World Health Organization

African Region

Country Cooperation Strategy 2024-2027

Botswana

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ISBN: 978-929031399-1

Suggested citation. Country Cooperation Strategy 2024-2027, Botswana. Brazzaville: WHO African Region, 2024. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

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Designed in Brazzaville, Republic of Congo

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Abbreviations

AAI	Africa-America Institute
AIDS	acquired immunodeficiency syndrome
AMR	antimicrobial resistance
ART	antiretroviral therapy
BDP	Botswana Democratic Party
BHIMS	Botswana Health Innovation Management System
BOMRA	Botswana Medicines Regulatory Authority
BPHI	Botswana Public Health Institute
CCS	Country Cooperation Strategy
CDC	Centers for Disease Control and Prevention
CHD	Child Health Day
Clim-HEALTH	International Network for Climate and Health for Africa
COVID	coronavirus diseases
CRPD	Convention on the Rights of Persons with Disabilities
CRVS	Civil Registration and Vital Statistics
DPT3	diphtheria- tetanus-pertussis vaccine (third dose)
DRRT	District Rapid Response Team
EHSP	Essential Health Services Package
EPI	Expanded Programme on Immunization
EPR	emergency preparedness and response
FAO	Food and Agriculture Organization of the United Nations
FCTC	WHO Framework Convention on Tobacco Control
FENSA	Framework of Engagement with Non-State Actors
GAVI	Global Vaccine Alliance
GCF	Green Climate Fund
GDP	gross domestic product
GEF	Global Environment Facility GPW13 Thirteenth General Programme of Work
HCI	Human Capital Index
HIS	health information system
HIV	human immunodeficiency virus
HLE	health life expectancy
HPV	human papillomavirus
IAT-SEA	Inter-Agency Team on Sexual Exploitation and Abuse
ICCC	Inter-Country Certification Committee
ICD	International Classification of Diseases
ICOPE	integrated care of older people
IDSR	Integrated Diseases Surveillance and Response
IFAD	International Fund for Agricultural Development
IHR	International Health Regulations
ILO	International Labour Organization
IMCI	Integrated Management of Childhood Illness
IMS	Incident Management System
INB	Intergovernmental Negotiating Body
IOM	International Organization for Migration
IPC	infection prevention and control
IPV	inactivated polio vaccine
ISS	Integrated Supportive Supervision
IT	information technology
JEE	Joint External Evaluation
KPI	key performance indicator
M&E	monitoring and evaluation
MCAT	Multi-Country Assignment Team
MEL	Monitoring, Evaluation and Learning Group
MMR	maternal mortality ratio
MOU	memorandum of understanding
MTCT	mother-to-child transmission
NAPHS	National Action Plan for Health and Security
NCD	noncommunicable disease
NDC	Nationally Determined Contribution
NDMO	National Disaster Management Office NDP National Development Plan
NEOC	National Emergency Operations Centre
NGO	nongovernmental organization
NPCPD	National Policy on Care for People with Disabilities
NTD	neglected tropical disease

OHCHR	Office of the High Commissioner for Human Rights (UN Human Rights)
OMT	Operations Management Team
OOP	out-of-pocket
OPV3	oral polio vaccine (third dose)
PEI	Polio Eradication Initiative
PEPFAR	The United States President's Emergency Plan for AIDS Relief
PHC	primary health care
PHEOC	Public Health Emergency Operation Centre
PHERC	Public Health Emergency Response Committee
PIRI	periodic intensification of routine immunization
PROSE	Promoting Resilience of Systems for Emergencies
RCCE	risk communication and community engagement
RED	Reaching every district
RMNCAH	reproductive, maternal, newborn, child and adolescent health
SADC	Southern African Development Community
SCH	schistosomiasis
SDG	Sustainable Development Goal
SSB	sugar-sweetened beverage
STEPS	STEPwise Approach to NCDS Risk Factor Surveillance
STH	soil-transmitted helminths
STI	sexually transmitted infection
SURGE	Strengthening and Utilizing Response Groups for Emergencies
TASS	Transforming African Surveillance Systems
TFR	total fertility rate
THE	total health expenditure
UB	University of Botswana
UHC	universal health coverage
UMIC	upper middle-income country
UN	United Nations
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UN-Habitat	United Nations Human Settlements Programme
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNDSS	United Nations Department for Safety and Security
UNEP	United Nations Environment Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFCCC	United National Framework Convention on Climate Change
UNFPA	United Nations Population Fund
UNHCR	United Nations Refugee Agency
UNICEF	United Nations Children's Fund
UNIDO	United Nations Industrial Development Organization
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNODC	United Nations Office on Drugs and Crime
UNSDCF	United Nations Sustainable Development Cooperation Framework
USAID	United States Agency for International Development
VDC	village development committee
VLS	viral load suppression
WASH	water, sanitation, and hygiene
WCO	World Health Organization Country Office
WFP	World Food Programme
WGIHR	Working Group on the Amendment of the International Health Regulations
WHA	World Health Assembly
WHO	World Health Organization
WHO FCTC	World Health Organization Framework Convention on Tobacco Control
WHO mhGAP	World Health Organization Mental Health Gap Action Programme
WHO PEN	World Health Organization Package of Essential Noncommunicable Diseases Interventions
WHOCC	World Health Organization Collaborating Centre

Message from the Honourable Minister of Health

The signing of the fourth Country Cooperation Strategy 2024–2027 reaffirms the strength of the relationship between the World Health Organization, as part of the wider United Nations system, and the Government of Botswana. It advances the World Health Organization's long history of collaboration with the country and underscores their mutual commitment to work together towards agreed priorities of great importance and relevance to the people of Botswana, as envisioned in the Government's Vision 2036, the Second Transitional National Development Plan 2023–2025, and the Sustainable Development Goals.

The Government of Botswana is committed to improving the health and well-being of the people of Botswana by providing high-quality preventive, promotive, curative, and rehabilitative services that are relevant, accessible, affordable, equitable and socially acceptable. Botswana has also adopted Goal 3 of the Sustainable Development Goals–ensuring healthy lives and promoting well-being for all at all ages. The Government recognizes that improving health outcomes will be achieved by strengthening health systems to achieve universal health coverage, addressing socio-economic and environmental determinants of health, as well as protecting people from health emergencies, and leaving no one behind.

The Ministry of Health welcomes the fourth Country Cooperation Strategy 2024–2027 which aligns with the World Health Organization's Thirteenth General Programme of Work 2019–2025. It paves the way for strategic, results-oriented collaboration built on longstanding partnerships.

I wish to pledge the support of Botswana's Ministry of Health to the successful implementation of the World Health Organization's fourth Country Cooperation Strategy 2024–2027 to achieve good health and well-being for all the people of Botswana.

Dr Edwin Dikoloti
Minister of Health

Foreword from the WHO Regional Director for Africa

The World Health Organization's fourth-generation Country Cooperation Strategy (CCS) provides strategic direction to WHO work in Botswana for the period 2024–2027. By supporting Botswana to accelerate progress towards the 2030 Sustainable Development Goals, the strategy aims to contribute to the Government of Botswana's vision of improving the health and wellbeing of the people of Botswana. It reflects key principles of the Thirteenth General Programme of Work as well as the Transformation Agenda of the WHO Secretariat in the African Region.

Critical analysis of the health systems, including lessons learnt from Botswana's strong national response to the COVID-19 pandemic, guided the development of this Country Cooperation Strategy 2024–2027. I commend the Government of Botswana and its partners for the significant achievements in improving the health and well-being of its citizens. The huge investments that led to the reduction in the human immunodeficiency virus (HIV) burden, including elimination of mother-to-child transmission, are of particular note. The lessons from this experience can be applied to address the other health and developmental challenges.

The significant youthful population of Botswana presents a challenge in terms of health needs and an opportunity to address health challenges through its effective mobilization. The country's commitment to achieving the global health and health-related SDGs by 2030 is poised to make a substantial impact on the overall health status of the country.

Progress towards universal health coverage requires an approach that improves the quality of services, ensures integration of intervention, is people-centred and inclusive and provides affordable health services. Aligned with the priorities of the Second Transitional National Development Plan 2023–2025, this strategy emphasizes the importance of a multisectoral and holistic approach to addressing health issues.

I would like to acknowledge the support of all partners and stakeholders, Government ministries, departments and agencies, United Nations agencies, multilateral and bilateral partners, civil society organizations, professional organizations as well as private sector entities for their participation in the development of this strategy. The World Health Organization looks forward to continued close collaboration during the implementation of the strategy.

Dr Matshidiso Moeti
WHO Regional Director for Africa

Preface by the WHO Country Representative

The World Health Organization's fourth Country Cooperation Strategy 2024–2027 presents the collaborative agenda between the Government of Botswana and the three levels of the World Health Organization, aligns with the Second Transitional National Development Plan 2023–2025, the strategic priorities of the World Health Organization's Thirteenth General Programme of Work 2019–2025, as well as Botswana's United Nations Sustainable Development Cooperation Framework 2022–2026.

The fourth Country Cooperation Strategy is the outcome of a consultative process with inputs from Botswana's Ministry of Health, various agencies in the health sector and other relevant stakeholders. It has been developed to provide strategic direction and support to the Government of Botswana in achieving its priorities. It supports the strengthening of health systems and services to make universal health coverage a reality and achieve the Sustainable Development Goals.

The fourth Country Cooperation Strategy's strategic priorities emerged from a critical analysis of the current epidemiological, disease burden and health system challenges, and considered the prevailing demographic, socio-economic, climate and environmental context. These priorities include:

1. strengthening health systems to make universal health coverage a reality;
2. providing quality and equitable integrated health service across across the life course;
3. preventing and controlling communicable and noncommunicable diseases;
4. strengthening health security and disaster risk reduction management;
5. following a multisectoral approach towards healthier populations.

The World Health Organization is fully committed to implementing the fourth Country Cooperation Strategy in collaboration with all relevant stakeholders. This implementation will be jointly monitored by Botswana's Ministry of Health and the World Health Organization at mid- and end-term. Any adjustments will be made during the mid-term review.

We look forward to further strengthening the partnership between the World Health Organization and the Government of Botswana.

Dr Josephine Namboze

WHO Country Representative

Executive summary

The fourth World Health Organization (WHO) Country Cooperation Strategy (CCS) for Botswana for the period 2024 to 2027 sets out WHO's strategic agenda and articulates how the effectiveness, efficiency, and quality of WHO work in Botswana will be improved. The aim is to ensure the greatest possible contribution to health and development outcomes. The CCS 2024–2027 aligns with the Second Transitional National Development Plan (NDP) 2023–2025, the Sustainable Development Goals (SDGs), the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022–2026 for Botswana and WHO's Thirteenth General Programme of Work 2019–2025 (GPW13).

Botswana's population growth rate declined steadily from 2.4% in 2001 to 1.9% in 2011. The total fertility rate (TFR) declined from 3.0 in 2011 to 2.731 in 2022. Of the total population, 75% is under 35 years of age, while the population above 65 years increased by 16% over the last 10 years. Botswana has made significant progress in health outcomes and services coverage over the past several years. Life expectancy at birth was 62.2 years in 2019 compared to 60.9 years in 2015. The maternal mortality ratio (MMR) was 240 deaths per 100 000 live births in 2021, compared to 166 deaths per 100 000 live births in 2019, while the under- 5 mortality rate was 34.9 deaths per 1000 live births in 2021 compared to 48 deaths per 1000 live births in 2017. The HIV incidence rate was 0.2% in 2022 compared to 1.35% in 2013, while the prevention of mother-to-child transmission (PMTCT) rate was 0.56% in 2020, down from 2.1% in 2013. The malaria incidence rate was 0.6 per 1000 population (2021), diphtheria-pertussis-tetanus vaccine (third dose) (DPT3) coverage was 70% (2021), the tuberculosis (TB) treatment rate was 78% (2020) and the human immunodeficiency virus (HIV) targets were 95–98%-98% (2021).

Botswana is burdened by communicable and noncommunicable diseases. The top 10 causes of mortality in 2020 included HIV, lower respiratory infections, stroke, heart disease, diarrhoeal diseases, diabetes mellitus, TB, self-harm, liver disease and road traffic injuries. The total amount of alcohol consumed per adult (15+ years) over a calendar year, in litres of pure alcohol (SDG 3.5.2), increased from 7.1 litres in 2015 to 8.2 litres in 2019. The adolescent birth rate (15–19 years) increased from 45.1 annual births per 1000 women in 2016 to 50.2 annual births per 1000 women in 2019.

