

## Addendum: Vision Statement & Goal Statement for PEPFAR's investments and activities in support of COP23 Year 2/ FY25 Plan

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This addendum to the COP23 Year 2/ FY25 Plan supports the existing vision, “Partnering to Reach the Unmet and Sustain the Response” by continuing the progress made in COP23 Year 1/ FY24 and making strategic shifts described below for Year 2.

The OU also utilized new epidemiological data, stakeholders' priorities for health systems strengthening, and the need for continued efforts to close remaining gaps to develop Year 2/ FY25 programmatic shifts to achieve our collective OU vision. UNAIDS 2023 National Spectrum model estimates 4,320 new infections in 2023 with 12% of males aged 25-34 years living with HIV and 9% of women aged 25-34 years living with HIV unaware of their status. Year 2/ FY25 strategic shifts will aim to address remaining 95:95:95 cascade gaps while continuing to strengthen sustainable health systems, investing strategically in health and community systems strengthening which supports the public health system, and facilitating sustainable programming through transformative partnerships and leveraging programmatic efficiencies.

### **PEPFAR Botswana COP23 Year 2 Programming, Pillar 1: Health Equity for Priority Populations**

#### Prevention Programming – Voluntary Medical Male Circumcision (VMMC)

A reduction in FY25 funding necessitated a reduction of the VMMC target from 10,702 to 7,700. In addition to routine DSD, there will be deliberate efforts to strengthen the Ministry of Health's (MoH) capacity to drive the VMMC program. A technical assistance (TA) approach will be employed to strengthen MoH's coordination and continuous quality improvement roles while accelerated training of VMMC providers through decentralized Trainers of Trainers will build MoH staff capabilities to provide VMMC service delivery.

#### Prevention Programming – Pre-Exposure Prophylaxis

PEPFAR/B is supporting GHSD's efforts to secure an allocation of CAB-LA for Botswana in the second half of 2024. Once supply is available, CAB-LA will be integrated into existing biomedical prevention methods to improve options and strengthen precision prevention. Efforts to create a conducive environment for CAB-LA introduction are ongoing, with multiple stakeholder support and leveraging emerging local data from Botswana Harvard Partnership and oral PrEP implementation. The CAB-LA feasibility study will be completed in FY25 and should provide additional insights to inform continued rollout of CAB-LA. The introduction of new Integrated HIV Clinical guidelines will operationalize Event Driven PrEP and expansion of PEP beyond the previous entry points (sexual assault and occupational exposure).

#### Updated Approaches for Case Identification for Priority Populations

The FY25 case-finding approach aims to sustain person-centered services for priority populations and accelerate case-finding among males, including the HIV self-testing distribution through digital platforms and the use of social network testing to reach male peer networks and women aged 25-34 years through targeted interventions in highly populated community sites to reach more adolescents and young people. The OU will continue to prioritize safe and ethical index testing to close existing gaps in all priority populations. Other modalities both in the facility and community include mobile testing, social network testing, utilization of TB clinics, ANC clinics and other entry points at facilities. In addition to optimize case finding among young women HIVST will be distributed to complement voluntary active partner notification.

## Updated Approaches for Elimination of Mother to Child Transmission of HIV

The new 2023 Botswana Treatment Guidelines recommend testing infants at High-Risk for HIV transmission at birth. In FY25, PEPFAR/B will provide TA to operationalize this new recommendation and support GOB's plans to apply for maintenance of "Silver Tier" achievement of Path to Elimination of HIV and assessment of both hepatitis and syphilis.

### **PEPFAR Botswana COP23 Year 2 Programming, Pillar 2: Sustaining the Response**

#### Prevention Programming- DREAMS/ OVC

PEPFAR/B will continue to provide funding support for the core staff at NAHPA's National DREAMS Coordination Office and the district-based DREAMS Ambassadors. However, to foster increased country sustainability and ownership, in FY25, GOB will begin supporting additional coordination related costs including travel, supervision, and training. To ensure adequate stewardship of youth and gender health programs at the MoH, PEPFAR/B will continue to provide staffing support for the Adolescent Sexual and Reproductive Health unit. The OU will support the MoESD to roll out the life skills curriculum as part of NEXT Gen programming. This is done to promote sustainability of the program as teachers will be capacitated to deliver the curriculum. Due to budget constraints, there will be close coordination between DREAMS and OVC to leverage the funds so that the comprehensive packages are offered in both programs.

#### Above Site Investments to Enhance Local Capacity for a Sustainable Response

In alignment with Core Standard 14: PEPFAR/B directly funds several Civil Society Organizations (CSOs)/Non-governmental Organizations (NGOs) and GOB. Priority activities for CSOs in FY24 included establishing and operationalizing Social Contracting and Social Enterprise to expand income streams that generate funds for self-financing and enhance the sustainability of Local Partners. Due to decreased funding in FY25, social enterprise activities will be discontinued however, PEPFAR/B will continue to partner with CSOs providing services for identified priority populations to provide tailored person-centered HIV interventions to close remaining programmatic gaps.

### **PEPFAR Botswana COP23 Year 2 Programming, Pillar 3: Public Health Systems and Security**

#### Above Site Investments to Enhance Strengthening of Public Health Systems and Security

PEPFAR/B will continue investing in capacity building for the human resources for health information system. New in FY25, PEPFAR/B will foster Human Resources for Health efficiencies by integrating mentors from the Integrated Curriculum Training program with those from the Clinical Mentorship Program. However, due to decreased funding in FY25, support for Task Shifting & Sharing Strategy and Guidelines will be discontinued.

### **PEPFAR Botswana COP23 Year 2 Programming, Pillar 4: Transformative Partnerships**

In alignment with stakeholder priorities, PEPFAR/B will continue FY24 activities alongside a range of different government counterparts, CSOs, private sector entities, and multilateral partners in FY25 to ensure increased sustainability, accountability, and scalability of our HIV program.

