BHP
BOTSWANA HARVARD HEALTH PARTNERSHIP

THE BHP INSIDER

NEWSLETTER

FEBRUARY 2025

BHP Meets New Minister of Health

BHP Delegation alongside the Ministry of Health officials

On January 27, 2025, The Botswana Harvard Health Partnership (BHP) leadership accompanied by the chair of the BHP Board of Directors, met with the newly appointed Minister of Health, Dr Stephen Modise, to discuss the organization's longstanding collaboration with the Ministry of Health (MOH) and explore ways to further strengthen the collaboration and how BHP could further contribute towards strengthening the national health system. The meeting came at an opportune time as BHP and MOH are working on finalizing a new five-year Memorandum of Agreement.

BHP CEO, Dr. Joseph Makhema, provided an overview of how the partnership. He explained that BHP was established in 1996 as a collaboration between the Government of Botswana, through the MOH, and Harvard University in the U.S. via the T.H. Chan School of Public Health (HSPH). "We have been in partnership with MOH since 1996, mandated with public health system strengthening through evidence-based research, capacity building, policy implementation, and stakeholder engagement," said Dr. Makhema.

He further noted that BHP operates under five-year Memoranda of Agreement with MOH and is also a registered Limited Liability Company (LLC) with the Companies and Intellectual Property Authority of Botswana (CIPA). BHP follows a two-tier governance structure, with the Board of Members as trustees and the apex body which, includes representation from MOH, and the Board of Directors mandated with strategic oversight and fiduciary responsibilty of whom the majority are Batswana but also includes HSPH and MOH representation.

BHP Deputy CEO, Dr Gaerolwe Masheto, elaborated on the organization's contributions towards Capacity building, data intergrity and data storage. *"In addition to generating scientific knowledge, BHP also supports the Internal Medicine Department at Scottish Livingstone Hospital (SLH) and provides training for MSc/MPhil and PhD students in medical and laboratory sciences,"* he said. He highlighted that BHP's work is heavily funded through competitive grant applications, with most funding coming from the U.S., primarily the National Institutes of Health (NIH). *"BHP also maintains well-kept datasets and employs key personnel such as a biostatistician*

and bioinformatician, ensuring compliance with study protocols and procedures. We undergo quarterly study monitoring to uphold the highest standards," Dr Masheto added.

BHP Board of Directors Chair, Prof. Roger Shapiro, a Professor of Immunology at HSPH and Principal Investigator at BHP assured the Minister that BHP is not an offshore extension of Harvard University but a locally registered research institution under Botswana's legal framework, with Harvard as a valuable partner. *"BHP's research addresses pertinent health challenges affecting Batswana, and we have already expanded our focus beyond HIV to include disease surveillance,"* Prof. Shapiro stated. He emphasized that if supported, BHP could play a unique role in pathogen surveillance in the country. "Our vision is to expand BHP's training opportunities at Harvard University, possibly within the next five years, as we work towards establishing BHP as a fully-fledged Biomedical Research Institute," he added.

Prof. Shapiro also touched on the BHP/MOH Memorandum of Agreement, stating that the partnership should be mutually beneficial. He urged the Minister to support BHP's continued access to laboratory and clinic spaces provided by the government, emphasizing their critical role in BHP's operations. He extended an invitation to Dr Modise to tour BHP facilities for a firsthand appreciation of the institution's work, scope, and impact.

Dr Modise reaffirmed the new administration's commitment to achieving universal health coverage for all citizens. He highlighted the critical role BHP could play in supporting this vision, particularly in skills transfer for key health cadres such as virologists and in strengthening data management systems, an area of growing importance with the implementation of the new Data Protection Act.

BHP CEO, Dr Makhema concluded that BHP is excited to continue collaborating with MOH to advance national health priorities and improve health outcomes for all.