Health workers conducting a polio surveillance exercise in Gaborone, November 2022

Several health system weaknesses have been identified. These weaknesses can be mitigated by support pillars like leadership and governance, health financing, human resources for health, essential medicines and technologies, service delivery approaches and strengthened health information systems (HISs). Addressing this sector's inefficiencies (allocative and technical), inequities and resource allocation issues can significantly improve health system performance, financial sustainability, efficiency, and resilience. The increase in the older population calls for lifelong interventions, maternal and newborn services, immunization, child health and adolescent health, and strengthening health services for older persons.

> Addressing the health sector's inefficiencies, inequities and resource allocation issues can significantly improve health system performance, financial sustainability, efficiency, and resilience.

In the long term, a mechanism to track progress towards universal health coverage (UHC), based on indices for progress by age cohort and annual sector-wide reviews of the state of UHC at all levels, needs to be institutionalized. Health system investments need to align with the desired outcomes, status of outcomes and level of functionality; they also need to track equity, efficiency, effectiveness, quality, and coverage. Investment in information systems to collect appropriately disaggregated, high-quality data, including the use of technology for real-time reporting, is key.

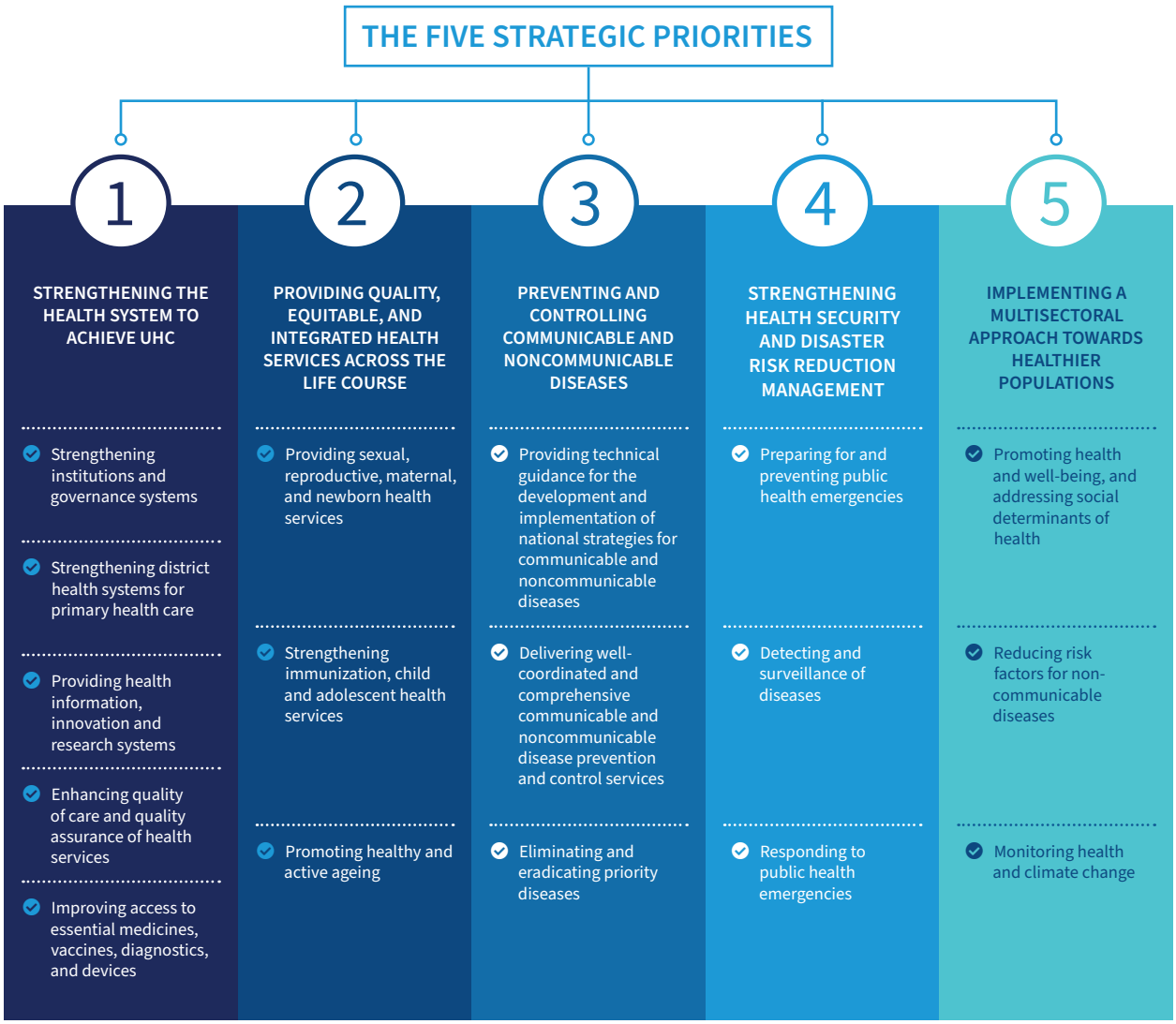
> Under the leadership of the WHO Country Representative, the CCS 2024-2027 will be monitored and evaluated jointly with the Ministry of Health and partners.

Five strategic priorities have been identified following a series of consultations with Botswana's Ministry of Health and other stakeholders. They are based on a critical analysis of the country's needs and WHO's comparative advantage in addressing those needs.

By following an integrated approach that entails dialogue and complementarities across programmes, disciplines and sectors, the CCS 2024–2027 will be operationalized through biennial results-based planning and programming processes, with a clear results framework that focuses on achieving impact and is based on the budget envelope required to implement each strategic priority. WHO will work closely with development partners and other stakeholders to harness global knowledge and help deliver evidence-informed, context-specific, and innovative solutions that will benefit all of Botswana. As a learning organization, WHO will use the GPW13 Triple Billion targets (aligned to national strategic priorities) to monitor performance and adapt the way it works in Botswana to maximize its contributions.

Under the leadership of the WHO Country Representative, the CCS 2024–2027 will be monitored and evaluated jointly with the Ministry of Health and partners.

A mid-term review of the CCS 2024–2027 will be conducted in 2025 and the final evaluation will be conducted in 2027.



1. Introduction

The World Health Organization (WHO) Country Cooperation Strategy (CCS) is a medium-term strategic document that defines the broad strategic framework for WHO work with Member States. It articulates how the effectiveness, efficiency, and quality of WHO work in Member States will be improved, with the aim of ensuring the greatest possible contribution to health and development outcomes. WHO Botswana has implemented three CCSs: 2003–2007, 2008–2014 and 2014–2020 extended to 2023. The fourth CSS, 2024–2027, builds on the strong foundation and achievements of the previous CCSs. The core principles of the CCS are:

- country ownership of the development process;
- alignment of the strategy with national priorities;
- harmonization of WHO work with that of the United Nations (UN) agencies and other development partners in the country.

The goal is to maximize WHO's contribution to the improvement of the health outcomes for the people of Botswana.

The CCS aims to:

- provide strategic direction for WHO in Botswana to advance the national health development agenda for the period 2024–2027.
- provide a framework for WHO biennial work plans and budgets.
- provide an institutional framework within which WHO in Botswana will function and collaborate with the three levels of the Organization, the UN and other development partners.

The development of CCS 2024-2027 was led by the WHO country representative and involved a participatory and transparent consultative process. The process involved application of the WHO CCS Guide to engage with Botswana's Government, WHO staff, UN Agencies, development partners, non-governmental organizations (NGOs) and academic institutions that contribute to health development in Botswana. The fourth CCS was informed by recommendations made after the evaluation of the third CCS (2014-2020 extended to 2023),

Figure 1: GPW13 "triple billion" priorities

Okavango Delta. Photo credits Botswana's Department of Broadcasting Services

development priorities as set out in the Government's Second Transitional National Development Plan (NDP) 2023–2025, the Thirteenth General Programme of Work (GPW13) goals (Fig. 1), the Sustainable Development Goals (SDGs), and the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022–2026. The CCS 2024–2027 considers the evolution of Botswana's political, demographic, social, economic, environmental, and legislative contexts, as well as the regional environments. It examines the health situation in the country and the development partner landscape.

The identified strategic priorities align with WHO's comparative advantage, country capacity, resources, good practices, and lessons learnt over the years. The implementation of the fourth CCS will follow a coherent One-WHO approach involving the three levels of the organization and anchored in multisectoral cooperation with all relevant health partners. This CCS provides a clear results framework and will be jointly monitored and evaluated by WHO and the Government of Botswana.

2. Country context

Botswana is a semi-arid landlocked Southern African country occupying 581 730 km2 with a combined land length boundary of 4347.15 km. Botswana borders Namibia in the west, South Africa in the south, Zambia in the north and Zimbabwe in the northern and eastern parts of the country. The Kalahari Desert covers 70% of the country's land surface in the central and southwestern part, the Okavango Delta lies in the northwest, and the Makgadikgadi salt pans are in the north-central area.

2.1. Political, demographic, social, economic, environmental, and legislative context

POLITICAL CONTEXT

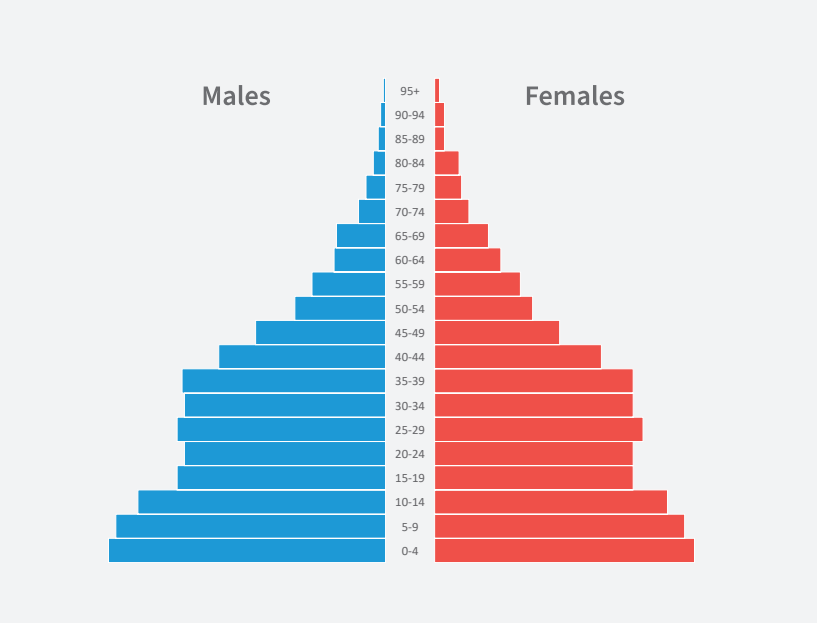
Botswana has a stable political environment with a multi-party democratic tradition of holding general elections every 5 years. The President is head of State and head of government. Governmental power is exercised by three branches of government: the executive, the legislature, and the judiciary. The ruling Botswana Democratic Party (BDP) has been in power since independence in 1966. The most recent election, its 11th, was held on 23 October 2019. The national and local government system is blended with the traditional chieftaincy and Kgotla system of governance. Botswana's long-standing political stability and security provide an opportunity for long-term investments in sustainable and resilient health systems for better health outcomes.

DEMOGRAPHIC CONTEXT

Botswana's population comprises 2,359,609 people[1] representing a 15.9% increase over the past 10 years and an annual population growth rate of 1.4%. Botswana's population growth rate has been steadily declining as follows: 4.6% in 1981, 3.5% in 1991, 2.4% in 2001, 1.9% in 2011 and 1.5% in 2022.

Four western districts (Kgalagadi, Ghanzi, Ngamiland and Chobe) account for 61% of Botswana's surface area, but accommodate only 13% of the population, while 11.6% of the population live in the capital city, Gaborone. Botswana's average

Fig 2. Population Pyramid Botswana 2022[1]

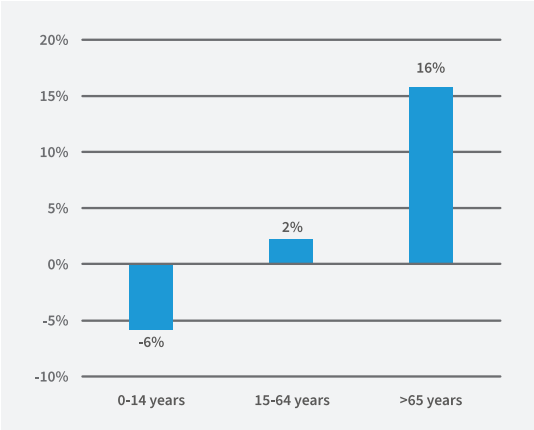


1 Botswana National Population Census 2022

household size is 3.3 persons per household, down from 3.7 persons in 2011 and the population density is 4.1 persons per km2 in 2022[1]. Botswana has a youthful population with about 66% of the total population under 35 year of age (Fig 2) Minors ages 0-17 years constituted 36% of the population while youth aged 18-35 years made up 30% of the population. Adults aged between 36 and 64 years made 28% of the population, and the elderly 65 years and above constituted 6% of the population. The mean age is estimated at 28 years while the median age is estimated at 26 years.