### **PEPFAR Botswana COP23 Year 2 Programming, Pillar 5: Follow the Science**

There are no changes in the OU's strategic use of data to inform our programmatic design across all technical areas. Pending successful completion of the BBS3 in FY24, in FY25 BBS3 data will be used to inform prevention programming for key populations.

## **PEPFAR Botswana COP23 Year 2 Programming, Strategic Enabler: Community Leadership**

There are no changes in the OU's prioritization of community leadership. PEPFAR/B will continue to strengthen community leadership and enhance resilience to potential emerging public health threats in FY25.

## **PEPFAR Botswana COP23 Year 2 Programming, Strategic Enabler: Innovation**

FY25 activities will continue supporting innovative activities for health systems strengthening and capacity building, including support to the GOB for implementation of Activity Based Costing and Management (ABC/M) to inform decision-making for more efficient allocation and efficient utilization of resources for HIV.

## **PEPFAR Botswana COP23 Year 2 Programming, Strategic Enabler: Leading with Data**

### New Approaches for HIV/TB Surveillance Activities

In alignment with renewed calls to action to end tuberculosis (TB) by 2030 that include ambitious targets to reach 90 percent of people with TB prevention and care services, PEPFAR/B will provide technical assistance to support protocol development and implementation of the National TB Prevalence Survey in FY25. Results will help the country to understand the burden of TB in Botswana, particularly in PLHIV.

### New Approaches for Clinical Management and Wellness for Aging PLHIV

PEPFAR/B will in FY25 support the implementation of the recently released Integrated HIV Clinical Care Guidelines 2023, which includes strategies to improve clinical management and wellness for aging PLHIV. New changes include implementing the revised viral load suppression definition from <400 to <200 copies/mL and Directly Observed Therapy for patients with confirmed virologic failure. Additionally, technical, and above site support will be provided for Botswana's strategy to begin the introduction of two-drug regimens (3TC+DTG) for clinically stable adults to reduce long term toxicities, polypharmacy, and overall treatment costs. Initial implementation of transition to dual therapy may potentially disrupt implementation of ART multi-month dispensing. Other changes to be supported comprise inclusion of non-communicable disease screening at baseline for hypertension, diabetes mellitus, cholesterol, and hepatitis B.

## **Opportunities for Sustainability Planning: PEPFAR Botswana priority areas for Sustainability Roadmap Development and Implementation**

In FY25, PEPFAR/B will collaborate with GOB and stakeholders to implement the Sustainability and Transition Roadmap/Plan (STR/P) for HIV and TB towards transforming the national response. The STR/P development process identified 21 potential risks across five domains of Sustainability and Transition. FY 25 programming will address select risks among the five domains to strengthen and sustain Botswana's public health systems.

- **Sustainable Financing:** PEPFAR/B will support interventions and activities that unlock domestic resources for health and HIV and GOB's ability to allocate, spend, and track expenditures to promote efficiency.
- **Health Systems Strengthening:** Activities aimed at building resilient health care systems that guarantee equitable access to high quality services for all, including PHC revitalization, supply chain management, human resources for health, strengthening Botswana Public Health Institute, public health laboratory systems, M&E, Surveillance and HIS systems at national, district and site levels will continue in FY25.
- **Sustaining the TB Response:** Reinvigorating the TB response will require a coordinated effort involving the government, healthcare providers, CSOs, and affected communities. PEPFAR/B will work with the MOH and stakeholders to re-examine the financial, staffing, and capacity needs of the TB program and

develop a sustainable financing plan for the 2024-2030 period and adopt more sensitive WHO-recommended screening, and diagnostic tools for increased TB case detection.

- **CSO Engagement:** In FY25, new investments will aim to improve the functionality of the KP Consortium which is charged with improving coordination and governance of LGBTQI+ organizations.
- **Human Rights and Legal Environment, Governance, and Coordination:** To safeguard the human rights of all populations, PEPFAR/B will implement the recommendations of the National HIV Prevention Self-Assessment Tool including training all service providers on key population competency, provision of Sexual Orientation, Gender Identity, Gender Expression and Sex Characteristics affirming health services.

## **COP23 Year 2 USG Operations and Staffing Plan to Achieve Stated Goals**

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In FY25, PEPFAR/B remains focused on filling the remaining vacancies needed to successfully execute the PEPFAR program, including the PEPFAR Coordinator position, which has been vacant since March 2022. The long-term staffing plans outlined below aim to support the OU's goal of rightsizing to align with our programmatic direction as we transition from direct service delivery towards technical assistance over time.

### **Vacant Positions**

#### **CDC**

- Two of the previous long-term vacant positions have been filled: the Facility Maintenance Engineer started in July 2023; the selected CDC Communications Specialist is anticipated to start in Q3 FY24.
- Recruitment for two vacant positions, the SI Deputy Branch Chief and Senior Lab Advisor, are pending final position description classification review with the Regional Classification Center.
- Position descriptions for FY24 new positions of three District Level Technical Advisors have also not been finalized.

#### **State (PEPFAR Coordination Office)**

The PEPFAR Coordination Office has one vacant position for the PEPFAR Coordinator. This position is currently being transitioned from a Department of State Limited Non-Service Appointment (LNA) mechanism to USAID as a contractor position. The position is under recruitment and will be filled by the end of FY24.

#### **USAID**

USAID has six vacant positions:

- Senior Adolescent and Youth Advisor– A candidate has been selected and OAA is in the process of finalizing the contract.
- Accountant- Local hire position was established in COP 22 with recruitment scheduled to begin before the end of FY23. Due to budget reductions, this position has been frozen. The Health Office is attempting to leverage OE funds from Pretoria to co-fund this position; if those funds are secured, we will move forward with the recruitment.
- Orphans and Vulnerable Children (OVC) Specialist– Local hire position established in COP 23. USAID is the main implementer of the OVC portfolio in PEPFAR/B and contributes a substantial number of financial resources to USAID/PEPFAR. Due to budget limitations, this position was frozen.
- The remaining Clinical Care Specialist, Deputy Health Office Director/FSN, and Deputy Health Office Director/USPSC are under recruitment and expected to fill before the end of FY24.