Dr Makhema and Dr Modise embrace after the meeting

Dr Makhema leading the discusissions

Tekodiso Study Records Cases of Recent HIV Infection

Tekodiso Study Team

The Tekodiso Study, formally titled *"Dynamics of HIV-1 in Recently Diagnosed Individuals in Botswana in the Era of 'Treat All"* has identified cases of recent HIV infections among individuals newly diagnosed with HIV within the greater Gaborone area. This marks the first time such findings have been documented since the implementation of the same-day HIV diagnosis and treatment strategy in Botswana. These findings were shared by the Study's Principal Investigator, Natasha Onalenna Moraka, during an update to District Health Management Team (DHMT) clinics (recruitment sites) on the study's progress in Gaborone during the week of January 20th – 24th, 2025. The updates were part of courtesy calls to inform recruitment sites of the study's progress and evaluate working relationships between the study and clinic staff.

The Tekodiso Study aims to determine the proportion of newly diagnosed individuals who were recently infected and to characterize their circulating early HIV founder viral strains. Additionally, the study assesses transmitted and pre-treatment HIV-1 drug resistance (TDR and PDR), the impact of baseline HIV drug resistance (HIVDR) on clinical outcomes, and the virologic characteristics of HIV-1 strains from recently infected individuals, including the presence of broadly neutralizing antibody (bNAb) escape mutations.

The study screened for HIV recency using the LAg-Limiting Antigen Assay (Sedia BioSciences; Portland, USA) coupled with an HIV viral load cut-off of 1000 copies/mL among 157 study participants, of whom 12 were classified as recent infections, resulting in an infection recency prevalence of 7.6%.

Thus far, the study has enrolled 230 participants. A total of 120 (52.2%) of the enrolled participants have been tested for the presence of antiretrovirals (ARVs) in blood plasma at baseline. The screening detected four ARV drugs: dolutegravir (DTG), efavirenz (EFV), nevirapine (NVP), and lopinavir (LPV).

A total of 35 of the 120 participants (29.1%) tested positive for DTG. Eighteen (51.4%) of those with DTG

detected were non-citizens, while the rest were Batswana nationals. One of the DTG-detected participants was confirmed to have a recent HIV infection. This individual had a baseline viral load of 41,748 cp/mL and a CD4 count of 471 cells/mL. Ten of the 120 participants (8.3%) had suppressed viral loads (<40 cp/mL) at baseline, all of whom were classified as long-term infections with DTG detected. One participant (0.8%) tested positive for EFV, while none tested positive for NVP or LPV.

"Our results confirm that there is ongoing transmission of HIV despite all interventions put in place within the country," said Moraka. "These findings emphasize the need for continued HIV infection surveillance to improve targeted interventions for prevention."

The study's preliminary results were presented at six recruitment sites: Mafitlhakgosi Clinic, Mogoditshane Clinic, Tlokweng Main Clinic, Nkoyaphiri Clinic, Bontleng Clinic, and Lesirane Clinic. The findings were shared with the clinics' management teams to provide insight into the study's progress and its implications for public health strategies in Botswana. Moraka, who is conducting this research as part of her PhD at the University of Botswana, underscored the importance of ongoing research in shaping effective HIV prevention and treatment strategies.

"The detection of recent infections in this study highlights the necessity for strengthened prevention efforts, including enhanced public awareness, increased access to pre-exposure prophylaxis (PrEP), and broader community engagement to curb new infections," she added.

As Botswana continues its fight against HIV, studies like Tekodiso remain crucial in refining national strategies to end the epidemic and achieve sustained epidemic control.

BHP Holds Second Successful HIV Cure Workshop

On February 27, 2025, the Botswana Harvard Health Partnership (BHP) hosted the second in "The HIV Cure Workshop Series." Hosted by Phodiso Study Team led by Prof. Catherine Koofhethile, the event brought together researchers, trainees, advocates, and stakeholders to advance discussions on HIV cure research. The workshop series aims are to strengthen scientific collaborations, enhance understanding among stakeholders, empower young researchers and advocates, and showcase ongoing HIV cure-related studies and research being conducted at BHP.

The event was formally opened by BHP Deputy CEO Dr. Gaerolwe Masheto, immediately followed by Dr. Simani Gaseitsiwe's presentation on the long-term effects of Antiretroviral Therapy (ART). He highlighted ART's role in reducing mortality and transmission but noted challenges such as drug resistance and side effects, emphasizing the need for HIV cure research.