Botswana is undergoing a demographic transition. The total fertility rate (TFR) has declined from 3.0 in 2011 to 2.7 in 2022[2]. Secondary analysis[3] showed that the 0–14-year population group decreased by 6% from 2012 to 2022, the 15–64-year age group increased by 2% over the same period, and the population group of 65 years and above, despite constituting 6% of the total population, increased by 16% (Fig. 3). Given the increasing numbers of young people and declining fertility, Botswana has the potential to reap a demographic dividend, owing to a declining dependency ratio and an increase in the working-age population (15–64 years). However, as fertility levels continue to decline, dependency ratios will increase because the proportion of working-age persons will decline as the proportion of older persons increases. The increase in the number of older persons points to the need for the right policies and socio-economic programmes to ensure their good health and well-being.

Fig. 3. Percentage change in population 2012–2022



WHO 2023

SOCIAL CONTEXT

Botswana's Human Capital Index (HCI) was scored at 0.41 in 2020, representing an increase from 0.37 in 2010[4]. This is on par with the average for sub- Saharan Africa, but lower than the average for upper middle-income countries. Of Botswana's total population, 17.2% are considered multi-dimensionally poor. Poverty is more prevalent in rural areas (32.9%) than urban areas (8.5%). Jwaneng, Gaborone, Sowa town and Orapa are the cities/towns with the lowest poverty incidence, while Ngamiland West, Kweneng West, Ghanzi and Ngwaketse West have the highest incidence of multi-dimensional poverty and the highest intensity of deprivation[5]. The level of inequality (Gini index of 53.3) is among the highest in the world.

The national disability prevalence rate was 2.7% (55,347 persons) in 2022 compared to 2.9% (59,103 persons) in 2011. The most common type of disability was difficulty with eyesight (27.5%) followed by difficulty in mobility (21.6%)[2]. 57.9% of the population had used the internet in the three months prior to the census while 42.1% of the population had not used the internet in the three months prior to the census[2].

According to the Multi-Topic Survey: Labour Force Module Report Quarter 3 (2023), unemployment among youth is still notably high at 34.4%. Females recorded unemployment rate of 37.4% and 31.2% for males[6]. The lower secondary school completion rate was 90% in 2018, compared to 99% in 2015. The structural challenges faced by the country, as well as the effects of the COVID-19 pandemic, are partly to blame for slow economic growth.

Through the Reset Agenda, the country has committed to reforming the business environment and providing effective support for entrepreneurship and private-sector job creation. Furthermore, Botswana is committed to empowering women, fast-tracking the demographic transition, increasing the use of technologies, and making smarter investments at scale. This will facilitate

2 Botswana National Population Census 2022
3 https://data.worldbank.org/indicator/SP.POP.GROW?locations=BW
4 https://www.worldbank.org/en/country/botswana/overview
5 Statistics Botswana National Multidimensional Poverty Index Report 2021
6 Statistics Botswana Multi-Topic Survey: Labour Force Module Report (2023)

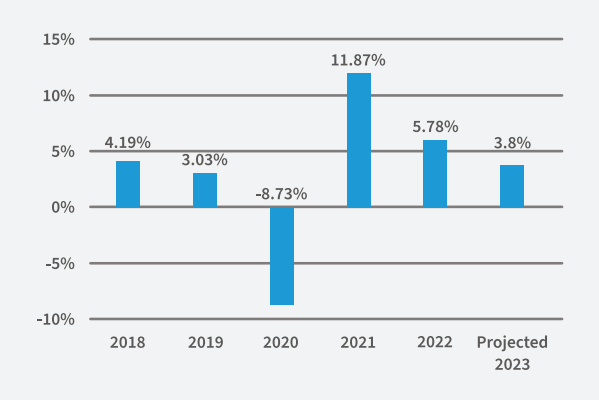
improvements in the provision of essential basic services like education, health, and social safety nets.

ECONOMIC CONTEXT

Botswana's economy contracted by 8.73% in 2020 largely due to the COVID-19 pandemic. In 2021, Botswana (an upper middle-income country) had a gross domestic product (GDP) per capita of US$ 6,887.75. The annual GDP growth rate was 5.8% in 2022 and 3.8% in 2023, reflecting a decline in diamond production and prices due to weaker global demand (Fig. 4).

Botswana's foreign exchange reserves decreased from P71.4 billion at the end of December 2018 to P54.5 billion at the end of 2022. This can be attributed to successive balance of payment deficits, trade shocks, adverse effects of COVID-19, volatile global financial markets, and the prolonged Russia/Ukraine war. In alignment with Vision 2036, the country projects that a 5.7% growth rate is required to attain high-income status by 2036. The Government is intensifying efforts to restructure the economy through accelerated industrialization, expansion of value chains, and the diversification and beneficiation of minerals. The projected GDP decline has implications for sustainable health financing, given that Member States are expected to increase domestic financing for health.

Fig. 4. Annual GDP growth rate 2018–2023



WHO 2023

CLIMATE AND ENVIRONMENT

Botswana is considered highly vulnerable to climate variability and change due to its high dependence on rain-fed agriculture and natural resources, high levels of poverty in rural areas, and a low adaptive capacity to deal with these expected changes[7]. Primary challenges are centred around water resource availability, changing precipitation patterns, and increasing population demands. Climatic and socio-economically unfavourable environments in semi-arid areas in Botswana are vulnerable to food insecurity and unstable livelihoods, as well as unsustainable agroecological systems, crop failure and unproductive rangelands.

Climate change has been identified as a significant contributing factor to the emergence and spread of pathogens. The interplay between climate change, food security, and pandemic preparedness and response is a crucial focus area that requires interdisciplinary and multisectoral collaboration. In addition, more research and actions are needed to strengthen public health systems for climate resilience. Botswana's adaptation strategies to climate change are identified in its Nationally Determined Contribution (NDC) submitted to the United Nations Framework Convention on Climate Change (UNFCCC) in 2016. These strategies are developed in the Botswana Climate Change Policy of 2022.

LEGISLATIVE CONTEXT

Botswana has adopted a constitution with a bill of rights that entrench basic human rights for the country. Among other provisions, the Constitution entrenches the basic human rights of vulnerable groups like women, children, and persons with disabilities. Provisions relevant to children are contained in the Children's Act, but relevant provisions are also contained in a range of acts and regulations like the Education Act (Chapter 58:01) and the Births and Deaths Registration Act (Chapter 30:01).

7 Botswana Climate Change Policy 2022

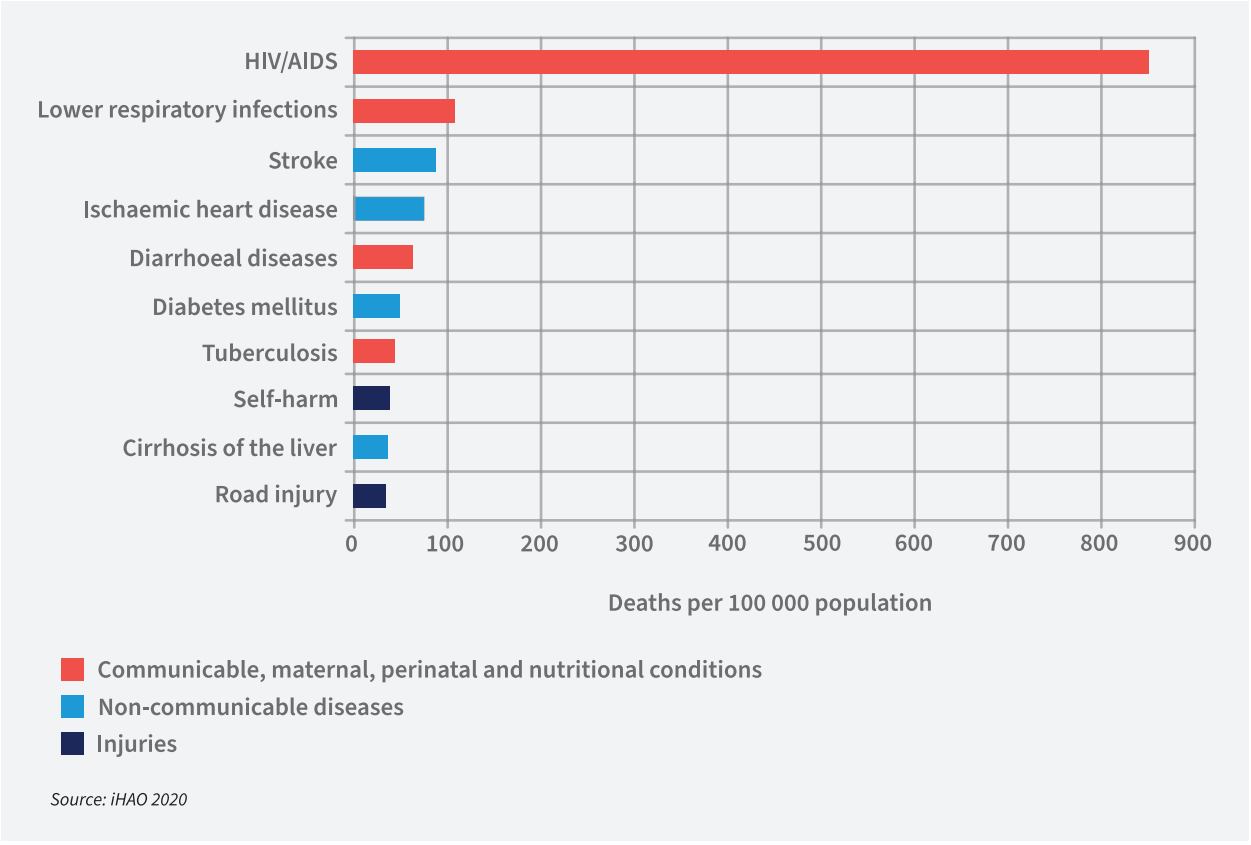
The Domestic Violence Act (2008) provides for the protection of domestic violence survivors and related matters. Botswana has no disability-specific legislation and is yet to sign or ratify the UN Convention on the Rights of Persons with Disabilities (CRPD). The country does, however, have the National Policy on Care for People with Disabilities (NPCPD) (1996) that provides a framework for acting on disability issues. The Public Health Act (Chapter 63:01) addresses public health in Botswana, including diseases subject to the International Health Regulations (2005), while the Mental Health Act (2023) makes provision for the reception, detention, treatment, and protection of mentally disordered persons.