#### **Peace Corps**

Peace Corps Botswana (PC) continues to scale program operations through the end of COP23 Year 1 into COP 23 Year 2. In addition to this focus on scale, Post leadership completed a program review process to better align our service model and staffing levels with the overall needs of the GOB. This resulted in headcount and budget neutral changes.

- PC will onboard a previously approved Communications Specialist in FY25.

- A Training Coordinator is being recruited and expected to fill before the end of FY 24.

### **Proposed New Positions**

None proposed for any agency (CDC Botswana, USAID Botswana, STATE- PEPFAR Coordination Office, or Peace Corps Botswana) in FY25.

### **Updates to CODB**

<b>CODB by Agency</b>			
<b>Agency</b>	<b>CODB COP23 FY24 Total</b>	<b>CODB COP23 FY25 Total</b>	<b>Difference</b>
<b>Totals</b>	\$14,755,197	\$14,611,654	<b>(\$143,543)</b>
<b>HHS/ CDC</b>	\$6,387,580	\$6,260,727	<b>(\$126,853)</b>
<b>Peace Corps</b>	\$2,964,944	\$2,964,944	<b>\$0</b>
<b>State</b>	\$158,091	\$102,127	<b>(\$55,964)</b>
<b>State/AF</b>	\$775,332	\$493,046	<b>(\$282,286)</b>
<b>USAID</b>	\$4,469,250	\$4,790,810	<b>\$321,560</b>

### **CDC**

CDC is planning a marginal decrease to FY25 CODB compared with FY24. This decrease is primarily due to a reduction in the FY25 initial ICASS invoice for local guard services. Included in CDC's CODB budget is funding to support management and upkeep of the Gaborone West "G West" facility shared by CDC, USAID and the PEPFAR Coordination Office. Facility costs supported by CDC include routine maintenance and upkeep of the physical infrastructure, emergency maintenance and repairs, routine janitorial services, maintenance and upkeep of the grounds, trash collection and removal, physical security, and all procurements in support of these facility maintenance services. A portion of CDC Management and Operations staff level of effort also supports these services and upkeep of the shared facility.

### **State (PEPFAR Coordination Office)**

State's CODB decreased from FY24 to FY25. Specifically, the need to shift associated costs for the PEPFAR Coordination Office Limited Non-Service Appointment (LNA) Coordinator position to USAID for the U.S. PSC Coordinator position resulted in a shifting of LNA start-up costs, salary, and benefits to USAID in FY25.

### **USAID**

In FY25, USAID's cost of doing business will increase by \$321,560 to account for the shift of funds from CDC and STATE to support the USPSC PEPFAR Coordinator position. Despite the temporary freeze on vacant positions, the ICASS-approved local staff salary increase absorbs those savings. There was also a readjustment in the travel and training budget to account for actual instead of projected costs. Additionally, regional costs remained constant (\$517,000) despite the overall Agency budget reductions.

### **Peace Corps**

Peace Corps COP 23 Year 2 cost of doing business remains \$2,964,944. No budget shifts.

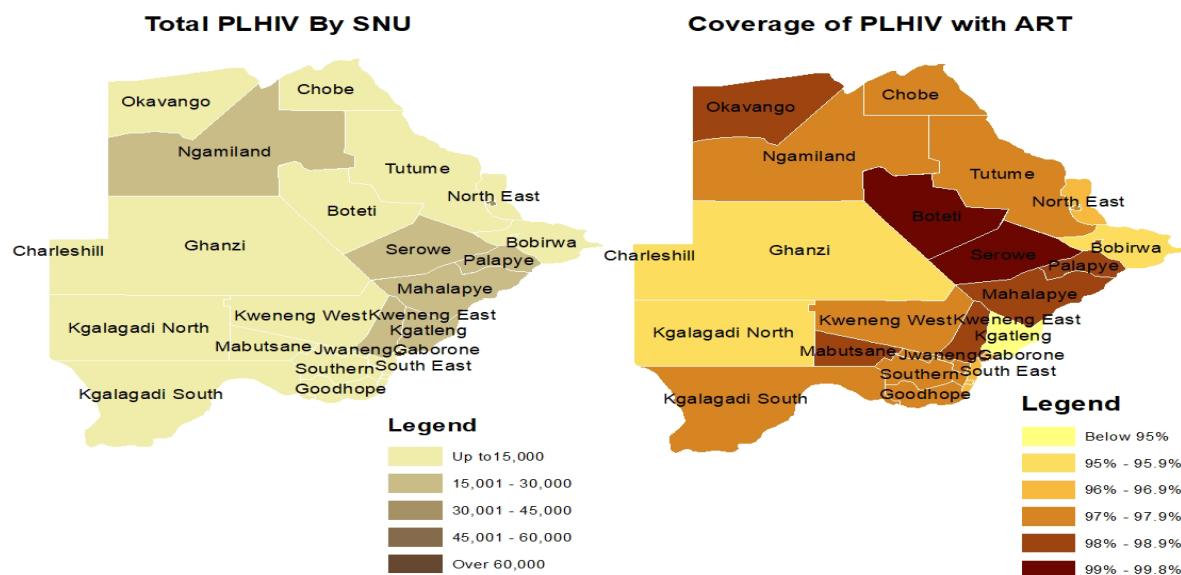
## Target Tables

**Target Table 1 ART Targets by Prioritization for Epidemic Control**

ART Targets by Prioritization for Epidemic Control							
Prioritization Area	Total PLHIV (FY25)	New Infections (FY25)	Expected Current on ART (FY24)	Current on ART Target (FY25) TX_CURR	Newly Initiated Target (FY25) TX_NEW	ART Coverage (FY25)	ART Coverage (FY26)
Attained	331699	7695	192350	202350	5488	61.0%	
Scale-Up Saturation	8492	62			14	02%	
Scale-Up Aggressive							
Sustained							
Central Support							
Commodities (if not included in previous categories)							
No Prioritization							
<b>Total</b>	<b>340191</b>	<b>7845</b>	<b>192350</b>	<b>202350</b>	<b>5502</b>	<b>59.5%</b>	

Source: SDS Chapter: Table 1 ART Targets by Prioritization. PAW-COP23 Y2 Dossier. Botswana TST V19 Final submission.