Prof. Koofhethile provided an overview of existing HIV cure strategies, explaining their applications and significance. Kennedy Mupeli, Director at the Centre for Youth of Hope (CEYOHO), discussed the importance of community HIV cure literacy in bridging the gap between scientists and the public. *"We simplify scientific*

Phodiso Study Principal Investigator Prof. Koofhethile

jargon so the community can understand HIV cure research," he said.

Prof. Koofhethile addressed HIV cure research in adolescents, stressing the urgency due to drug toxicity, stigma, and lifelong ART costs. "Understanding the mechanisms that allow HIV to persist long-term is important for advancing HIV cure research, especially in children who acquired HIV perinatally," she noted. She explained that HIV can integrate into human DNA, with some sites remaining "silent" while others allow replication. *"Understanding the integration process will provide us with a framework for gaining information on potential sites for therapeutic interventions for HIV,"* she said, adding, *"Our HIV cure research will one day lead us to a cure. We do not know when it will come, but one day it will and help us eradicate HIV."*

Dr. Gbolahan Ajibola presented findings from the Tatelo study on infant HIV cure research, highlighting that intravenous administration of bNAbs VRC01LS and 10-1074 was safe and well tolerated in children, showing promise as an alternative HIV cure therapy.

Dr. Unoda Chakalisa, representing BHP Clinical Trials Unit (CTU), presented two ACTG Network studies: the A5416 (PAUSE Study), which evaluates the efficacy of bNAbs in preventing sustained HIV-1 viremia after ART discontinuation, and the A5417 (ACACIA Study), which investigates bNAbs at ART initiation in adults with HIV in sub-Saharan Africa.

Dr. Ontlametse Choga discussed inflammatory biomarkers in people living with HIV in Botswana, exploring their potential as indicators of morbidity and mortality. Meanwhile, Dr. Natasha Moraka-Mankge examined predicted bNAb resistance among newly infected adults in Botswana, emphasizing the need for sequence analysis to optimize bNAb combinations.

Prof. Sikhulile Moyo, BHP Lab Director, presented on HIV transmission dynamics, discussing phylogenetics and epidemiology in understanding HIV transmission networks. *"Understanding HIV transmission networks is important for intervention programming,"* he stated.

The final session featured remarks from key stakeholders. Dorcus Mgadla, Principal Research Officer at the Human Research and Development Department (HRDD), and Dr. Max Kapanda, Chief Medical Officer of the National ART Programme at the Ministry of Health,who applauded BHP's research efforts. Mgadla emphasized the need for greater community engagement to improve public understanding and support.

Dr Gbolahan Ajibola


Dr Unoda Chakalisa

Dr Ontlametse Choga

Abram Mathodi, Deputy Director of Research at the Ministry of Communications and Innovation, reaffirmed the government's commitment to funding health research. *"We are proud of the BHP studies we are funding compared to other research. We want to see the results of this research transform the lives of Batswana,"* he stated.

During breaktime, attendees viewed posters from BHP researchers and trainees, showcasing diverse studies on HIV cure and related topics. The poster session provided an opportunity for networking and knowledge exchange among researchers and stakeholders.

BHP Chief Operations Officer, Cornelius Gaetsalowe, delivered an enthralling closing address, thanking BHP researchers for their hard work and the invaluable scientific knowledge they generate to better the world. He expressed gratitude to stakeholders for their support and participation. In a heartfelt gesture, he presented a bouquet of flowers to Prof. Koofhethile, thanking her for successfully organizing the workshop and symbolically giving people their flowers while they can still appreciate them.

Mr Mathodi of Ministry of Communication & Innovation

Kwana Lechiile presenting her poster

BHP COO Mr Cornelius Gaetsaloe

HIV Cure Workshop attendees

BHP Holds Two-Day Strategy Retreat to Shape Future Strategic Plan

BHP Management, Principal Investigators and Study Coordinators

The Botswana Harvard Partnership (BHP) hosted a two-day Strategy Retreat on January 28-29, 2025, at Sanitas Tea Garden, Gaborone, bringing together BHP Management, Principal Investigators, Study Coordinators, and Departmental Leadership to lay the foundation for the organization's new five-year Strategic Plan (2025-2030).