The Drugs and Related Substances Act (1992) applies to all drugs and related substances. The Medicines and Related Substances Act (2013) established the Botswana Medicines Regulatory Authority (BOMRA) and provides for the registration, regulation of the sale, distribution, import, export, manufacture and dispensing of medicines and related substances, and matters incidental thereto

2.2. Health system in Botswana

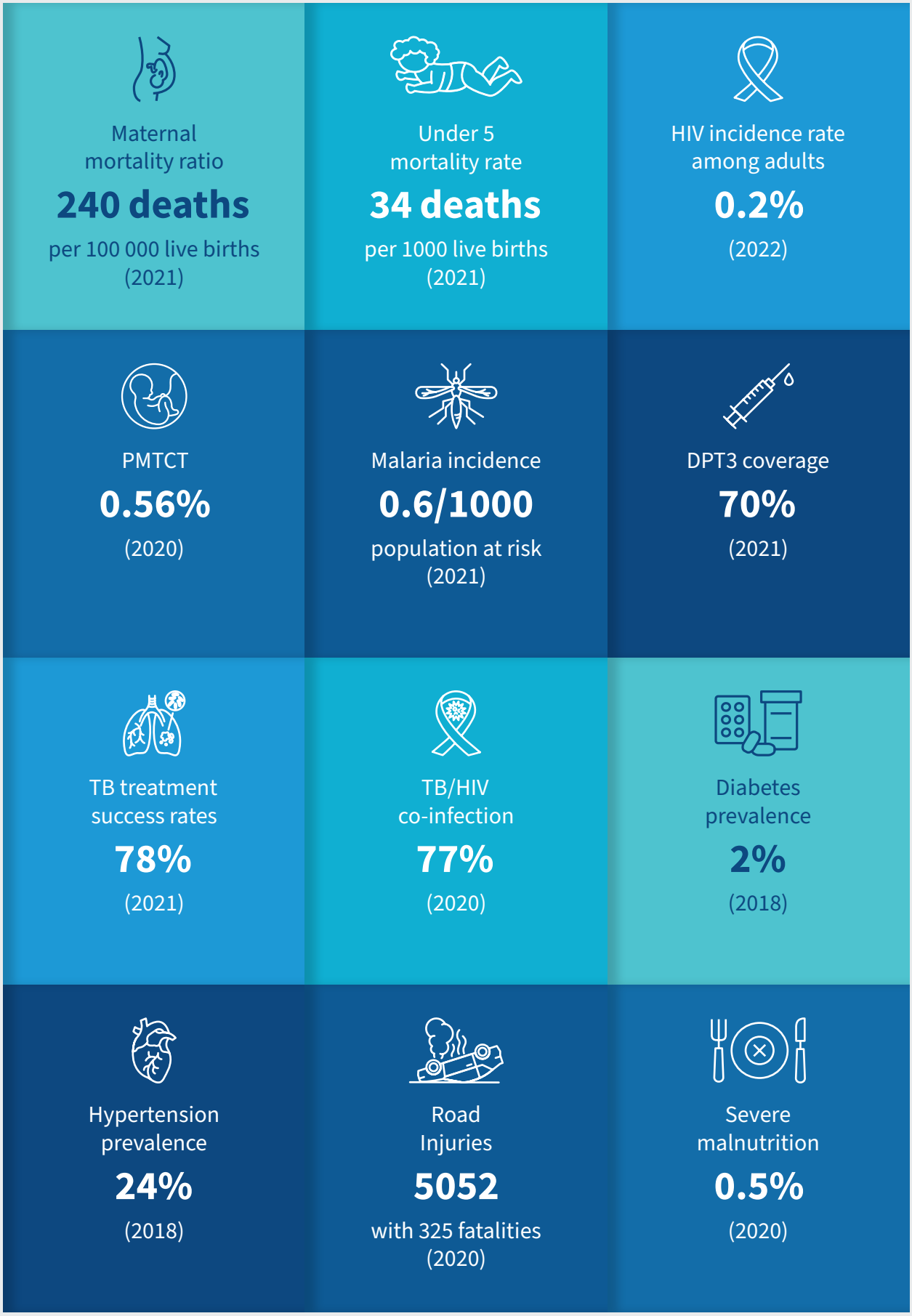
Life expectancy at birth for Botswana's population was 62.2 years in 2019, representing an increase from 58.1 years in 2010. The life expectancy at birth for women in Botswana in 2019 was about 65.5 years, compared to 58.9 years for men. The healthy life expectancy (HLE) was 53.9 years in 2019; it was 8.3 years lower than life expectancy. The HLE for females is 3.9 years higher than that for males. Botswana is undergoing an epidemiological transition and facing a dual burden of communicable and noncommunicable diseases. Approximately half of all deaths are due to communicable, maternal, perinatal, and nutritional conditions (Fig. 5). Key health indicators are highlighted in Box 1.

Fig. 5. Top 10 causes of death in Botswana 2020



Source: iHAO 2020

Box 1. Key health indicators for Botswana

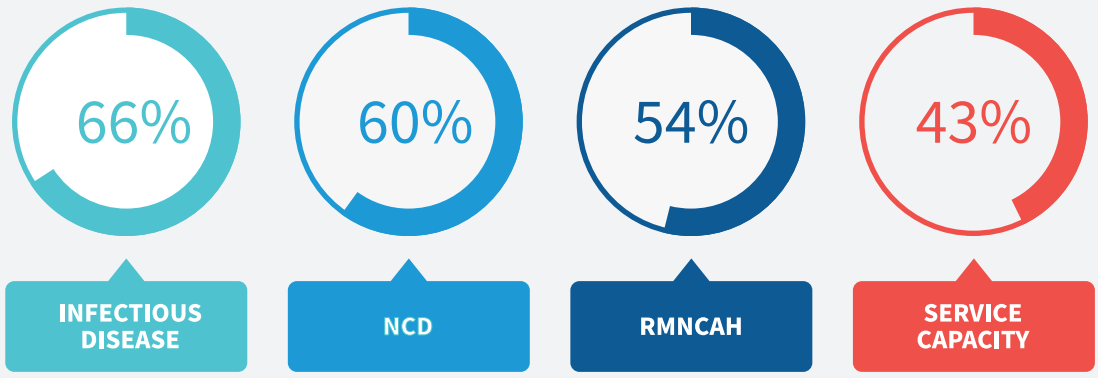


Source: WHO African Health Observatory

2.2.1. Universal Health Coverage

Botswana's Universal Health Coverage (UHC) service coverage index of 55 out of a possible 100 (2021), is low compared to the global average (67), and the average (77) of other upper middle-income countries (UMICs). This UHC service coverage has been relatively constant since 2010, where it was estimated at 54. The scores for the UHC sub-components are highlighted in Fig. 6. The financial risk protection for Botswana remains high. The out-of-pocket (OOP) payment is low, standing at 5.4% of the total health expenditure (THE) and only 1% of households spend over 10% of their income on health.

Fig. 6. UHC service index and sub-components 2021



Source: WHO 2023

Botswana's pluralistic service delivery model comprises public sector, private and mission facilities, and is dominated by the public sector, which operates 60% of the health facilities. Health services are delivered through a hierarchical network of 992 health facilities, of which 594 are public, 395 are private and three are mission health facilities according to the Botswana Master Health Facility List[8]. The health facilities include three national referral hospitals, 15 district hospitals, 17 primary hospitals, 311 clinics, 351 health posts and 931 mobile stops located in 27 health districts. According to WHO estimates, the doctor population density was 3.92 per 10 000 people in 2010 and 3.48 per 10 000 people in 2018, the nurse population density was 27.81 per 10 000 people in 2010 and 50.18 per 10 000 people in 2018, and the pharmacist population density was 2.02 per 10 000 people in 2011 and 1.99 per 10 000 people in 2018.

Major challenges include the absence of comprehensive data on the health workforce for effective planning, monitoring and evaluation, the high attrition of health workers following the COVID-19 pandemic, as well as the mismatch between the training of health care workers and actual sector needs.

The Government remains the main source of health expenditure, with budget allocations to public health care having steadily increased over the years to 2019's level of 80.5% of the THE. In the same year, total expenditure on health in Botswana was approximately 6.1% of the annual GDP, which is higher than sub-Saharan Africa's average of 4.97%. Addressing inefficiencies (allocative and technical) across the sector can significantly improve performance. Recent analysis indicates that Botswana has a technical efficiency of 0.22 out of 1 (measured by constant return to scale) costing the country US$ 865.27 million.

In terms of resource allocation, there is no clear formula that ensures equity and transparency. There

8 https://healthfacilities.gov.org.bw

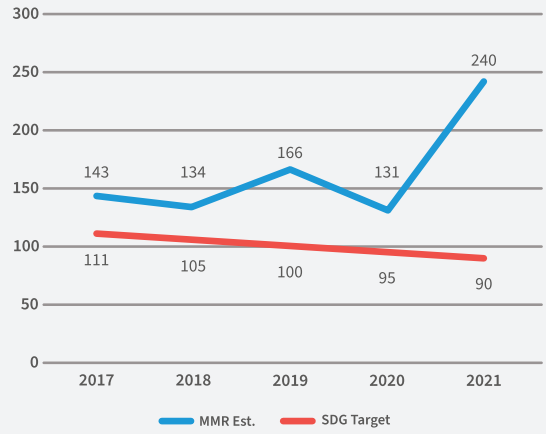
is inadequate stakeholder engagement in the budgeting process, and the flow of funds to the districts is often delayed and not aligned to district requirements. The allocation of funds is skewed towards curative health services.

Regarding the availability of lifelong health services, new vaccinations for pneumococcal disease, rotavirus, human papillomavirus (HPV), and poliomyelitis (IPV) have been introduced over the years. The diphtheria-pertussis-tetanus vaccine, third dose (DPT3) coverage is 70%, oral polio vaccine third dose (OPV3) is 63% and the first dose of the measles vaccine is 74% (2021). Botswana has adopted the Integrated Management of Childhood Illness (IMCI) strategy. Nonetheless, the leading causes of morbidity and mortality under 5 years of age are pneumonia, diarrhoea, prematurity, neonatal sepsis, and malnutrition. Soil-transmitted helminths (STH) and schistosomiasis (SCH), two of the most prevalent neglected tropical diseases (NTDs) in sub-Saharan Africa, are endemic to Botswana.

Although Botswana records close to 100% institutional deliveries, maternal deaths remain higher than those of other UMICs (Fig 7). Almost three fifths of maternal deaths (60.9%) occurred in the Gaborone and Francistown referral hospitals (Princess Marina and Nyagabwe) with Gaborone leading at 34.4%. The top three direct causes of maternal deaths for 2021 were haemorrhage (21.3%), septic abortion (18%) and hypertensive disorders in pregnancy (16%)[9].

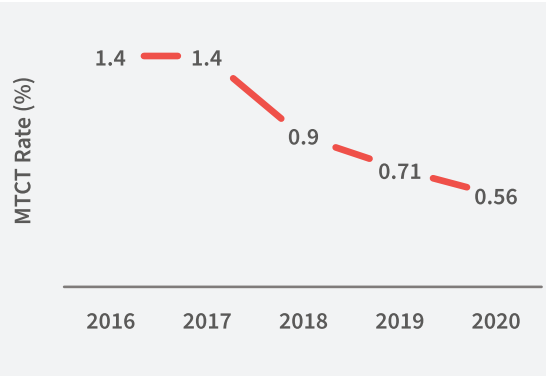
Among adults in Botswana, 20.8% (approximately 329 000 people) live with HIV. Approximately 2200 new cases of HIV are recorded annually among adults in Botswana. The prevalence of HIV among children aged 0–14 years in Botswana is 0.8%, which corresponds to approximately 5600 children living with HIV. The prevalence of viral load suppression (VLS) among all adults living with HIV in Botswana is 91.8%. Botswana exceeded all Joint United Nations Programme on HIV and AIDS (UNAIDS) 95-95-95 targets at 95.1%, 98.0%, and 97.9% among adults (15–64 years) living with HIV[10].

Fig. 7. Botswana maternal mortality ratio 2017–2021



Statistics Botswana 2021

Fig. 8. Trends of mother-to-child-transmission of HIV (%) 2016–2020



BIAS V 2023

Botswana reduced mother-to-child transmission (MTCT) to less than 1% in 2020 (Fig. 8). TB/HIV co-infection stands at 77%, and approximately 98% of the co-infected have been put on antiretroviral therapy (ART) (2020). Botswana has expanded services for noncommunicable diseases (NCDs) like cervical cancer screening and treatment. There are disruptions in the availability of services for diagnosis, treatment, and care of communicable and noncommunicable diseases due to challenges with the availability of essential medicines and inputs for diagnostic services. The growing older population, as well as the increasing burden of NCDs and injuries, means that specific and deliberate interventions should be scaled up should be scaled up.

9 Maternal Mortality Ratio 2021, Statistics Botswana August 2023
10 The Fifth Botswana AIDS Impact Survey 2021 (BIAS V) Report August 2023

Botswana exceeded all UNAIDS 95-95-95 targets at 95%, 98% and 98% among adults (15–64 years) living with HIV.

Regarding Health Information Systems (HISs), Botswana has developed legislation and governing tools like the Data Protection Act and the eHealth Strategy to strengthen systems for the generation, storage, transmission, analysis and use of health data to support decision-making. Monitoring and evaluation (M&E) and information technology (IT) officers were recruited at various levels to strengthen M&E systems. Electricity is available in 89% of the health facilities and 80% of the health facilities have health information systems running. The data generation systems are not, however, interoperable and the use of data for decision-making remains sub-optimal as most of the health care workers prefer to use manual systems.

2.2.2. Emergency preparedness and response

Apart from the 2018 rotavirus outbreaks in the under-5 age group, a few malaria outbreaks, and the COVID-19 pandemic, Botswana has not recently experienced any major outbreaks that tested its public health emergency preparedness and response (EPR) systems. The COVID-19 pandemic exposed the inadequacies of national systems and structures to respond to a pandemic in a timely and well-coordinated manner. These shocks have implications for socio-economic growth, the country's Vision 2036 objective of prosperity for all, and the SDGs. Botswana is vulnerable to the adverse effects of climate change, considering that it exacerbates climate-sensitive diseases like malaria and waterborne diseases like diarrhoea. It is also subject to high temperatures, which may result in some systemic shifts with far-reaching impacts.