**Figure 1.1: People Living with HIV (PLHIV) and Treatment Coverage**



**Standard Table 1.1 95:95:95 cascade: HIV diagnosis, treatment, and viral suppression\***

Table 1.1 95:95:95 cascade: HIV diagnosis, treatment, and viral suppression*										
Epidemiologic Data					HIV Treatment and Viral Suppression			HIV Testing and Linkage to ART Within the Last Year		
	Total Population Size Estimate (#)	HIV Prevalence (%)	Estimated Total PLHIV (#)	PLHIV Diagnosed (#)	On ART (#)	ART Coverage (%)	Viral Suppression (%)	Tested for HIV (#)	Diagnosed HIV Positive (#)	Initiated on ART (#)
Total population	2619598	13%	340191	334994	333994	99.7%	98%	405655	8434	8551
Population <15 years	778783	0.63%	4873	4877	3532	72.4%		18883	128	109
Men 15-24 years	244126	2.55%	6224	5744	5674	98.8%		23431	281	185
Men 25+ years	661074	18.51%	122384	123073	116547	94.7%		97197	3938	3309
Women 15-24 years	239093	4.95%	11837	10792	9906	91.8%		87125	1355	1068
Women 25+ years	696522	2.81%	19589	196433	195343	99.4%		16633	4496	3848
MSM	157,592	14.80% <sup>1</sup>	23,324	2224	6343	82% <sup>1</sup>	100% <sup>3</sup>	25193	3333	3173
FSW	257,722	42.80% <sup>1</sup>	110,304	19,853	11653	87.6% <sup>1</sup>	100% <sup>3</sup>	33543	6203	6183
PWID	3392	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Priority Pop	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

\*Source: Epi data SPECTRUM HIV estimates 2023

\*Source: HIV testing and LTT ART program data

\*KP: IBBS 2017

**Target Table 1.2 Current Status of ART Saturation**

Current Status of ART Saturation				
Prioritization Area	Total PLHIV/% of all PLHIV for FY25	# Current on ART (FY23)	# of SNU COP23 (FY24) Y1	# of SNU COP23 (FY25) Y2
Attained	97.5%	168,170	19	19
Scale-up: Saturation				
Scale-up: Aggressive				
Sustained				
Central Support				
No Prioritization				
Total National				

Source: SDS Chapter: Table 1.2 Currently Status of ART GAP Saturation. PAW-COP23 Y2 Dossier. Botswana TST V19 Final submission

**Target Table 2 VMMC Coverage and Targets by Age Bracket in Scale-up Districts**

VMMC Coverage and Targets by Age Bracket in Scale-up Districts							
SNU	Target Populations: Males 15 years and above	Population Size Estimate (in FY 24)	Current Coverage (in FY 23)	VMMC_CIRC (in FY24)	Expected Coverage (in FY24)	VMMC_CIRC (in FY25)	Expected Coverage (in FY25)
Bobirwa District	Males 15 years and above	29388	42%	855	41%	522	43%
Mahalapye District	Males 15 years and above	50121	63%	1419	66%	718	67%
Palapye District	Males 15 years and above	41233	47%	1098	46%	967	48%
Serowe District	Males 15 years and above	34295	53%	1137	56%	854	58%
Kweneng East District	Males 15 years and above	103764	58%	1532	59%	1035	60%
Kgatleng District	Males 15 years and above	47219	55%	901	56%	809	57%
Gaborone District	Males 15 years and above	135597	54%	1874	55%	1358	56%
South East District	Males 15 years and above	21418	57%	809	58%	670	62%
Moshupa District	Males 15 years and above	17435	42%	310	41%	305	43%
Southern District	Males 15 years and above	32640	42%	765	41%	462	43%
	<b>Total/Average</b>	<b>513110</b>	<b>53%</b>	<b>10700</b>	<b>54%</b>	<b>7700</b>	<b>56%</b>

Source: SDS Chapter: Table 2 VMMC Coverage. PAW-COP23 Y2 Dossier. Botswana. TST V19 Final submission.



**Target Table 3: Target Populations for Prevention Interventions to Facilitate Epidemic Control**

<b>Target Populations for Prevention Interventions to Facilitate Epidemic Control</b>				
<b>Target Populations</b> <i>Indicator Codes include PP_PREV, AGYW_PREV KP_PREV</i>	<b>Population Size Estimate* (SNUs)</b>	<b>Disease Burden*</b>	<b>FY24 Target</b>	<b>FY25 Target</b>
PP_PREV (15-24)	459,763	3.01	27,180	19,545
AGYW_PREV (10-24)	186,647	3.03	20,001	17,604
KP_PREV	n/a	n/a	10,429	10,429

Source: SDS Chapter: Table 3 Target population for prevention. PAW-COP23 Y2 Dossier. Botswana. TST V19 Final submission.