The retreat was officially opened by BHP CEO, Dr. Joseph Makhema, who emphasized the importance of open and critical engagement in shaping the strategy. "This retreat is an opportunity for us to reflect, debate, and define our future. I encourage all of you to participate openly, probe intensely, and ensure that your voices are heard so that we can collectively shape a strategy that truly represents BHP's vision," Dr. Makhema stated.

The sessions were facilitated by Jupiter Consulting and Services, led by Mr Bashi Gaetsaloe with discussions focused on key strategic objectives, priority areas, and implementation frameworks. Members of BHP's Executive Committee, alongside BHP Board Chair, Prof. Roger Shapiro, actively participated in breakaway sessions to refine strategic goals.

BHP CEO Dr Joseph Makhema giving opening remarks

As a follow-up to the retreat, a Strategy Project Workshop was held on February 14, 2025, at the BHP Conference Room, with the aim of finalizing the Strategic Plan based on inputs from the retreat. The workshop was attended by the BHP Strategy Development Team, composed of representatives from various BHP departments.

During the session, the team reviewed, refined, and provided feedback on the draft strategy document developed by the consultants. Corrections, additions, and refinements were made to ensure the final plan is comprehensive, actionable, and aligned with BHP's mission. The finalized Strategic Plan is expected to be delivered by the end of March 2025.

These continuous engagements between the consultants and BHP management and staff is meant to ensure that the strategy is truly a collaborative effort. By engaging voices from across BHP, the consultants is ensuring that the strategy is both practical and ambitious, setting the institution on a strong path for the next five years.

The new five-year Strategic Plan which is still under development, will guide BHP's research, training, and capacity-building initiatives, reinforcing its role as a leader in health research, innovation, and global health partnerships.The strategy is also expected to not only strengthen BHP's internal capacity but also enhance its contribution to regional and global health challenges.
With the March 2025 completion target, BHP remains committed to finalizing a comprehensive, forward-looking strategy that will drive innovation, scientific excellence, and impactful collaborations in the years ahead.

Bashi Gaetsaloe of Jupiter Consulting

BHP Board Chair, Professor Roger Shapiro

Break away group discussions

Genomic Study Uncovers High Genetic Diversity in Drug-Resistant Tuberculosis in Botswana

An innovative study using whole genome sequencing (WGS) has revealed significant genetic diversity among rifampicin-resistant Mycobacterium tuberculosis (M. tb) strains in Botswana. These findings offer crucial insights that could shape future strategies for combating drug-resistant tuberculosis (TB).

The study, *"Whole Genomic Analysis Uncovers High Genetic Diversity of Rifampicin-Resistant Mycobacterium tuberculosis Strains in Botswana",* led by Tuelo Mogashoa, was published in Frontiers in Microbiology on February 11, 2025. Mogashoa, is a TB researcher at Botswana Harvard Health Partnership (BHP) and also a PhD candidate at Stellenbosch University, under the Trials of Excellence in Southern Africa (TESA). She is a Fellow under the TESA Addressing Gender and Diversity Regional Gaps in Clinical Research Capacity (TAGENDI) fellowship programme.

In an interview with The BHP Insider, Mogashoa noted that *"Drug-resistant TB remains a major public health threat and understanding the genetic diversity of circulating strains is critical for developing effective treatment strategies."*

The study analyzed 202 stored M. tb isolates from individuals diagnosed with rifampicin-resistant TB (RR-TB) between January 2016 and June 2023. WGS revealed a high prevalence of multidrug-resistant TB (MDR-TB) (57.9%), with 16.8% classified as pre-extensively drug-resistant (Pre-XDR), 20.2% as RR-TB, and 0.5% as high-level isoniazid-resistant TB (HR-TB).

Mogashoa noted that Botswana harbors a complex and evolving TB epidemic, with three dominant lineages: lineage 4 (60.9%), lineage 1 (22.8%) and ineage 2 (13.9%).