In response to these shocks, Botswana has made some progress in terms of economic diversification, digitalization, and legal reforms to guide actions for EPR. The country has established the National Disaster Management Office (NDMO), National Emergency Operations Centre (NEOC), Public Health Emergency Response Committee (PHERC), Botswana Public Health Institute (BPHI) and District Rapid Response Teams (DRRT) for effective coordination of response to shock events and management of health security initiatives.

These structures are supported by various strategies, policies, and legal frameworks, including the International Health Regulations (2005), the Public Health Act (2013) and the National Action Plan for Health Security (NAPHS 2020–2025). The country has embraced the initiative to build its capacity to adequately prevent, prepare for, detect and rapidly respond to public health emergencies (PHEs) by developing three EPR flagship programmes to strengthen its health system. These programmes include Strengthening and Utilizing Response Groups for Emergencies (SURGE), Transforming African Surveillance Systems (TASS), and Promoting Resilience of Systems for Emergencies (PROSE). The PROSE flagship initiatives will be enhanced.

Botswana has also initiated workforce development by the building capacity of a multisectoral and multi-competent national team trained on SURGE; it is ready to be deployed within the first 24 to 48 hours of confirmation of an outbreak or emergency in or outside the country. The SURGE initiative aims to facilitate rapid mobilization of responders for future public health emergencies. The country is not only enhancing national capacity; it will implement a comprehensive, multisectoral approach at national, district and community levels for resilience to future external shocks, including pandemics.

Botswana experiences the challenges below when responding to external shocks.

- Inadequate number of community health care workers.
- Low functioning of community structures (like the Village Development Committees (VDCs)) involvement.
- Most initiatives are largely at a national level (apart from the Integrated Disease Surveillance and Responses (IDSRs) and DRRTs).
- Inadequate number of staff trained on emergencies coupled with low staff retention rates.
- The COVID-19 recovery plan and lessons learnt from COVID-19 (as outlined in the COVID-19 Intra-Action Reviews) were not adequately incorporated into the health sector corrective actions.
- Delays in formalizing crucial strategic directions in the health sector, like the establishment of the Public Health Emergency Operation Centre (PHEOC), finalization and endorsement of the NAPHS, multi-hazard plans and operationalization of the One Health approach that will optimize animal and human health surveillance for disease outbreaks.
- Delays in defining legal frameworks for the various structures, including the BPHI, to avoid the function overlap that was observed with DRRTs and the Incident Management System (IMS) that was set up to coordinate the COVID-19 response.

2.2.3. Promoting a Healthier Population

In Botswana, NCDs are emerging as a major cause of morbidity and mortality, accounting for 46% of all premature deaths in 2020 according to WHO statistics. The major NCDs are hypertension, diabetes, mental health/disorders, cancer, physical injuries, and risk factors. Cardiovascular disease is also on the increase. The factors contributing to this trend are multiple and, for the most part, modifiable, given that they are related to lifestyle. These factors include excessive alcohol consumption, obesity (30.6%), smoking (19.5%), poor diet (94.5%) and physical inactivity (20.1%). Increased road traffic accidents, substance abuse, assault and injuries also contribute to the problem.

The top three causes of death for all ages combined in 2019 (after HIV) are ischemic heart disease (up 31% from 2009), stroke (up 18.8% from 2009) and diabetes (up 40.1% from 2009)11. Cervical cancer is the most prevalent cancer among women, accounting for 32% of all cancers in women, and 19% of cancer-related deaths in Botswana's overall population.

In response to the burden of NCDs, the country is implementing a national multisectoral strategy for the prevention and control of NCDs 2018–2023. The focus is on reducing the burden of NCDs and their modifiable risk factors through evidence-based and cost-effective approaches and partnerships.

This strategy prioritizes four areas, namely: a) reducing risk factors through awareness, promoting healthy lifestyles, and creating enabling environments; b) treating and mitigating the impact of disease through health system reorientation, early detection, and provisionof quality, people-centred services that begin at the primary care level;

TOP THREE CAUSES OF DEATH FOR ALL AGES IN 2019

ISCHEMIC HEART DISEASE
31% up

STROKE
18.8% up

DIABETES
40.1% up

c) performing monitoring, surveillance, and research to understand the burden of disease, identify innovative solutions and evaluate the impact of interventions; and d) accelerating country response to NCDs, through strengthened national prioritization, coordination, multisectoral action and partnerships.

In line with the WHO Framework Convention on Tobacco Control (FCTC) Secretariat, the National Assembly passed the Tobacco Control Act 2021 on 16 August 2021 and established a multisectoral Tobacco Control Committee. The Act ensures the application of Article 5.3 of the FCTC, which requires full transparent interaction of a public body with the tobacco industry, and should take place only when necessary for effective regulation. Partnerships, agreements, or contributions (including voluntary contributions), among other things, from the tobacco industry to any public body are prohibited. The Act also prohibits smoking in enclosed public places or enclosed private or public workplaces (including offices, health institutions and educational facilities), public service vehicles and any public place, defined as any place accessible to the public or place for collective use, regardless of ownership or right of access.

2.3. Key health system and development actions to consider for CCS 2024–2027

Although significant progress has been made, inequity in health service coverage and outcomes persists. It is therefore necessary to accelerate implementation in the 6 years remaining to the SDGs 2030.

TOWARDS ACHIEVING UNIVERSAL HEALTH COVERAGE IN BOTSWANA

To make UHC a reality as soon as possible, a comprehensive essential health care package needs to be developed with defined targets, verification means, and implementation priorities for addressing health needs for the age cohorts left behind. In addition, the following are required: revitalization of the primary health care (PHC) approach and the necessary health system support pillars, including leadership and governance, health financing, human resources for health, essential medicines and technologies, service delivery approaches and HISs. The disruption in resource availability and allocation caused by the COVID-19 pandemic calls for updating the health financing strategy to enhance financial risk protection and ensure sustainable health financing.

Addressing the sector's inefficiencies (allocative and technical), inequities, resource allocation and inadequate financing will improve the financial sustainability, efficiency, and resilience of the national health system.

Furthermore, the attrition of health care workers seen post-COVID-19 needs to be reversed. Well trained, supported, and integrated community health care workers are needed for strong community health systems. The increase in the number of older persons calls for lifelong health interventions, maternal and newborn services, immunization, child health and adolescent health, and the strengthening of health services for older persons.

STRENGTHENING HEALTH SECURITY FOR FUTURE DISASTERS AND EPIDEMICS

The COVID-19 pandemic presented an opportunity to scale up investments for health security. More effort is needed to functionalize the Public Health Emergency Operations Centre (PHEOC), enhance comprehensive district health security, build health care workforce capacity, implement a One Health approach, and mitigate the effects of climate change. Building health system resilience will ensure that future pandemics are rapidly detected, addressed, and prevented.

ACHIEVING BETTER HEALTH AND WELL-BEING FOR POPULATIONS

Botswana is experiencing a dual burden of disease and, in the short to long term, must implement a comprehensive programme to address NCD risk factors. Multisectoral and community actions are needed to promote health and well-being, including the implementation of laws, policies, and action to reduce risk factors like tobacco, alcohol, and drug use. Psychosocial support and mental health have been highlighted as major contributors to Botswana's suicide numbers.

TRACKING PROGRESS TOWARDS NATIONAL AND SUSTAINABLE DEVELOPMENT GOALS

In the long term, a mechanism to track progress towards UHC, based on indices for progress by age cohort and annual sector-wide review of the state of UHC at all levels needs to be institutionalized. Health system investments need to align with desired outcomes, status of outcomes and level of functionality, while tracking equity, efficiency, effectiveness, quality, and coverage. Investment in information systems to collect appropriately disaggregated, high-quality data is key and includes using technology for real-time reporting.

Basic Emergency Care Facilitators demonstrating airway opening maneuvers to participants during BEC training in Francistown in May 2023.

Botswana receiving the first COVAX consignment of 24,000 doses of COVID-19 vaccine. Gaborone, 27 March 2021

3. Development partners

3.1. Main health and development partners in Botswana

The key health development partners providing technical and financial support in Botswana include UN agencies and bodies, bilateral and multilateral agencies, global health partnerships and initiatives, development banks and international financial institutions, civil society and NGOs, community groups and academic institutions. Table 1 highlights selected partners and the areas of support.

Table 1. Mapping of development partners in Botswana

	Health	Water & sanitation	Education & learning	Agriculture	Infrastructure	Governance	ICT	Climate change and the environment	Social protection	Trade and ndustry	Labour and Employment	Culture, sports and tourism	Human rights
African Development Bank	x												
African Union	x	x	x	x	x	x	x	x	x	x	x	x	x
Centers for Disease Control and Prevention	x												
China					x					x	x		
Cuba	x										x		
European Union							x	x		x			x
France			x	x									
GAVI	x												
Germany	x	x**	x	x			x	x**		x**			x
Global Fund	x												
Global Polio Eradication Initiative	x												
India										x	x		
Japan			x	x									
PEPFAR	x												
Norway	x							x					
Roll Back Malaria	x												
Rotary International	x												
Russian Federation	x												

	Health	Water & sanitation	Education & learning	Agriculture	Infrastructure	Governance	ICT	Climate change and the environment	Social protection	Trade and ndustry	Labour and Employment	Culture, sports and tourism	Human rights
Sweden	x												
Southern African Development Community (SADC)	x	x	x	x	x	x	x	x	x	x	x	x	x
United Kingdom	x	x	x	x	x	x	x	x	x	x	x	x	x
UN agencies	x	x	x	x	x	x	x	x	x	x	x	x	x
United States Agency for International Development (USAID)	x						x	x	x				
World Bank	x			x	x			x					

***through the Southern African Development Community (SADC)*

3.2. Collaboration with the United Nations system at the country level

The UNSDCF 2022–2026 for Botswana guides the country programme cycle of UN agencies at country level and presents opportunities for joint and synergistic action between the agencies in support of the 2030 Agenda. The UNSDCF, aligned with Botswana's national development plans (NDPs), including NDP 11 (2017–2023) and Vision 2036: Achieving Prosperity for All, has five major outcomes as outlined below.

1. By 2026, gender inequality is reduced, and women and girls are empowered to access their human rights and participate in and benefit from inclusive development.
2. By 2026, all people, particularly vulnerable and marginalized groups, have equitable access to quality health, nutrition, education, and social protection services.
3. By 2026, Botswana sustainably uses and actively manages its diverse natural resources, improves food security, and effectively addresses climate change vulnerability.
4. By 2026, Botswana has strengthened resilience to shocks and emergencies, and is on a sustainable, equitable economic trajectory that reduces the levels of inequality, poverty and unemployment.
5. By 2026, Botswana is a just society, where leaders are accountable, transparent, and responsive, corruption is reduced, and people are empowered to access information, services and opportunities and participate in decisions that affect them.

The United Nations in Botswana is represented by the Food and Agriculture Organization of the United Nations (FAO), International Fund for Agricultural Development (IFAD), International Labour Organization (ILO), International Organization for Migration (IOM), United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), Office of the High Commissioner for Human Rights (OHCHR), UNAIDS, United Nations Development Programme (UNDP), United Nations Department for Safety and Security (UNDSS), United Nations Environment Programme (UNEP), United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Population Fund (UNFPA), United Nations Human Settlements Programme (UN-Habitat), United Nations High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF), United Nations Industrial Development Organization (UNIDO), United Nations Office on Drugs and Crime (UNODC), United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), World Food Programme (WFP) and WHO.

WHO is part of the United Nations Country Team (UNCT) and recognizes the UNSDCF as the main instrument for coordinating efforts and ensuring alignment with the GPW13.

WHO is part of the United Nations Country Team (UNCT) and recognizes the UNSDCF as the main instrument for coordinating efforts and ensuring alignment with the GPW13. The CCS 2024–2027 develops the strategic health priorities for WHO, while working together on issues beyond the health sector. It supports the implementation of UNSDCF-defined health priorities. WHO participates in the following results groups: UN Operations Management Team (OMT); UN Communications Group; Monitoring, Evaluation and Learning (MEL) Group; Inter-Agency Team on Sexual Exploitation and Abuse (IAT-SEA); Cross-cutting Thematic Group and Gender Theme Group; and UNAIDS.