**Target Table 4: Targets for OVC and Linkages to HIV Services**

<b>Targets for OVC and Linkages to HIV Services</b>					
<b>SNU FY24</b>	<b>Estimated # of Orphans and Vulnerable Children</b>	<b>Target # of active OVC</b>	<b>Target # of OVC</b>	<b>Target # of active OVC</b>	<b>Target # of active beneficiaries receiving support from PEPFAR OVC programs whose HIV status is known in program files</b>
		<b>OVC_SERV Comprehensive</b>	<b>OVC_SERV Preventative</b>	<b>OVC_SERV DREAMS</b>	
Bobirwa District		1667	1205	820	1509
Boteti District		0	80		0
Chobe District		0	60		0
Francistown District		809	40		669
Gaborone District		2386	531	590	2077
Gantsi District		0	40		0
Goodhope District		748	80		471
Kgalagadi North District		0	40		0
Kgatleng District		3975	597	504	2868
Kweneng East District		4361	986	691	3285
Kweneng West District		0	40		0
Lobatse District		275	40		255
Mahalapye District		2303	909	454	1812
Moshupa District		126	30		118
Ngamiland District		0	40		0
North East District		1266	1313	814	1237
Okavango District		0	60		0
Palapye District		436	60		384
Selibe Phikwe District		286	40		266
Serowe District		1112	760	814	901
South East District		1257	40		862
Southern District		2195	1078	1138	1622
Tutume District		569	40		505
<b>FY24 TOTAL</b>		<b>21390</b>	<b>11330</b>	<b>6852</b>	<b>16881</b>
<b>FY25 TOTAL</b>		<b>23,771</b>	<b>8,109</b>	<b>5,825</b>	<b>18,841</b>

Source: SDS Chapter: Table 4 Target for OVC and linkages. PAW-COP23 Y2 Dossier. Botswana. TST V19 Final submission.

## APPENDIX B – Budget Profile and Resource Projections

**Table B.1.1 COP 22- COP 23/FY 25 Budget by Intervention**

**Table B.1.1: COP22, COP23/FY 24, COP 23/FY25 Budget by Intervention**

Operating Unit	Country	Fiscal Year	2023	2024	2025
		Intervention	Budget	Budget	Budget
Total			\$60,355,679	\$58,441,428	\$50,000,000
Botswana	Botswana	ASP>HMIS, surveillance, & research>Non Service Delivery>AGYW	\$221,000		
Botswana	Botswana	ASP>HMIS, surveillance, & research>Non Service Delivery>Non-Targeted Populations	\$2,383,168		
Botswana	Botswana	ASP>HMIS, surveillance, & research>Non Service Delivery>OVC	\$150,000		
Botswana	Botswana	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>AGYW		\$116,250	\$97,886
Botswana	Botswana	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations		\$2,124,297	\$2,262,067
Botswana	Botswana	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>OVC		\$255,000	\$214,719
Botswana	Botswana	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Pregnant & Breastfeeding Women		\$45,000	
Botswana	Botswana	ASP>Human resources for health>Non Service Delivery>Non-Targeted Populations	\$382,500	\$550,000	\$463,120
Botswana	Botswana	ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	\$703,600	\$602,020	\$479,810
Botswana	Botswana	ASP>Laws, regulations & policy environment>Non Service Delivery>Key Populations		\$400,000	\$118,544
Botswana	Botswana	ASP>Laws, regulations & policy environment>Non Service Delivery>OVC		\$29,968	
Botswana	Botswana	ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations		\$1,746,996	\$1,304,871
Botswana	Botswana	ASP>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	\$60,000		
Botswana	Botswana	ASP>Policy, planning, coordination & management of disease control programs>Non Service Delivery>Non-Targeted Populations	\$1,449,350		
Botswana	Botswana	ASP>Procurement & supply chain management>Non Service Delivery>Non-Targeted Populations	\$525,000	\$712,500	\$623,435
Botswana	Botswana	ASP>Public financial management strengthening>Non Service Delivery>Non-Targeted Populations	\$548,750	\$550,000	\$413,120
Botswana	Botswana	ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Key Populations		\$70,000	
Botswana	Botswana	ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Non-Targeted Populations		\$947,648	\$324,562
Botswana	Botswana	ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Pregnant & Breastfeeding Women		\$90,000	
Botswana	Botswana	C&T>HIV Clinical Services>Non Service Delivery>AGYW	\$319,995	\$144,500	\$115,167
Botswana	Botswana	C&T>HIV Clinical Services>Non Service Delivery>Children	\$511,000	\$692,450	\$551,883
Botswana	Botswana	C&T>HIV Clinical Services>Non Service Delivery>Key Populations	\$542,650	\$516,510	\$468,851
Botswana	Botswana	C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations	\$2,861,703	\$5,701,514	\$5,260,289
Botswana	Botswana	C&T>HIV Clinical Services>Non Service Delivery>Pregnant & Breastfeeding Women		\$135,000	

