

Burden of Disease

Cervical cancer is the most-common and most-deadly cancer among women in Botswana.

Breast cancer is the second-most-common cancer among women.

Incidence of cervical cancer	29%
Incidence of breast cancer	18%
Prevalence of HIV/AIDS in women over 15	23%
Women over age 15 living with HIV/AIDS	190,000
Female population aged 30-49	247,606

Country Targets Supported by Pink Ribbon Red Ribbon

- **Screen 80 percent** of women aged 30-49 years for cervical cancer at least once.
- Vaccinate at least 80 percent of girls within the target population against the **human papillomavirus (HPV)**.
- Scale-up **"See-and-Treat"** services to 20 sites during 2016.

HIGHLIGHTED ACHIEVEMENTS

2012: Pink Ribbon Red Ribbon (PRRR) begins in Botswana. The Government of Botswana adopted a five-year plan to prevent cervical cancer, endorsed visual inspection with acetic acid [VIA] and cryotherapy to complement cytology screening, and included a proposal to introduce HPV vaccination to the country in 2017.

March 2013: With support from Merck through PRRR and the World Bank, the Government of Botswana launched a two-year demonstration program that resulted in the vaccination of 8,357 girls (three doses each) against HPV. As a result of the program's success, Botswana introduced a nationwide two-dose HPV vaccine program in 2015, two years earlier than expected.

2014-2015: A consortium led by the CDC Foundation, entitled "Improving Data for Decision-Making in Global Cervical Cancer Programs" (IDCCP), assessed the existing system in Botswana to evaluate the national program to prevent cervical cancer, as part of a process to develop global guidance to enhance the quality of interventions against the disease.

June - September 2015: PRRR partner the U.S. National Cancer Institute conducted a mid-term review of the National Cervical Cancer Prevention Programme's *Five-Year Comprehensive Prevention and Control Strategy (2012-2016)*, which will influence the selection of new sites and improve the quality of screening and treatment.

2015: PRRR partner the Joint United Nations Programme on HIV/AIDS (UNAIDS) developed educational materials on cervical cancer in English and Setswana, and disseminated them to "Screen-and-Treat" sites, while supporting local organizations' efforts to improve understanding of cervical cancer at the community level.

September 2015: The Government of Botswana and PRRR partners launch "Screen-and-Treat" as a nationwide screening method for cervical cancer, and begin implementing the IDCCP recommendations.

2016: PRRR implementing partner Jhpiego assisted the Ministry of Health and Wellness (MOHW) to open twelve new screening sites to make a total of 20 sites.

February 2016: The Government-sponsored HPV vaccination campaign starts its second year of nationwide roll-out targeting over 24,000 girls aged nine years. The first dose was administered in February and the second dose completed in December 2016.

PRRR CONTRIBUTIONS TO NATIONAL TARGETS



Girls Vaccinated Against HPV

2016: 22,809 girls (Dose 1 only)
2015: 62,817 girls
2014: 6,342 girls
2013: 2,015 girls



Number of "Screen-and-Treat" sites

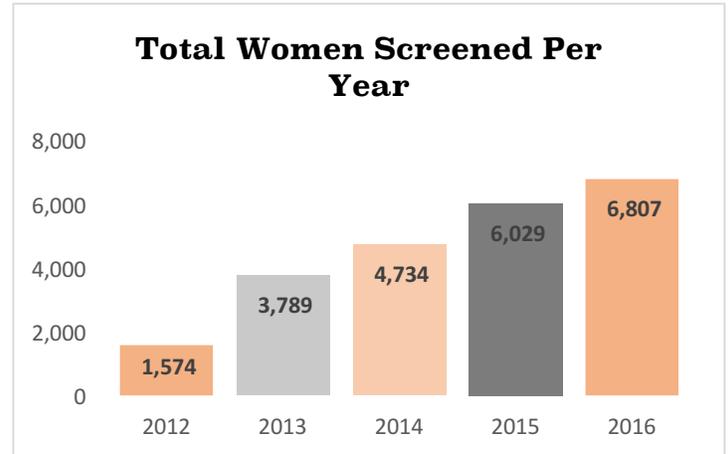
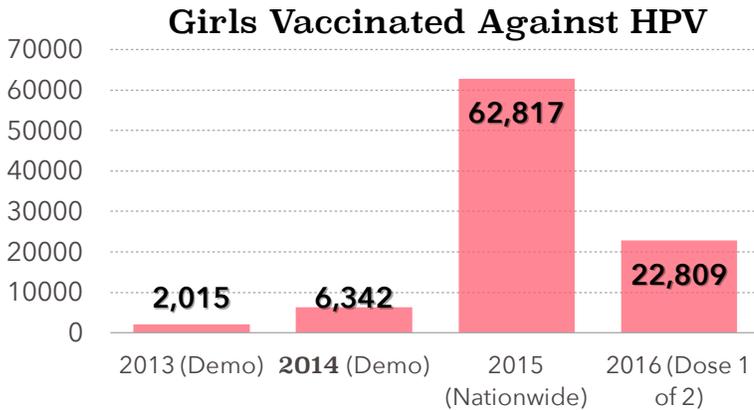
Screening: 20
VIA/cryo: 20
LEEP: 9
Health staff trained in "see-and-treat": 101
Health staff trained LEEP: 18