WHO Regional Director for Africa Dr Matshidiso Moeti (centre) and WHO Country Representative Dr Josephine Namboze (right), meeting the President of Botswana His Excellency Dr Mokgweetsi Eric Keabetswe Masisi to discuss health and development, in the context of the organization of the 73rd meeting of the WHO Regional Committee for Africa that brings together the leaders of the public health sector in the region. Gaborone, 2023

4. WHO and Botswana: a Collaborative history

4.1. WHO work in Botswana

4.1.1. Country presence

WHO established an office in Botswana in 1966. WHO works to promote health, keep the world safe, and serve the vulnerable. Its core functions to provide leadership on health, shape the research agenda, set norms and standards, advocate for evidence-based and ethical policies and monitor and assess health trends. The WHO Country Office (WCO) under the leadership of the WHO Country Representative engages in partnerships where joint action is needed and provides technical support, while catalysing change and building sustainable institutional capacity. The CCS is the cooperative agreement between WHO and Member States, focusing on WHO core functions (Fig. 9).

4.1.2. Country Cooperation Strategy 2014-2020

With the third CCS 2014–2020, WHO supported Botswana in the following five strategic priority areas:

1. Reduction of communicable diseases like HIV/AIDS, tuberculosis, malaria, NTDs and vaccine-preventable diseases.
2. reversing the rising burden of NCDs through the promotion of healthy lifestyles.
3. promoting health through the course of life with special emphasis on reducing neonatal and maternal mortality, as well as addressing the determinants of health;.
4. health system strengthening, with a special focus on health financing and human resources planning.
5. epidemic preparedness and response, with emphasis on the implementation of the International Health Regulations (IHR 2005).

The implementation of the third CCS was extended to 2023, considering that the focus was on supporting the country to navigate the COVID-19 pandemic. Table 2 highlights the key achievements of the third CCS.

Table 2. Highlights of key achievements of the previous CCS implementation

CCS technical focus	Key achievements over the CCS period
Communicable diseases	• Botswana has exceeded the UNAIDS 95-95-95 targets, with 95.1% of the adult population living with HIV knowing their status, 98% on treatment, and 97.9% of those who are on treatment being virally suppressed. • Reduced MTCT of HIV to 2.21%, surpassing the 5% global target, and awarded the Silver Tier Certificate by WHO.. • Recognized and bestowed with the National Achievement Award on 20 September 2022 by the Africa-America Institute (AAI) for effectively containing and managing the spread of HIV, tuberculosis and malaria, among other accomplishments.
NCDs	• Tobacco Control Act (2021) which ensures the application of Article 5.3 of the FCTC. • Botswana's multisectoral strategy for the prevention and control of NCDs (2018–2023).
Health through the life course	• WHO-enabled introduction of new vaccines. • Institutionalization of maternal and perinatal death audits. • Supported establishment of integrated care of older people (ICOPE), a strategy on healthy and active ageing.
Health systems	• Supported strengthening of health financing systems through the production of national health accounts. • National and programme policies, strategies and guidelines were developed. • Revamped DHIS2, conducted health surveys, health sector performance reviews, medical certification of cause of death, International Classification of Diseases (ICD) coding, assessments of HISs and establishment of the health data collaborative.
Epidemic preparedness and response	• Supported conducting the Joint External Evaluation (JEE), development of the NAPHS, and upscaling of the Integrated Disease Surveillance and Response (IDSR). • Strengthening IHR core capacities. • Technical and financial support for the COVID-19 pandemic response.

Fig. 9. WHO core functions

4.1.3. Lessons learnt and opportunities

Key lessons learnt are outlined below.

- Botswana's political commitment, visionary leadership and bold action by the Government, civil society, the private sector, development partners and community leaders have been critical to the successes of its health sector.
- The COVID-19 pandemic exposed weaknesses in Botswana's health system. Building resilient health systems is essential for rapid and effective response to any shocks.
- Adoption of technological innovations and digitization are critical to improving access to and effectiveness of health services, quality of care, real-time reporting, surveillance and monitoring, and the evaluation of health interventions.
- Capacity-building and continuous orientation of all staff on the issues of gender, equity and human rights will help to improve performance.
- Raising resources locally remains a challenge considering that Botswana is an UMIC. However, strong collaboration with development partners creates opportunities for WHO to deliver on its mandate.
- The ability of WHO to draw expertise from other levels of the Organization to cover human resources gaps contributed greatly to the implementation of the CCS.

4.2. Botswana's contribution to the regional and global health agenda

Botswana actively participates in WHO governance bodies like the World Health Assembly (WHA) and the Regional Committee for Africa, where global and regional health issues are discussed, and resolutions passed for implementation by Member States. For example, at WHA73 in 2020, Botswana's Minister of Health was elected to serve on the Executive Board of WHO for 3 years; recently the Government of Botswana hosted the Seventy-third Regional Committee for Africa from 28 August to 1 September 2023. Botswana is participating in the Working Group on the Amendment of the International Health Regulations (WGIHR) 2005 and is also a member of the Intergovernmental Negotiating Body (INB) established at the special session of the WHA in December 2021 to draft and negotiate the WHO Pandemic Agreement aimed at strengthening pandemic prevention, preparedness, and response.

As a member of SADC, Botswana participates in discussions on health issues affecting the subregional bloc, for example, tuberculosis in the mining sector, as well as HIV and AIDS prevention and control in most-at-risk populations and strengthening the health workforce in the Region. Botswana, Eswatini, Lesotho, Namibia and South Africa formed an Inter-country Certification Committee (ICCC) to advance Global Polio Eradication Initiative (PEI) activities.

Plenary session during the 73rd session of the WHO Regional Committee for Africa held in Gaborone, 28 August – 1 September 2023

The University of Botswana (UB) School of Nursing, which has been a WHO Collaborating Centre (WHOCC) for Nursing and Midwifery Development since 1990, was re-designated in March 2022 for another 4 years with updated terms of reference aimed at strengthening the health workforce in the African Region. The WHOCC will conduct collaborative research on the impact of the COVID-19 pandemic on the nursing and midwifery workforce and strengthen nursing and midwifery leadership through skills development.

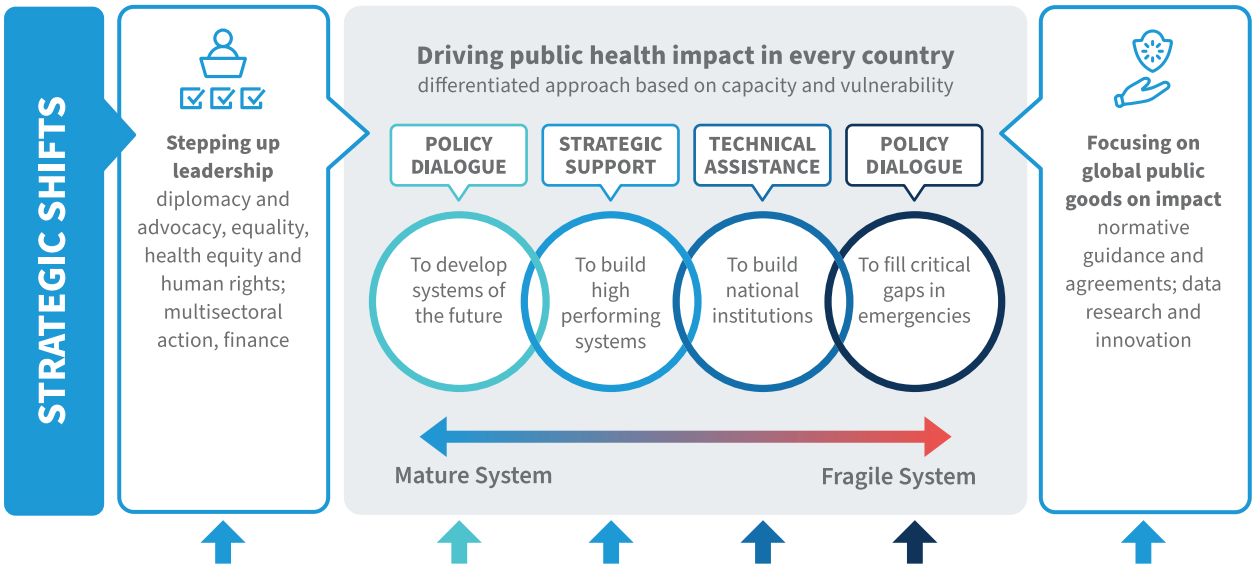
The Botswana National HIV Reference Laboratory was designated as a WHO HIV Drug Resistance Laboratory in 2019 and as a WHOCC in August 2023 for 4 years. The WHO HIV Drug Resistance Laboratory strengthens national and regional capacity for HIV drug resistance genotyping and genomic surveillance for viral hepatitis, sexually transmitted infections, tuberculosis, cancer, and emerging/re-emerging diseases.

Botswana actively participates in WHO governance bodies like the World Health Assembly (WHA) and the Regional Committee for Africa.

5. Strategic priorities

WHO technical cooperation with countries is contextualized along the continuum illustrated in Fig. 10. As health systems mature, WHO technical cooperation focuses on strategic support and policy dialogue related to specific needs defined by the country.

Fig. 10. Strategic shifts for technical cooperation with countries



The five identified CCS 2024–2027 strategic priority areas, focus areas and key deliverables are listed in Box 2.

Box 2. CCS strategic priorities 2024–2027

1. Strengthening Botswana's health system towards Universal Health Coverage;
2. Providing quality, equitable and integrated health services across the life course;
3. Preventing and controlling communicable and noncommunicable diseases
4. Strengthening health security and disaster risk reduction management
5. Implementing a multisectoral approach towards healthier populations.

Two participants at the External Competence Assessment of Malaria Microscopists (ECAMM) workshop conducted by AmRef and WHO Botswana in Mahalapye, 29 August – 2 September 2022

STRATEGIC PRIORITY 1:
Strengthening health systems towards universal health coverage

Botswana is committed to revitalizing PHC as a cornerstone to attaining UHC and achieving the SDG targets. Health service outcomes are linked to the appropriate mix of health system investment across all health system building blocks.

FOCUS AREA 1.1: Strengthening institutions and governance systems

Strong institutions and good governance of health systems promote transparency, accountability and responsiveness to public expectations.

WHO will:

- support the development of comprehensive and costed national health policies and strategies that enable effective implementation of PHC towards UHC;
- facilitate health institution reforms, laws and regulations, including legal frameworks for UHC that contribute to access, quality and financial risk protection;
- advocate for optimizing the private sector to achieve UHC;
- support the building of a sustainable health financing model to ensure financial risk protection;
- support human resource development for the health strategy to drive delivery of PHC.

CCS deliverables

- Comprehensive national policies and strategies to support UHC.
- Institutional frameworks and governance systems for UHC.
- Operational health partnership framework.
- Sustainable health financing strategy.
- Human resources for health strategy.

FOCUS AREA 1.2: District health systems strengthening for primary health care

Botswana has completed the district health system functionality assessment that provides the baseline for each district's progress on the path to UHC. The assessment highlights key areas for strengthening.

WHO will:

- support district health strategic and operational planning;
- institutionalize district health system functionality assessments;
- support the operationalization of the essential health services package for all age cohorts;
- support strengthening of the referral system for continuity of service delivery across the different levels of the health system, including the tertiary level.

CCS deliverables

- Strengthened district health systems in line with the National Decentralization Policy.
- District health strategic and operational plans.
- Annual reviews of district health sector performance.

FOCUS AREA 1.3: Health information, innovation, and research systems

During the third CCS, remarkable investment was made in HISs. The Botswana eHealth Strategy 2020–2024 and the Botswana Health Innovation Management System (BHIMS) were developed. Essential health information is generated from a range of data sources, and a wide array of stakeholders involved in the health sector.

WHO will:

- support strengthening of comprehensive monitoring and evaluation for the health system to improve reporting on trends and coverage by age, gender and other equity dimensions;
- strengthen civil registration and vital statistics, adoption of the International Classification of Diseases 11th Revision (ICD-11), and mortality reporting and analysis;
- support adoption of technologies and implementation of the National eHealth Policy;
- enhance the generation and use of data for evidence-based decision-making by supporting the conduct of surveys, data analysis, setting up registries and programme evaluations.

CCS deliverables

- HIS collecting high quality disaggregated data for health inequality monitoring.
- ICD-11-compliant morbidity and mortality reporting.
- National eHealth Policy implemented.
- Conduct key prevalence surveys and programme evaluations.