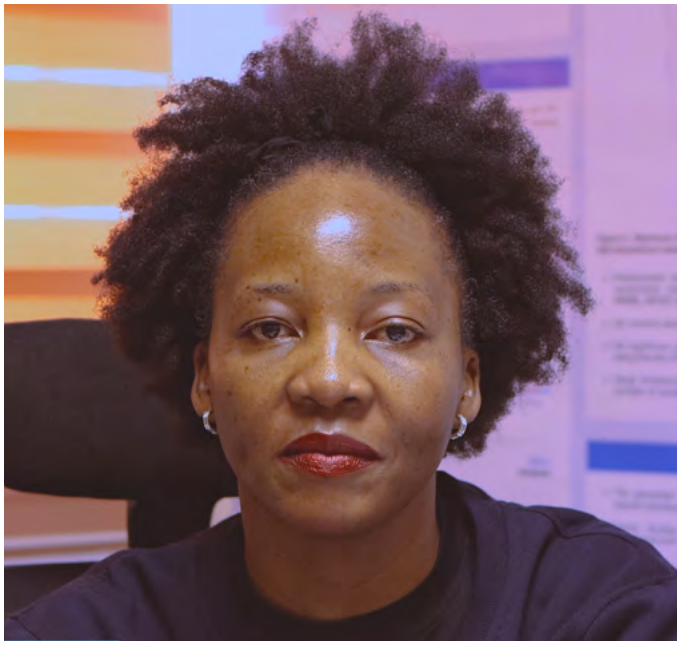
"This genetic diversity influences how the disease spreads and responds to treatment," she explained.
The study also identified key drug resistance mutations, including:
• rpoB S450L for rifampicin (28.6%)
• katG S315T for isoniazid (60.5%)
• embA_c.-29_-28delCT & embB Q497R for ethambutol (31.7%)
• gyrA A90V for fluoroquinolones (79.4%)

Encouragingly, no resistance-associated mutations were found for newer TB drugs such as bedaquiline and delamanid, a promising sign for treatment options in Botswana.

"This study reinforces the need for continuous genomic surveillance of TB in Botswana," Mogashoa stated. *"By identifying drug resistance patterns early, we can improve treatment regimens and slow the spread of resistant strains."*

With Botswana's commitment to eliminating TB, these findings highlight the urgent need for routine genomic monitoring and targeted interventions. As BHP expands its research on pathogen genomic surveillance, this study marks a crucial step toward improving TB control strategies and guiding public health policies.

"BHP scientists are committed to working with key stakeholders such as policymakers to ensure that genomic research plays a pivotal role in the fight against TB and antimicrobial resistance in Botswana," Mogashoa concluded.



Tuelo Mogashoa

BHP Community Advisory Board Hosts Team-Building Session to Strengthen Community Engagement

Members of the Community Advisory Board

The Botswana Harvard Health Partnership (BHP) Community Advisory Board (CAB) hosted a team-building session on January 25, 2025, at Off-Road Extreme Botswana in Oodi, bringing together members for a day of collaboration, engagement, and skill-building.

BHP's CAB serves as a crucial bridge between researchers and the broader community, ensuring that community voices are represented in research initiatives. Comprised of community members and representatives from various organizations, the CAB provides valuable input on community priorities, ethical considerations, and research impact, fostering trust and transparency in public health research.

The team-building session was designed to strengthen relationships, enhance teamwork, and reinforce the CAB's mission of meaningful community engagement. Through a series of interactive exercises, leadership challenges, and outdoor activities, participants had the opportunity to refine their problem-solving, and collaboration skills in a dynamic environment.

"The CAB plays a vital role in ensuring that research conducted by BHP is responsive to community needs and concerns. With the team building session, we wanted to help our CAB members to work more effectively as a team, align our goals, and build stronger connections that ultimately benefit the communities we serve," said the BHP Community and Stakeholder Engagement Coordinator, Mr Ernest Moseki who is also coordinating the activities of the CAB.

BHP remains committed to supporting the CAB's work, recognizing its critical role in ensuring inclusive, ethical, and community-centered research. By fostering strong partnerships between researchers and local communities, BHP continues to advance public health initiatives that are both impactful and locally relevant.

Team-building activity (Tug of war)

BHP Revises Leave Policy to Expand Study Leave Benefits

The Botswana Harvard Health Partnership (BHP) has announced an amendment to its Leave Policy, specifically Section 5.6, which expands study leave entitlements for employees. The revision, effective January 1, 2025, increases study leave days for employees undertaking structured, long-term courses. The announcement was made by Human Resources Manager, Omphile Masuku through email to all staff on February 17, 2025.