Botswana	Botswana	C&T>HIV Clinical Services>Service Delivery>AGYW	\$56,000		
Botswana	Botswana	C&T>HIV Clinical Services>Service Delivery>Children	\$105,000	\$80,000	\$63,760
Botswana	Botswana	C&T>HIV Clinical Services>Service Delivery>Key Populations	\$280,291	\$770,619	\$697,285
Botswana	Botswana	C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations	\$2,813,330	\$2,787,847	\$2,322,043
Botswana	Botswana	C&T>HIV Clinical Services>Service Delivery>Pregnant & Breastfeeding Women		\$525,571	\$450,414
Botswana	Botswana	C&T>HIV Drugs>Service Delivery>Non-Targeted Populations	\$180,000		
Botswana	Botswana	C&T>HIV Laboratory Services>Non Service Delivery>Children		\$57,000	\$48,849
Botswana	Botswana	C&T>HIV Laboratory Services>Non Service Delivery>Non-Targeted Populations	\$1,403,600	\$1,337,478	\$1,083,908
Botswana	Botswana	C&T>HIV Laboratory Services>Service Delivery>Non-Targeted Populations	\$90,000	\$78,789	\$67,522
Botswana	Botswana	C&T>HIV/TB>Non Service Delivery>Non-Targeted Populations		\$607,195	\$364,413
Botswana	Botswana	C&T>HIV/TB>Service Delivery>Non-Targeted Populations		\$323,826	\$277,519
Botswana	Botswana	C&T>Not Disaggregated>Non Service Delivery>AGYW	\$94,792		
Botswana	Botswana	C&T>Not Disaggregated>Non Service Delivery>Children	\$231,000		
Botswana	Botswana	C&T>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	\$3,170,662		
Botswana	Botswana	C&T>Not Disaggregated>Service Delivery>Key Populations	\$365,654		
Botswana	Botswana	C&T>Not Disaggregated>Service Delivery>Non-Targeted Populations	\$216,180		
Botswana	Botswana	HTS>Community-based testing>Non Service Delivery>Key Populations	\$175,676	\$116,892	\$98,428
Botswana	Botswana	HTS>Community-based testing>Non Service Delivery>Non-Targeted Populations	\$32,437	\$31,339	\$10,000
Botswana	Botswana	HTS>Community-based testing>Service Delivery>Key Populations		\$144,563	\$101,572
Botswana	Botswana	HTS>Community-based testing>Service Delivery>Non-Targeted Populations	\$249,329	\$365,243	\$579,696
Botswana	Botswana	HTS>Facility-based testing>Non Service Delivery>Children		\$153,016	\$179,135
Botswana	Botswana	HTS>Facility-based testing>Non Service Delivery>Non-Targeted Populations	\$355,001	\$1,292,110	\$1,168,335
Botswana	Botswana	HTS>Facility-based testing>Service Delivery>Non-Targeted Populations	\$2,282,950	\$1,616,272	\$1,273,758
Botswana	Botswana	HTS>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	\$550,713		
Botswana	Botswana	HTS>Not Disaggregated>Service Delivery>Key Populations	\$157,619		
Botswana	Botswana	HTS>Not Disaggregated>Service Delivery>Non-Targeted Populations	\$70,000		
Botswana	Botswana	Not Specified>Not Specified>Not Specified>Non-Targeted Populations		\$50,551	
Botswana	Botswana	PM>IM Closeout costs>Non Service Delivery>AGYW		\$200,000	
Botswana	Botswana	PM>IM Closeout costs>Non Service Delivery>Non-Targeted Populations	\$21,500	\$50,000	
Botswana	Botswana	PM>IM Program Management>Non Service Delivery>AGYW	\$3,865,969	\$1,858,906	\$1,629,546

Botswana	Botswana	PM>IM Program Management>Non Service Delivery>Key Populations		\$100,000	\$85,072
Botswana	Botswana	PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	\$7,002,095	\$5,880,473	\$5,197,133
Botswana	Botswana	PM>IM Program Management>Non Service Delivery>OVC	\$128,972	\$641,624	\$256,573
Botswana	Botswana	PM>IM Program Management>Non Service Delivery>Pregnant & Breastfeeding Women		\$30,000	
Botswana	Botswana	PM>USG Program Management>Non Service Delivery>AGYW	\$878,244	\$94,792	\$94,792
Botswana	Botswana	PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	\$8,484,007	\$8,905,544	\$9,055,773
Botswana	Botswana	PM>USG Program Management>Non Service Delivery>OVC	\$970,231	\$1,170,231	\$1,190,042
Botswana	Botswana	PREV>Comm. mobilization, behavior & norms change>Non Service Delivery>Key Populations	\$193,090		
Botswana	Botswana	PREV>Comm. mobilization, behavior & norms change>Service Delivery>AGYW	\$702,500		
Botswana	Botswana	PREV>Comm. mobilization, behavior & norms change>Service Delivery>Key Populations	\$312,989		
Botswana	Botswana	PREV>Condom & Lubricant Programming>Non Service Delivery>Key Populations		\$13,000	
Botswana	Botswana	PREV>Condom & Lubricant Programming>Service Delivery>Key Populations			\$16,947
Botswana	Botswana	PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Key Populations		\$131,726	\$104,263
Botswana	Botswana	PREV>Non-Biomedical HIV Prevention>Service Delivery>Key Populations		\$247,340	\$192,302
Botswana	Botswana	PREV>Not Disaggregated>Non Service Delivery>AGYW	\$1,451,218	\$2,049,646	\$1,604,210
Botswana	Botswana	PREV>Not Disaggregated>Non Service Delivery>Non-Targeted Populations		\$220,924	
Botswana	Botswana	PREV>Not Disaggregated>Non Service Delivery>OVC		\$936	\$300,000
Botswana	Botswana	PREV>Not Disaggregated>Service Delivery>AGYW	\$642,179	\$854,114	\$345,000
Botswana	Botswana	PREV>Not Disaggregated>Service Delivery>Non-Targeted Populations		\$137,056	\$350,000
Botswana	Botswana	PREV>Not Disaggregated>Service Delivery>OVC		\$120,000	\$120,000
Botswana	Botswana	PREV>PrEP>Non Service Delivery>AGYW	\$350,000	\$200,000	\$159,400
Botswana	Botswana	PREV>PrEP>Non Service Delivery>Non-Targeted Populations	\$23,100		
Botswana	Botswana	PREV>PrEP>Service Delivery>AGYW	\$397,250	\$342,890	\$179,997
Botswana	Botswana	PREV>PrEP>Service Delivery>Key Populations	\$161,792	\$212,404	\$184,831
Botswana	Botswana	PREV>PrEP>Service Delivery>Non-Targeted Populations	\$387,800	\$357,406	\$647,526
Botswana	Botswana	PREV>Primary prevention of HIV and sexual violence>Service Delivery>AGYW	\$2,750,000		
Botswana	Botswana	PREV>Primary prevention of HIV and sexual violence>Service Delivery>Key Populations	\$219,161		
Botswana	Botswana	PREV>VMMC>Non Service Delivery>Non-Targeted Populations	\$69,300	\$105,742	\$98,340
Botswana	Botswana	PREV>VMMC>Service Delivery>Non-Targeted Populations	\$1,260,000	\$1,368,000	\$1,272,240