FOCUS AREA 1.4: Quality of care and quality assurance of health services

The quality of health care services is critical for achieving effective UHC. It is therefore important to ensure that the health services provided are effective, safe and people-centred.

WHO will:

- support strengthening the quality of care at all levels;
- facilitate the establishment of quality improvement structures across the health sector;
- support implementation of the infection prevention and control (IPC) strategy and national quality standards;
- finalize development and implementation of quality performance indicators;
- support the development of the national policy and guidelines for occupational health, safety and wellness for health care.

CCS deliverables

- Quality-of-care strategy implemented.
- Quality improvement structures established.
- Quality performance indicators developed.
- National quality standards and IPC strategy implemented.
- Occupational health and safety policy and plan developed.

FOCUS AREA 1.5: Improving access to essential medicines, vaccines, diagnostics and devices

Broadening and extending access to high-quality, safe, effective, and affordable medicines, vaccines, diagnostics and other technologies are essential.

WHO will:

- support the development of policies and strategies to improve Botswana's timely access to health products, including therapeutics, vaccines and supplies;
- facilitate assessments of the BOMRA to reach WHO Maturity Level 3;
- provide technical support for pharmacovigilance and safety reporting;
- support the review and update of national lists for essential medicines, diagnostics, and devices.

CCS deliverables

- Updated policies and strategies to improve Botswana's access to health products, including therapeutics, vaccines, and supplies.
- BOMRA attains WHO Maturity Level 3.
- Improved pharmacovigilance, medicines, and vaccine safety reporting into the VigiBase global database.
- Updated national lists for essential medicines, diagnostics, and devices.

A child receiving a dose of nOPV2 vaccine during the Polio supplementary vaccination campaign

STRATEGIC PRIORITY 2:
Quality, equitable and integrated health services across the life course

Evidence-based strategies are critical to improving health across the life course, from preconception, pregnancy and childbirth to infancy, childhood, adolescence, adulthood and older age, as well as across generations. There is need to ensure that health care facilities deliver services consistent with the Package of Essential Health Services (PEHS). Successful implementation of the PEHS will go a long way towards improving access, reducing referrals and unnecessary delays, reducing health inequalities, and promoting the affordable utilization of health care services, among other things.

FOCUS AREA 2.1: Sexual, reproductive, maternal, and newborn health services

This area focuses on strengthening capacity to reduce risk, morbidity and mortality and improving reproductive, maternal, newborn, child, and adolescent health (RMNCAH).

WHO will:

- support the improvement of programme delivery and outcomes using WHO recommendations on maternal and newborn health services, and antenatal and postnatal care;
- enhance skilled birth attendance and emergency obstetric care;
- promote evidence-based recommendations to guide family planning decisions;
- strengthen maternal and perinatal death surveillance and response;
- improve quality of care for maternal health.

CCS deliverables

- Enhanced quality of care for maternal and perinatal health.
- Improved audit and classification of maternal and perinatal deaths.
- Reduced unmet family planning service needs..

FOCUS AREA 2.2: Strengthening immunization, child, and adolescent health services

Immunization protects individuals, families, communities, and future generations by preventing and reducing the severity of diseases, thereby reducing infant and child mortality. In adolescence, specific policies and programmes are needed to promote and manage young people's health and well-being.

WHO will:

- support implementation of the National Immunization Strategy 2024–2028 by using innovative strategies to reach targeted populations (Reaching every district (RED));
- facilitate the periodic intensification of routine immunization (PIRI) and Child Health Days (CHDs);
- support implementation of Integrated Supportive Supervision (ISS);
- advocate for and coordinate the introduction of new vaccines as they become available for all ages;
- support implementation of high impact interventions for children and adolescents;
- support Expanded Programme on Immunization (EPI) surveys and assessments (EPI coverage survey, data self-quality assessment and effective vaccine management assessment);
- develop an implementation plan for commitment to adolescent well-being.

CCS deliverables

- Innovative strategies to increase the population's immunity through implementation of the National Immunization Strategy 2024–2028.
- Introduction of new vaccines as they become available.
- Implementation of high-impact child survival interventions.
- Report on EPI coverage survey.
- Report on data quality self-assessment.
- Report on effective vaccine management assessment.
- Adolescent well-being implementation plan developed.

FOCUS AREA 2.3: Promoting healthy and active ageing

Life expectancy in Botswana is increasing, resulting in an increase in the number of older people. It is necessary to align health systems to the needs of older people and effectively implement the intended programmes on healthy ageing. National capacity must be strengthened and progress through age-disaggregated data must be closely monitored.

WHO will:

- develop and revise guidelines and strategies on older people to guide programme implementation;
- support the building and strengthening of capacity for planning, organization and implementation to effectively deliver health services to older people (leave no one behind);
- promote uptake of older persons' health interventions;
- facilitate monitoring and evaluation mechanisms to track programme performance.

CCS deliverables

- Implementation of policies, strategies, and guidelines for older persons.
- Data on health service utilization by older people captured and used for programme improvement.
- Health workers trained on ICOPE.

WHO staff and health workers in the Tutume district documenting a story of beneficiaries of the national program of preventing the transmission of HIV from mother to child. January 2024

STRATEGIC PRIORITY 3:
Communicable and noncommunicable disease prevention and control

Botswana is facing a dual burden of communicable and noncommunicable disease. Strategies, plans, norms and guidelines facilitate timely detection, screening and treatment of these diseases, and provides access to palliative care for people in need. High-impact essential NCD interventions can be delivered through a PHC approach and integrated disease management.

FOCUS AREA 3.1: Provision of technical guidance towards the development and implementation of national strategies and guidelines for communicable and noncommunicable diseases.

National policies and technical and clinical practice guidelines all provide the standards of care for effective and appropriate management of diseases for better health outcomes. They should be based on the best available research evidence and practice experience.

WHO will:

- review and update normative guidance for priority communicable and noncommunicable diseases;

- support programme reviews to inform programme planning and implementation;.
- support strategic information initiatives, including surveys and research on HIV, tuberculosis, sexually transmitted infections (STIs), hepatitis, malaria and NCDs;
- support the establishment and strengthening of patient disease registries, particularly the cancer registry;
- support resource mobilization initiatives for priority communicable and noncommunicable diseases.

CCS deliverables

- Updated normative guidance for priority communicable and noncommunicable diseases.
- Programme reviews and evaluations completed.
- Disease-priority surveys implemented: NCD STEPS Survey, tuberculosis surveys, malaria key performance indicator (KPI) survey and hepatitis prevalence survey.
- Enhanced cancer registries.
- Resources from global health initiatives and other partners mobilized.

FOCUS AREA 3.2: Delivery of well-coordinated comprehensive communicable and noncommunicable disease prevention and control services

In addressing the dual burden of disease, an integrated people-centred approach should be implemented, using appropriate diagnostics and patient management interventions.

WHO will:

- promote integrated people-centred care with improved management of persons with co-morbidities;

Environmental surveillance activity conducted at the Glen Valley Wastewater Treatment Plant in Gaborone, October 2022.

Environmental surveillance activity conducted at the Glen Valley Wastewater Treatment Plant in Gaborone, October 2022.

Malaria Programme review, Okavango District, May 2023

- facilitate capacity-building and upskilling of health care workers to improve case management for better health outcomes;
- strengthen capacities for medical laboratories and diagnostic services for quality outcomes to aid patient management and clinical research;
- support implementation of the WHO Package of Essential Noncommunicable Diseases Interventions (WHO PEN) to enable early detection and management of cardiovascular diseases, diabetes, chronic respiratory diseases and cancer to prevent life-threatening complications;
- support the scaling up rehabilitation and palliative care implementation;
- advocate for a multisectoral approach to strengthening systems for mental health and psychosocial support, including implementation of the WHO Mental Health Gap Action Programme (mhGAP).

CCS deliverables

- Improved patient-centred case management for better health outcomes.
- Strengthened medical laboratories.
- WHO PEN scaled up.
- Strengthened mental health and psychosocial support systems.

FOCUS AREA 3.3: Elimination and eradication of priority diseases

Diseases targeted for elimination include polio, malaria, measles, and rubella. While considerable progress has been made in reducing the public health impact of these diseases, additional effort is required to further reduce disease incidence and maintain elimination and eradication targets.

WHO will:

- initiate certification for elimination of malaria and HIV.
- support implementation of polio eradication and measles elimination initiatives.
- support implementation of the measles/rubella follow-up campaign.
- support ISS implementation
- strengthen capacity for NTD and leprosy elimination response
- support community engagement and health education on priority diseases.

CCS deliverables

- Functional national certification committees for malaria, polio and measles.
- Strengthened national NTD and leprosy response.
- Reporting on the measles/rubella campaign.
- Community-led surveillance systems in place to detect and report disease outbreaks promptly.

A health worker in full personal protective equipment (PPE) getting ready for COVID19 testing in Gaborone, 2022

STRATEGIC PRIORITY 4:
Strengthening health security and disaster risk reduction management

Strengthening national health security through implementation of the IHR (2005) is a priority for adequately and effectively responding to public health emergencies. This requires the operationalization of key strategies to build the country's capacity and capability to prevent, prepare for, detect, rapidly respond to, and recover from emergencies according to IHR (2005) with a view to saving lives.

FOCUS AREA 4.1: Preparedness and prevention of public health emergencies

To ensure well balanced prevention, preparedness, response and recovery, the focus will be on operationalizing the NAPHS, constant monitoring and evaluation of IHR (2005) capacities, building of a strong surveillance system to ensure quicker detection of disease outbreaks, emergency capabilities and investment on workforce development.

WHO will:

- renew efforts to strengthen country preparedness, readiness and response to epidemics, pandemics, and humanitarian crises by:
  - Building capacity for IHR implementation.

- coordinating and ensuring that preparedness, readiness, and response actions are guided by implementation of NAPHS, using a One-Health, all-hazards, whole-of-society approach;
- advocating for predictable and sustainable financial resources to prepare for, detect and respond to emergencies.

CCS deliverables

- Increased capacity for IHR implementation and coordination.
- Improved IHR capacity scores and IHR reporting maintenance.
- Preparedness, readiness, and response actions guided by the NAPHS using a One-Health, all-hazards, whole-of-society approach.
- Predictable and sustainable financial resources for preparedness, detection and response observed through agreements and plans like memorandums of understanding (MOUs) and resource mobilization plans.

FOCUS AREA 4.2: Disease detection and surveillance

The management of the response to pandemics like COVID-19 and threats by emerging and re-emerging diseases like polio and/or other events requires strategy reorientation. There is need to achieve a high level of epidemiological surveillance and implementation of timely, technically equated, and consigned measures with wide dissemination of technical guidelines and standards.

WHO will:

- support the scaling up of TASS-IDSR implementation at national and subnational levels;
- improve data management systems and analytics and modernize data acquisition and IT systems, and improve systems for monitoring and evaluation of TASS-IDSR performance;
- advocate for increased domestic financing for the implementation of TASS-IDSR at all levels;
- enhance national biosafety and biosecurity systems, including diagnostic capacity;
- strengthen national capacity for addressing antimicrobial resistance (AMR);
- enhance vaccine-preventable diseases (VPDs) surveillance systems.

CCS deliverables:

- Increased government financing for TASS-IDSR implementation, and monitoring and evaluation of TASS-IDSR performance.
- Improved data management system and data acquisition to guide decision-making.
- Enhanced diagnostic capacity, including national biosafety and biosecurity systems.
- Strengthened AMR system through implementation of the AMR action plan.

Health worker donating blood at the World Blood Donor Day commemoration in Serowe, June 2023

A scientist in the Botswana National HIV Reference Laboratory, Gaborone, August 2023

FOCUS AREA 4.3: Responding to public health emergencies

The One Health approach is critical to addressing health threats in the animal, human and environment interface. Timely responses to public health emergencies minimize the impact of acute public health events that endanger people's health across geographical regions and international boundaries.

WHO will:

- support operationalization of the One Health approach;
- invest in workforce development across all levels of the system using a regular blended learning multisectoral approach;
- facilitate operationalization of e-learning on a multi-dimensional platform for training and information sharing;
- support emergency leadership training at district and national levels;
- establish PHEOC to ensure coordination, readiness and response mechanisms;
- strengthen operations and logistical support for effective response to outbreaks and emergencies;
- strengthen the risk communication and community engagement (RCCE) coordination and community engagement mechanisms in emergencies.