Under the previous policy, employees pursuing self-study, block, or day release courses were eligible for a maximum of five (5) study leave days per annum, provided they submitted proof of enrollment or attendance. The updated policy now introduces a distinction between short courses and structured long-term programs.

Under the amended Section 5.6, study leave entitlements are as follows:

- Employees enrolled in a Short Course of Self-Study, Block, or Day Release Course will continue to be granted a maximum of five (5) days per annum.
- Employees undertaking a structured or long-term self-study program—such as a Diploma, Degree, Master's, or PhD—will now be entitled to a maximum of ten (10) days per annum.

Employees are still required to provide official documentation as proof of enrollment. Additionally, study leave for short courses and long-term structured programs cannot be taken concurrently or in parallel within the same year.

The amendment also maintains provisions for self-sponsored conference attendance, allowing employees to utilize study leave days for professional development. With these changes, BHP is demonstrating that it is committed to fostering continuous learning and professional growth trajectory among its employees, ensuring they have the necessary support to advance their academic and career aspirations.

Terence Mohammed Elected to the ACTG Laboratory Technologist Committee (LTC)

BHP Lab Operations Manager, Terence Mohammed

Please join us in congratulating our Operations Lab Manager, **Terence Mohammed**, on his election as an **ACTG Voting Member** in the **ACTG Laboratory Technologist Committee (LTC)**. His term is effective immediately and will run through November 30, 2027.

The **ACTG (Advancing Clinical Therapeutics Globally)** is a global clinical trials network that conducts research to improve the management of HIV and its comorbidities; develop a cure for HIV; and innovate treatments for tuberculosis, hepatitis B, and emerging infectious diseases.

Publications

Should birth-dose vaccines for preterm newborns still be debated? Alemayehu T, England RN, Oguttu B, Jarovsky D. Int J Infect Dis. 2025 Feb 26:107866. doi: 10.1016/j.ijid.2025.107866. Online ahead of print. PMID: 40021048.

Whole genomic analysis uncovers high genetic diversity of rifampicin-resistant Mycobacterium tuberculosis strains in Botswana. Mogashoa T, Loubser J, Choga OT, Ngom JT, Choga WT, Mbulawa MB, Molefi T, Stephen O, Makhondo T, Seru K, Motshosi P, Zuze B, Makhema J, Musonda RM, Otukile D, Modongo C, Kgwaadira BT, Fane K, Gaseitsiwe S, Warren RM, Moyo S, Dippenaar A, Streicher EM. Front Microbiol. 2025 Feb 11;16:1535160. doi: 10.3389/fmicb.2025.1535160. eCollection 2025. PMID: 40008038

Emergence and spread of the SARS-CoV-2 omicron (BA.1) variant across Africa: an observational study. Fischer C, Maponga TG, Yadouleton A, Abílio N, Aboce E, Adewumi P, Afonso P, Akorli J, Andriamandimby SF, Anga L, Ashong Y, Beloufa MA, Bensalem A, Birtles R, Boumba ALM, Bwanga F, Chaponda M, Chibukira P, Chico RM, Chileshe J, Choga W, Chongwe G, Cissé A, Cissé F, D'Alessandro U, de Lamballerie X, de Morais JFM, Derrar F, Dia N, Diarra Y, Doumbia L, Drosten C, Dussart P, Echodu R, Eloualid A, Faye O, Feldt T, Frühauf A, Gaseitsiwe S, Halatoko A, Iipumbu E, Ilouga PV, Ismael N, Jambou R, Jarju S, Kamprad A, Katowa B, Kayiwa J, King'wara L, Koita O, Lacoste V, Lagare A, Landt O, Lekana-Douki SE, Lekana-Douki JB, Loemba H, Luedde T, Lutwama J, Mamadou S, Maman I, Manyisa B, Martinez PA, Matoba J, Mhuulu L, Moreira-Soto A, Moyo S, Mwangi J, N'dilimabaka N, Nassuna CA, Ndiath MO, Nepolo E, Njouom R, Nourlil J, Nyanjom SG, Odari EO, Okeng A, Ouoba JB, Owusu M, Donkor IO, Phadu KK, Phillips RO, Preiser W, Roques P, Ruhanya V, Salah F, Salifou S, Sall AA, Sylverken AA, Tagnouokam-Ngoupo PA, Tarnagda Z, Tchikaya FO, Tordo N, Tufa TB, Drexler JF. Lancet Glob Health. 2025 Feb;13(2):e256-e267. doi: 10.1016/S2214-109X(24)00419-4. PMID: 39890226