Botswana	Botswana	PREV>Violence Prevention and Response>Non Service Delivery>AGYW		\$601,904	\$431,911
Botswana	Botswana	PREV>Violence Prevention and Response>Service Delivery>AGYW		\$2,221,274	\$2,541,569
Botswana	Botswana	PREV>Violence Prevention and Response>Service Delivery>Key Populations		\$146,913	\$152,143
Botswana	Botswana	PREV>Violence Prevention and Response>Service Delivery>Non-Targeted Populations			\$125,000
Botswana	Botswana	PREV>Violence Prevention and Response>Service Delivery>OVC		\$1,072,178	
Botswana	Botswana	SE>Case Management>Non Service Delivery>OVC		\$455,253	\$75,000
Botswana	Botswana	SE>Case Management>Service Delivery>Key Populations		\$190,000	\$159,987
Botswana	Botswana	SE>Case Management>Service Delivery>OVC	\$639,472	\$335,700	\$640,000
Botswana	Botswana	SE>Economic strengthening>Non Service Delivery>AGYW		\$302,574	\$272,834
Botswana	Botswana	SE>Economic strengthening>Service Delivery>AGYW	\$1,850,000	\$1,149,078	\$466,522
Botswana	Botswana	SE>Economic strengthening>Service Delivery>OVC		\$137,204	
Botswana	Botswana	SE>Education assistance>Non Service Delivery>AGYW		\$329,591	\$306,086
Botswana	Botswana	SE>Education assistance>Service Delivery>OVC	\$80,000	\$28,226	
Botswana	Botswana	SE>Legal, human rights & protection>Non Service Delivery>OVC	\$6,500		
Botswana	Botswana	SE>Legal, human rights & protection>Service Delivery>Key Populations	\$200,000		
Botswana	Botswana	SE>Legal, human rights & protection>Service Delivery>OVC	\$4,000		
Botswana	Botswana	SE>Not Disaggregated>Non Service Delivery>AGYW	\$1,103,750		
Botswana	Botswana	SE>Not Disaggregated>Service Delivery>AGYW	\$2,541,110		
Botswana	Botswana	SE>Psychosocial support>Non Service Delivery>AGYW		\$347,698	\$260,000
Botswana	Botswana	SE>Psychosocial support>Service Delivery>OVC	\$120,500	\$63,117	

**Table B.1.2 COP22- COP 23/FY 25 Budget by Program Area**

**Table B.1.2: COP22, COP23/FY 24, COP 23/FY25 Budget by Program Area**

Operating Unit	Country	Fiscal Year	2022	2023	2024	2025
		Program	Budget	Budget	Budget	Budget
Total			\$61,557,195	\$60,355,679	\$58,441,428	\$50,000,000
Botswana	Botswana	C&T	\$15,177,077	\$13,241,857	\$13,758,299	\$11,771,903
Botswana	Botswana	HTS	\$2,469,225	\$3,873,725	\$3,719,435	\$3,410,924
Botswana	Botswana	PREV	\$12,669,500	\$8,920,379	\$10,403,453	\$8,825,679
Botswana	Botswana	SE	\$5,242,099	\$6,545,332	\$3,338,441	\$2,180,429
Botswana	Botswana	ASP	\$4,868,896	\$6,423,368	\$8,239,679	\$6,302,134
Botswana	Botswana	PM	\$21,130,398	\$21,351,018	\$18,931,570	\$17,508,931
Botswana	Botswana	Not Specified			\$50,551	

**Table B.1.3 COP22- COP 23/FY 25 Budget by Beneficiary**

**Table B.1.3: COP22, COP23/FY 24, COP 23/FY25 Budget by Beneficiary**

Operating Unit	Country	Fiscal Year	2022	2023	2024	2025
		Targeted Beneficiary	Budget	Budget	Budget	Budget
Total			\$61,557,195	\$60,355,679	\$58,441,428	\$50,000,000
Botswana	Botswana	AGYW	\$9,026,718	\$17,224,007	\$10,813,217	\$8,504,920
Botswana	Botswana	Children	\$408,739	\$847,000	\$982,466	\$843,627
Botswana	Botswana	Key Populations	\$2,059,067	\$2,608,922	\$3,059,967	\$2,380,225
Botswana	Botswana	Non-Targeted Populations	\$48,440,026	\$37,576,075	\$38,450,770	\$35,024,480
Botswana	Botswana	OVC	\$1,285,145	\$2,099,675	\$4,309,437	\$2,796,334
Botswana	Botswana	Pregnant & Breastfeeding Women	\$337,500		\$825,571	\$450,414

**Table B.1.4 COP22- COP 23/FY 25 Budget by Initiative****Table B.1.3: COP22, COP23/FY 24, COP 23/FY25 Budget by Initiative**

Operating Unit	Country	Fiscal Year	2022	2023	2024	2025
		Initiative Name	Budget	Budget	Budget	Budget
Total			\$61,557,195	\$60,355,679	\$58,441,428	\$50,000,000
Botswana	Botswana	Cervical Cancer	\$1,000,000	\$1,000,000	\$1,162,945	\$1,162,945
Botswana	Botswana	Community-Led Monitoring	\$400,000	\$400,000	\$419,125	\$400,000
Botswana	Botswana	Core Program	\$38,319,478	\$35,039,365	\$38,023,978	\$34,154,560
Botswana	Botswana	DREAMS	\$20,037,717	\$19,145,542	\$12,446,464	\$10,130,588
Botswana	Botswana	LIFT UP Equity Initiative			\$800,000	
Botswana	Botswana	OVC (Non-DREAMS)		\$1,000,472	\$2,371,374	\$1,706,103
Botswana	Botswana	Surveillance and Public Health Response		\$1,384,000	\$884,800	\$240,164
Botswana	Botswana	USAID Southern Africa Regional Platform		\$517,000	\$517,000	\$517,000
Botswana	Botswana	VMMC	\$1,800,000	\$1,869,300	\$1,815,742	\$1,688,640