Number of women screened and treated up to December 2016

VIA-screened: 22,933
VIA-positive: 5,868
Treated (cryo/LEEP): 5,660

PRRR Progress By Year



CONTRIBUTIONS FROM PRRR PARTNERS

U.S. Government: US\$ 3 million through the **President's Emergency Plan for AIDS Relief (PEPFAR)** to scale-up "See-and-Treat," train healthcare providers and procure outpatient screening and treatment equipment including US\$ 1 million to **Jhpiego** to refresh the training of providers at existing sites and open new ones; US \$50,000 from the **U.S. Department of Health and Human Services/National Institutes of Health/National Cancer Institute** in in-kind support for the mid-term review of the national cervical-cancer prevention plan.

World Bank: US\$ 385,000 for logistics of HPV vaccination; scale-up of "See-and-Treat" in four Districts, including mobile units in two; purchase of automated histology equipment; and improved data-management.

American Society for Clinical Pathology: US\$ 100,000 contribution to a consultancy to improve histologic capacity and eliminate backlog of unread cytology slides.

Airborne Lifeline Foundation: Over US\$ 50,000 worth of transportation of healthcare providers and equipment.

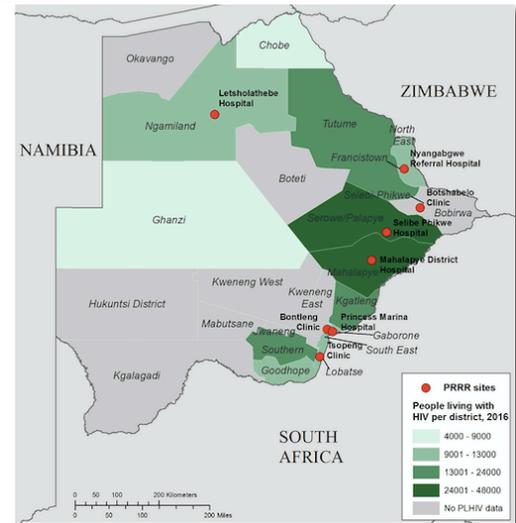
UNAIDS: US\$ 36,000 to co-fund activities with the **MoH** implemented with support from District Health Management Teams and **Tebelopele** to improve literacy at the community level about the prevention and treatment of cervical cancer, by training master trainers, community-based organizations, and health facility officers, and by developing educational materials in English and Setswana on cervical cancer and HIV.

American Society for Colposcopy and Cervical Pathology: Training in colposcopy.

Merck: Donation of 9,800 doses of quadrivalent GARDASIL® HPV vaccine in 2013, and 46,000 doses in 2014.

Becton Dickinson/Medisend: Donation of 100,000 auto-destruct SoloShot® syringes for HPV vaccination through **Catholic Medical Mission Board**, worth US\$ 10,000.

Bill & Melinda Gates Foundation/National Foundation for the Centers of Disease Control and Prevention/ Indiana University: Baseline assessment of data system for cervical cancer under IDCCP project.



ADDITIONAL ORGANIZATIONS WORKING ON PRRR-SUPPORTED PROJECTS

- Botswana Ministry of Health
- Botswana National AIDS Coordinating Agency
- Botswana-University of Pennsylvania Partnership
- Vista Life Sciences

2017 PINK RIBBON RED RIBBON PRIORITIES

1. Make functional six additional screen-and-treat sites and ensure standardization of service delivery across all sites;
2. Launch a demonstration program for HPV molecular testing, leading to the inclusion and implementation of HPV testing in the national strategy;
3. Ensure the continuation of the nationwide HPV vaccination program throughout 2017, measured by an enrolment rate above 90 percent;
4. Identify new global financing opportunities to sustain the cervical cancer program; and
5. Promote further integration of cervical cancer screening in HIV-funded programs.