Bone mineral content, growth, and renal health of infants with perinatal exposure to maternal dolutegravir vs efavirenz and tenofovir disoproxil fumarate vs tenofovir alafenamide: the randomized IMPAACT 2010 (VESTED) trial. Mbengeranwa T, Ziemba L, Brummel SS, Johnston B, Cassim H, Theron G, Ngqawana Z, Wabwire D, McCarthy K, Shepherd J, Lockman S, Chinula L, Stranix-Chibanda L; IMPAACT 2010/VESTED study team and investigators. J Acquir Immune Defic Syndr. 2025 Feb 26. doi: 10.1097/QAI.0000000000003656. Online ahead of print. PMID: 40001275

Global prevalence of advanced HIV disease in healthcare settings: a rapid review. Ford N, Kassanjee R, Stelzle D, Jarvis JN, Sued O, Perrin G, Doherty M, Rangaraj A. J Int AIDS Soc. 2025 Feb;28(2):e26415. doi: 10.1002/jia2.26415. PMID: 39915008

Elimination of hepatitis B requires recognition of catastrophic costs for patients and their families. Jemutai J, Downs L, Anderson M, Cohen C, Seeley J, Sultan B, Ko J, Flanagan S, Iwuji C, Halford R, Fernandes O, Vickerman P, Johannessen A, Matthews PC. Lancet Gastroenterol Hepatol. 2025 Feb;10(2):100-103. doi: 10.1016/S2468-1253(24)00384-4. Epub 2024 Dec 13. PMID: 39681128

Implementation of Single High-dose Liposomal Amphotericin B Based Induction Therapy for Treatment of HIV-associated Cryptococcal Meningitis in Uganda: A Comparative Prospective Cohort Study. Gakuru J, Kagimu E, Dai B, Okurut S, Nsangi L, Bahr NC, Okirwoth M, Namuju OC, Jarvis JN, Lawrence DS, Ahimbisibwe C, Ellis J, Tadeo KK, Boulware DR, Meya DB, Tugume L. Clin Infect Dis. 2025 Feb 24;80(2):417-424. doi: 10.1093/cid/ciae413. PMID: 39180324

Ex Vivo Host Transcriptomics During Cryptococcus neoformans, Cryptococcus gattii, and Candida albicans Infection of Peripheral Blood Mononuclear Cells From South African Volunteers. Doyle RM, Kannambath S, Pittman A, Goliath R, Kumar V, Meintjes G, Milburn J, Netea MG, Harrison TS, Jarvis JN, Bicanic T. J Infect Dis. 2025 Feb 4;231(1):e254-e262. doi: 10.1093/infdis/jiae410. PMID: 39158391.

Author Correction: Pilot Test of Mopati, a Multi-Level Adherence Intervention for People Living with HIV and Their Treatment Partners in Botswana. Bogart LM, Phaladze N, Kgotlaetsile K, Klein DJ, Goggin K, Mosepele M. Int J Behav Med. 2025 Feb;32(1):154. doi: 10.1007/s12529-023-10243-5. PMID: 38093032

VISION

To Be a World-Renowned Public Health Institute.

MISSION

To Fight HIV/AIDS and Emerging Public Health Challenges Through Innovative Research, Education, and Capacity Building That Impacts Policy and Practice.

CORE VALUES

BENEFICENCE
INNOVATION
COLLABORATION
EXCELLENCE
BOTHO

Botswana Harvard Health Partnership
Private Bag BO320 Gaborone
Plot No. 1836, Northring Road, Princess Marina Hospital, Gaborone
Tel: +267 3902671, Fax: +267 3901284
Web: www.bhp.org.bw

BHP
BOTSWANA HARVARD HEALTH PARTNERSHIP