## B.2 Resource Projections

COP23 Year 2 planning included review of the COP23 Year 1 and 2 investments, identifying significant strategic shifts, if any, needed to address the barriers to reaching 95:95:95 across all sub-populations by 2025, through a lens of PEPFAR's 5x3 strategic direction in alignment with Botswana's national priorities and program. The decisions made were guided by evidence using data sources such as Government program data, PEPFAR Program data, Spectrum, and BIAS V. The review was an inclusive planning process with increased stakeholder engagement. Numerous Stakeholder Engagement meetings included the COP23 year 2 Midterm Review Stakeholders Meeting with Government, CSOs and other key stakeholders were held in Botswana. This allowed for a robust dialogue with the key leadership from Government of Botswana and strategic stakeholders to review donor support and identify the priority areas for sustainability planning based on proposed COP23 year 2 strategic shifts needed to address remaining barriers to reaching the 95:95:95 across all populations by 2025 while maintaining epidemic control. Another engagement with GOB, CSOs and stakeholders was to identify areas that need to be maintained, prioritized, and shifted. These engagements included a unique dimension to the discussions which was identifying areas for shared responsibility with GOB and other donors to leverage resources with.

Overall funding level for Botswana was reduced by 14% from COP 23 Year 1. Although the OU was forced to find efficiencies within the budget reduction, PEPFAR Botswana has maintained the set of priorities identified in COP23 in line with the objective to focus on equity for all populations, close the remaining gaps for achieving HIV epidemic control, and to maintain the gains the country has made in surpassing the 95:95:95 goals. Cervical cancer remained level funded, maintained relative proportion of budget for VMMC, Men, Pediatrics and AYP interventions as well as continuing to shift towards TA and mentorship programming.

## APPENDIX C – Above site and Systems Investments from PASIT and SRE

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Not all the activities proposed in COP23 Year 1 could be funded due to budget reductions. Support for social enterprise, task shifting, sharing strategy and guidelines will not happen in COP23 Year 2. Activities continuing were prioritized with input from the stakeholders (GOB across different ministries, WHO, UNAIDS, CSO, and representatives of priority groups). A new activity included for COP23 Year 2 is support for Tuberculosis Prevalence Survey, protocol development, and implementation.

The HIV drug resistance Surveillance activity has now been classified as an SRE following the need to have a protocol for its implementation and previously captured as Lab Systems strengthening activity in Year 1. Details on the strategic shifts have been described in the above site section.

Below is the extract for the SRE for year 2 reflecting the changes.



## SRE TOOL -COP23 YEAR 2 shifts

USG funding agency	Name of the IM responsible for the activity	Name of implementing partner responsible for the activity	Mechanism ID of the responsible for the activity	Program Area	Targeted Beneficiary	Activity category	Activity description	FY 2
PASIT II								
49	HHS/CDC	Capacity Building and Training	BOTSWANA- UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE	84043	ASP: Surveys, Su Non-Targeted Population Surveys		capacity building and logistics support for the TB prevalence survey	
50	HHS/CDC	Ministry of Finance and Development Planning	MINISTRY OF FINANCE AND DEVELOPMENT PLANNING	86730	ASP: Surveys, Su Non-Targeted Population Surveillance		HIVDR protocol implementation	
18	USAID	[Placeholder - 87316 Botswana USAID] TBD		87316	ASP: Surveys, Su Non-Targeted Population Surveys		Provide needed TA to support the conduct of	

FY 25 Activity Budget	Is this activity on	Award number	UEI of implement	Region	Operating Unit (OU)	Country	Additional countries/OUTs in which this activity is being proposed.	Activity type	Activity title
\$63,075	No	GH002232	VJCDU6ME5WG4	Southern Africa	Botswana	Botswana	Botswana	Other	Implementation of TB prevalence survey
\$21,323	No	GH002482	N1H7BNWFNJE5	Southern Africa	Botswana	Botswana	Botswana	HIV Drug Resistance Surveillance	Drug resistance protocol
\$50,000	No	TBD	TBD	Southern Africa	Botswana	Botswana	Botswana	Other	Tuberculosis Prevalence Survey

Primary technical area of activity	Primary study question	How does this activity advance COP priorities?	COP year/fiscal year the activity was originally approved	Projected activity end CO year/fiscal year	Is the activity COP HOP funded?	Budget planned for the closeout year of the activity	Total budget planned for the activity across all COP years
Care and treatment: HIV/TB	what is the prevalence rate of TB in Botswana?	Availability of updated TB data	COP24/FY25	COP24/FY25	COP	-\$9	\$63,075
Care and treatment: drug resistance	What is the level of drug resistance among people on treatment	Availability of HIVDR data on NDW	COP24/FY25	COP24/FY25	COP	-\$9	\$21,323
Care and treatment: HIV/TB	What are the prevalence, incidence & notification rates of TB in Botswana?	Availability of high-quality data on TB for evidence	COP24/FY25	COP24/FY25	COP	\$0	\$50,000

Primary target population of activity	Secondary target population of activity	Planned activity sample size	Planned sampling methodology	HIV biomarkers to be assessed as part of protocol	Name of USG agency contact for this activity	Email address of USG agency contact for this activity	Name(s) of Principal Investigator(s)	Email address(es) of Principal Investigator(s)
Non-Targeted Population: Adults	N/A	38,000	Convenience sampling	Other	Mr Mothusi Keatlhatswe	xem5@cdc.gov	Dr Tuduetsa Molefi	tmonagen@gmail.com
Non-Targeted Population: Not disaggregated	N/A	-9 N/A		HIV drug resistance	Ms Mosetsanagape Modukanele	hof1@cdc.gov	Ms Julia Ngidi	stokiengidi@gmail.com
Non-Targeted Population: Adults	N/A	38,000	Convenience sampling	Other	Dr. Christopher Obanubi	cobanubi@usaid.gov	Dr Tuduetsa Molefi	tmonagen@gmail.com

