology and pathophysiology; clinical manifestations of HIV; diagnosis and staging; assessing readiness for ART; HIV/AIDS counseling; pediatric and adolescent issues; comprehensive clinical assessment; ART management; treatment failure and/or resistance; HIV-related malignancies; nutrition; and ethical, legal and human rights issues in HIV.

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In addition, partners helped to establish a research culture in Botswana. In early 2016, experts from Ohio University conducted the third in a series of research training workshops. The event was attended by 14 IHS faculty drawn from various disciplines, including dental therapy, medical laboratory technology, midwifery, nursing, nurse anesthesia, pharmacy technology, and public health. Research skills developed through these workshops provided IHS faculty with the skills they need to more effectively plan and conduct research on their training programs, including the programs with updated HIV and palliative care content that were previously supported by AIHA and described below.

Strengthening Palliative Care Training across Clinical Disciplines

AIHA supported a partnership between the Institute of Health Sciences in Gaborone (IHS) and the Uganda-based African Palliative Care Association (APCA) from 2007 to 2017 to strengthen IHS's capacity to provide quality palliative care education and training for pre-service and post-basic students.

Partners focused on faculty development in topics related to palliative care and worked to introduce palliative care into the Institute's existing pharmacy technology, health education, and dental therapy programs. Other activities focused on organizational development for planning, research, and monitoring and evaluation.

Following targeted sensitization activities for IHS faculty, staff, and community stakeholders to introduce the concept, AIHA and our partners successfully incorporated palliative care into teaching programs and curricula at the main campus, all seven IHS Health Teaching Institutes, and within community-based hospices and hospitals. The project also supported the establishment of a palliative care resource center in the library at IHS-Gaborone, which was outfitted with laptops, journals, and palliative care reference books.

Partners also trained new and existing lecturers, strengthening their capacity to teach the palliative care modules that have been integrated into the curricula. In addition, IHS students now complete week-long rotations in hospices to gain hands-on experience in providing palliative care services to their patients. APCA helped build the capacity of IHS staff in Gaborone to continue to roll out the palliative care training to the six other IHS campuses across the country.

In March 2014, members of this South-South partnership launched the Botswana Hospice and Palliative Care Association to help the advocacy efforts in care and treatment for HIV/AIDS. With AIHA support, APCA and IHS focused on building the new association's capacity in strategic planning, fundraising, and research.



From 2007 to 2017, AIHA supported this South-South partnership linking IHS and APCA to strengthen training and integration of palliative care principles across a broad range of health disciplines. AIHA also supported the launch of the Botswana Hospice and Palliative Care Association in 2014.

Supporting Ministry of Health Efforts to Address Gender-based Violence

A 2011 study released by Gender-Links in Botswana revealed that 67 percent of women in Botswana had experienced violence in their lifetime, either at the hand of a partner or otherwise. The intersection between HIV and gender-based violence (GBV) is widely acknowledged, as is the fact that GBV fosters gender inequality and creates barriers to HIV services for women and girls.

In Botswana, GBV has been identified as a growing problem and major priority area across many sectors in the country. With support from CDC/Botswana, AIHA implemented a South-South partnership from 2014 to 2017, linking Botswana's Ministry of Health with the South Africa-based Foundation for Professional Development to develop an evidence-based GBV training program for health professionals in Botswana.

Healthcare providers, particularly frontline caregivers such as nurses, community health workers, social workers, and counselors, are often the earliest point of contact for women and girls who are experiencing GBV. As such, they can play an important role not only in care and treatment, but also in education, outreach, and prevention of GBV.

As one of their first steps, partners held a series of stakeholder meetings to bring together key opinion leaders drawn from a broad range of sectors to inform the curriculum. They subsequently developed an in-service training program that incorporated Botswana's Health Sector GBV Framework, as well as protocols and service standards for prevention and management of GBV for healthcare providers.



AIHA advanced the goals of Botswana's Ministry of Health through this South-South partnership, supporting development of a national in-service training program to bolster health worker knowledge and skills related to GBV.

Partners conducted training-of-trainers workshops to develop 80 local master trainers who in turn provided the GBV training for healthcare workers throughout Botswana. They also collaborated to train a critical mass of healthcare providers in support of the national roll-out of GBV protocols.

The training program developed through this South-South partnership is helping to ensure that healthcare providers can support evidence-based programming, adequate documentation, data collection, reporting, monitoring, and evaluation of key GBV indicators within Botswana's national health system.

Improving Community-based Support for Orphans and Vulnerable Children

In January 2008, AIHA launched a South-South partnership linking Marang Childcare Network in Botswana with Tanzania's Human Development Trust (HDT) with the goal of strengthening Marang's capacity to support its network members in their efforts to deliver high quality, comprehensive care and support services to children living with, or affected by, HIV in Botswana.

The Chicago-based Children's Place replaced HDT in 2010 to better respond to the technical assistance needs of Marang. Children's Place experts provided ongoing technical assistance across a broad range of topics, including training on resource mobilization, psycho-social support for adolescents, and how to deal with HIV disclosure issues within families.

U.S. partners helped Marang staff engage in ongoing fundraising efforts targeting local businesses and other potential donors and launch a small grants program to assist network members with resources to implement their own programs. AIHA placed a VHC volunteer at Marang to help further these efforts and provide long-term onsite support. AIHA also awarded Marang a sub-grant and provided training on grants management and accounting procedures to staff. Following a competitive application process, Marang selected the first five member organizations to receive grants. The small grants program has led to an increase in Marang membership, with more members paying their dues, so they can remain eligible to apply for the funding.

This partnership achieved great success at strengthening Marang's capacity to support its network members and, in July 2014, AIHA graduated it from the HIV/AIDS Twinning Center Program. At the closing workshop, partners disseminated lessons learned with stakeholders from member organizations, the local government, and civil society. They also shared "Let's Talk" (or "Are Bueng" in Setswana), a comprehensive OVC manual on HIV-related psycho-social care for adolescents that they jointly developed and conducted a final training of trainers session on it.

U.S. partners from the Children's Place continued to support Marang using their own funding, as well as through a new private sector initiative called Healthcare Partnerships for Children.

Partnering to Strengthen HIV Counseling and Testing Services

With the goal of improving access to quality HIV prevention services, including voluntary counseling and testing, AIHA supported a South-South partnership linking Tebelopele VCT with the Kenya-based Liverpool VCT (now LVCT Health).

Launched in 2007, this partnership formally graduated in late 2013, but LVCT continued to support Tebelopele in the development of a strategic transition plan to address issues in human resources, leadership, and business strategies.

Over the course of the partnership, the team worked together to expand HIV counseling, testing, prevention, care, and support services and make these more readily available to children and adults. They also developed and implemented a comprehensive quality assurance program at Tebelopele and created a comprehensive Supportive Counseling Program to facilitate the provision of quality VCT services.

In addition, Liverpool experts taught Tebelopele staff how to build the capacity of smaller community-based organizations that want to provide VCT services. As a south partner, Liverpool VCT brought to the table many best practices from the African context to effectively strengthen Tebelopele's organizational capacity, as well as the services they provide.

Improving Public Access to Accurate Information about HIV/AIDS

People in Botswana often receive inaccurate information about HIV/AIDS through the media because reporters lack basic knowledge about the virus and have limited access to reputable sources and evidence-based resources. This inaccurate information fosters stigma and does little to stem the spread of HIV.

Twinning Center partners at the Media Institute of Southern Africa (MISA) in Gaborone and the Zambia Institute of Mass Communication (ZAMCOM) in Lusaka worked to change this through a targeted effort to improve the quality, quantity, and scope of HIV/AIDS reporting in Botswana. With the objective of increasing public awareness of HIV/AIDS and its impact on all sectors of society, this south-south partnership provided skills-based journalism training for reporters and editors, as well as timely, accurate, issue-based information on HIV.

Through the multi-country Hearts & Minds Campaign, partners worked to combat media fatigue and change the way people think, feel, and behave about HIV and people living with the virus. They conducted a situational analysis of HIV/AIDS reporting in Botswana and, as a result, developed and implemented multiple training programs to educate reporters and editors. They jointly developed a publication, "Inspiring HIV and AIDS Reporting in Africa," which was distributed to participants at the Highway Africa Conference in South Africa in 2008 and 2009, and conducted a number of "Mafoko Mathlong," a type of community forum or open conversation about HIV/AIDS that were recorded and later broadcast to the public.

This partnership graduated from AIHA's HIV/AIDS Twinning Center Program's technical assistance in 2013.

Building Local Capacity in HIV Counseling and Testing Services

In 2007, AIHA linked the Botswana Christian AIDS Intervention Program (BOCAIP) and the AIDS Support Organization in Uganda (TASO) with the goal of improving access to quality HIV prevention services, including voluntary counseling and testing. In 2009, The Foundation for Professional Development (FPD) in South Africa replaced TASO as the resource partner to better meet the needs of BOCAIP.

At the outset of the partnership, TASO conducted an organizational capacity assessment of BOCAIP to guide activities and trainings, as well as to ensure a coordinated effort among donor organizations. Based on that assessment, partners worked to improve organizational capacity as a means of making HIV counseling, testing, prevention, care, and support services more readily available to children and adults; strengthen organizational capacity and quality of service by developing and implementing a quality assurance program; develop a comprehensive supportive counseling program; and share experiences of both TASO and FPD regarding implementation of an organizational capacity building program for CBOs.

This partnership worked closely with a second, very similar VCT partnership that paired Tebelepele VCT in Botswana with the Nairobi, Kenya-based Liverpool VCT.

Liverpool VCT experts trained and mentored BOCAIP and Tebelepele staff in the establishment of post-test clubs. The support focused on developing post-test protocols and procedures, including a proper exit strategy for clients and improved linkages to existing support services.

Partners also developed informational materials for clients and a comprehensive Supportive Counseling Program. This included a training-of-trainers for three Botswana partners and counselor supervision training for staff from BOCAIP, Tebelepele, and the Botswana Defense Force.

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