CCS deliverables

- Operational PHEOC serving as an emergency coordination hub.
- Functional operations and logistics support system that can respond to emergencies efficiently and effectively.
- Systems and structures for well-coordinated RCCE interventions during emergencies.
- Updated and maintained database of a trained multisectoral, multi-competent workforce ready for deployment within 24–48 hours of an emergency.
- Trained leadership in emergencies.

Health emergency personnel during the polio supplementary vaccination campaign in Lobatse, February 2023

Walk for Life, a national campaign to promote healthy lifestyle and combat non-communicable diseases. Kanye, October 2022

STRATEGIC PRIORITY 5:
Multisectoral approach towards healthier populations

This priority focuses on building partnerships to fight NCDs and their risk factors, given that determinants of health are multisectoral in nature.

FOCUS AREA 5.1: Promoting health and well-being, addressing social determinants of health

This area focuses on addressing the broad determinants of health and risk factors through a multisectoral approach to improved health outcomes. The social determinants of health are responsible for most health inequalities in and between countries. These include alcohol abuse, smoking, obesity and excessive consumption of salt, sugar and lipids. All of them require attention and the establishment of medium and long-term cross-cutting policies and strategies to protect the current population and future generations.

WHO will:

- facilitate the strengthening of policy and legal and strategic frameworks, implementation and governance structures and multisectoral and community actions that promote and protect health and well-being.

CCS deliverables

- Health promotion and social determinants of health strategies developed/implemented and governance strengthened.

FOCUS AREA 5.2: Reducing risk factors for noncommunicable diseases

WHO work focuses on supporting the Government to reduce major NCD risk factors–tobacco use, physical inactivity, unhealthy diet, and alcohol abuse.

WHO will:

- support the development of multisectoral action plans, strategies and policy positions to promote nutrition and healthier diets through SHAKE for reduction in salt use, REPLACE for trans fats and sugar-sweetened beverage (SSB) taxation;
- support the promotion of healthier, active lifestyles through strategic guidance and awareness campaigns (ACTIVE approach);
- support the development, implementation and monitoring of the multisectoral Road Safety Plan/Strategy 2030, including the ratification of selected UN road safety conventions and continual public awareness and community engagement campaigns;
- support continued multisectoral implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) through the EMPOWER package;
- support implementation of SAFER/control of alcohol and other psychotropic substance consumption.

CCS deliverables

- Nutrition/diet control policies and strategies strengthened.
- Multisectoral action plans, policies, and strategies to reduce NCD risk factors developed and monitored.
- Multisectoral Road Safety Plan 2030 developed and monitored.
- WHO FCTC implemented, multisectoral alcohol and substance abuse strategy developed and monitored.

Health district staff preparing a vaccination campaign in the Greater Gaborone district, 2023

FOCUS AREA 5.3: Health and climate change

The climate change effects on health are expected to be more severe on children, the elderly, the poor, women and people with infirmities or pre-existing medical conditions. Major diseases that are most sensitive to climate change are diarrhoea, vector-borne diseases like malaria and infections associated with malnutrition (most serious in children). Botswana is vulnerable to the effects of climate change. As such, all country parties are expected to conduct baseline assessments of the health system's greenhouse emissions and develop action plans or road maps to deliver a low-carbon and sustainable health system.

WHO will:

- conduct assessments of vulnerability and adaptation to climate change;
- develop and implement national health adaption plans to climate change;
- advocate for partnerships and intersectoral collaboration, and for the country to access global multilateral financial mechanisms, including the Global Environment Facility (GEF) and the Green Climate Fund (GCF);
- support the country to assess health system greenhouse gas emissions;
- support Botswana to develop a time-bound action plan or road map for developing a sustainable, low-carbon health system;
- strengthen the resilience of water, sanitation and hygiene (WASH) systems to the effects of climate change (climate change adaptation) and create awareness of the importance of this initiative.

CCS deliverables

- Readiness proposals related to climate change and health for the Green Climate Fund developed;
- Capacity-building of the health sector on the International Network for Climate and Health for Africa (Clim-HEALTH) network initiatives.
- National adaption plans to climate change developed and implemented.
- Early warning and surveillance of climate-sensitive diseases improved.
- Community-based climate change adaptation programmes developed.
- Resource mobilization for health and climate change supported.
- Baseline assessment of health-system greenhouse gas emissions conducted.
- A time-bound action plan for developing a sustainable, low-carbon health system adopted.
- Mitigation measures on the impacts of climate change on WASH systems adopted.

Conducting Oral Health promotion using a Mobile Clinic facility during the World Health Day commemoration in Boteti District, April 2022

Botswana COVID-19 vaccination campaign, Gaborone, March 2021

6. Implementing the Country Cooperation Strategy

The following section sets out pathways that can be used to support the implementation of CCS strategic priorities. It provides details on national-level agreements coordinated by the Ministry of Health between the three levels of WHO and various partners like non-State actors. The strength of WHO relies on its global platform; its reputation as an impartial convener of a range of partners; its stewardship of global standards, frameworks, and conventions; its role as a trusted and authoritative source of health information; and its technical and policy expertise.

6.1. Principles of cooperation

- **Strategic policy dialogue:** The Ministry of Health and WHO undertake to establish the policy dialogue agenda at national level in each of the strategic priority areas detailed in the implementation pathway. Products under this strategic support include policy briefs and guidance documents.

- **Strategic support:** WHO provides integrated and coordinated technical guidance, as well as strategic coordination and support, based on global policies and actions agreed to at the WHA, and in cooperation with the Ministry of Health and other ministries, the UN system, development partners and various stakeholders. Products under this strategic support include advocacy materials, partnership coordination, strategies, and resource mobilization.

- **Technical assistance:** This will be provided in the preparation of model laws relevant to health and their adaptation to local contexts. Products under this strategic support include contextualization of norms, standards, and guidelines; as well as coordinating and translating research initiatives into the country context.

- **Service delivery:** WHO will provide emergency operation support. Products under this strategic support include emergency response, medicines and supplies.

6.2. Implementation of the strategic priorities

REGIONAL OFFICE

- Leadership on regional technical coordination
- Backstop technical assistance with support from Multi-Country Assignment Teams (MCATs)
- Joint technical missions
- Regional monitoring
- Review and monitoring of implementation

WHO HEADQUARTERS

- Overall technical coordination
- Intra and inter-divisional collaboration
- Results documentation

The CCS 2024–2027 will be operationalized through biennial results-based planning and programming processes with a clear results framework focusing on achieving impact and based on the budget envelope required to implement each strategic priority. This will done be in harmony with the implementation of the results of the ongoing transformation agenda in the African Region. The Country Office team's engagement will focus on the availability and productivity of human resources with skills aligned to the five selected priorities, and will be complemented by Regional Office resources, including subregional teams (MCATs). In line with the functional review recommendations, staff positions will be filled during the implementation of the CCS to deliver its mandate effectively and efficiently.

The WCO will also use the existing WHO and Ministry of Health coordination and working groups to advance the implementation of the CCS. UN health-related working groups, including development partners, will also be used to implement the fourth CCS.

More attention will be paid to initiatives to mobilize resources at local level, as well as consolidate existing partnerships and advocate for engagement of new key actors in the operationalization of programme budgets that will be supported in the framework of WHO's sustainable financing strategy and in compliance with the principles of the Framework of Engagement with Non-State Actors (FENSA). Implementation will also be through partnerships outlined in the UNSDCF and civil society organizations

More attention will be paid to initiatives to mobilize resources at local level.

The working group will have the opportunity to reflect on the effectiveness of the CCS during implementation, provide inputs for mid-term evaluation and adjust needs prior to the final evaluation. The CCS results framework, as outlined in Table 3, provides a matrix for validating the links between CCS strategic priorities and focus areas on the one hand, and the Triple Billion targets.

Medical Emergency Care Simulation Exercise for Health Workers, Palapye, 2023.

Clinic staff at Matshwane Clinic in Ngami District, August 2022

Table 3: Implementation support for CCS Priorities

WHO Key contributions		
COUNTRY OFFICE	**REGIONAL OFFICE**	**HEADQUARTERS**
• WHO core team presence in-country (staff mix with right capabilities) working through biennial plans • Strengthening partnerships with the Government and stakeholders • Resource mobilization	• Leadership on regional technical coordination, backstop technical assistance with support from MCATs, joint technical missions, regional monitoring, review, and monitoring of implementation • South-South and triangular cooperation for knowledge exchanges	• Development of global public health goods (global strategies and guidelines), intra- and inter-divisional collaboration and documentation of results • Complementing regional and Country Office technical and financial capacities

In working across sectors to implement the CCS strategic priorities, the key national implementing partners include:

- Botswana Council of
- Non-Governmental Organisations
- Botswana Ministry of Agriculture
- Botswana Ministry of Education and Skills Development
- Botswana Ministry of Environment and Tourism
- Botswana Ministry of Finance
- Botswana Ministry of Health
- Botswana Ministry of Labour and Home Affairs
- Ministry of Trade and Industry
- Ministry of Local Government and Rural Development
- Botswana Ministry of Transport and Public Works
- Botswana Ministry of Youth, Gender, Sport, and Culture
- Botswana National AIDS and Health Promotion Agency
- Botswana National Health Laboratory
- University of Botswana

Polio supplementary vaccination campaign in Botswana was conducted in two rounds to allow all the eligible children to receive two doses of nOPV2 vaccine - Round 1 (16th-19th February 2023) and Round 2 (31st March - 2nd April 2023).

6.3. Financing the strategic priorities

Current budget availability may be affected by the fluctuation of the Organization's finances, which are greatly influenced by the international economy. Using estimates available for the WHO Programme Budget (PB) 2024–2025, with a 10% projection for 2026–2027, the estimated cost for the implementation of the fourth CCS is US$ 21 572 966 (twenty-one million five hundred and seventy-two thousand nine hundred and sixty-six) (see Table 4).

Table 4. Estimated cost of implementing the fourth CCS in US dollars

Pillar	Outcome	Programme	PB2024-25	PB2026-27	Total
Universal health coverage	1.1	Essential health services	4 183 464	4 601 810	8 785 274
	1.2	Reducing financial hardship	253 000	278 300	531 300
	1.3	Essential medicines, vaccines, and diagnostics	320 442	320 442	640 884
		Total	**4 756 906**	**5 200 552**	**9 957 458**
Health emergencies	2.1	Preparedness	1 345 282	1 479 810	2 825 092
	2.2	Epidemics and pandemics	300 000	330 000	630 000
	2.3	Rapid response	310 000	341 000	651 000
		Total	**1 955 282**	**2 150 810**	**4 106 092**
Promoting healthier populations	3.1	Health determinants	30 000	33 000	63 000
	3.2	Risk factors	22 091	24 300	46 391
	3.3	Healthy populations	30 000	33 000	63 000
	Total		**82 091**	**90 300**	**172 391**
Effective and efficient delivery	4.1	Data and innovation	702 659	772 925	1 475 584
	4.2	Leadership, governance and advocacy	1 405 836	1 546 420	2 952 256
	4.3	Financial, human and administration	1385 326	1 523 859	2 909 185
		Total	**3 493 821**	**3 843 204**	**7 337 025**
		Total	**10 288 100**	**11 284 866**	**21 572 966**

District health workers and WHO staff during the Malaria Programme review, Okavango District, May 2023

7. Monitoring and evaluation

Progress in the implementation of the CCS 2024–2027 will be assessed annually and reviewed whenever significant changes occur in situations like: (1) change of government or other major reforms that may affect national priorities and health sector development; (2) change in health situation and risks like humanitarian crises or major epidemics; (3) approval of a new UNSDCF; or (4) emergence of new evidence or information related to national public health needs or statistics.

7.1. Monitoring implementation of CCS

Monitoring the implementation of CCS 2024–2027 is critical to ensure that its interventions are being implemented in a timely and efficient manner. This provides an early warning system for identifying problems related to the implementation of the strategic priorities and related activities; creates opportunity to reassess, update and adjust any aspects of the strategy; and monitors the implementation of the CCS using available tools at a regional level. These cumulative periodic reviews serve as the basis for the mid-term and final evaluation of the CCS. These cumulative periodic semi-annual monitoring reviews will provide input for the mid-term and final evaluation of the CCS.

The focus of the evaluation is to ascertain whether the targets identified in the country results framework have been achieved and to determine the extent to which the CCS has been able to contribute to the achievement of the GPW13 Triple Billion targets. Annual implementation progress monitoring, mid-term evaluation and final evaluation will be conducted as described in Table 5.

Table 5. Timeline for monitoring progress of implementation

Description	Period	Objective
Annual	**2024–2027**	• The annual/biennial progress of the implementation of the CCS 2024–2027 will be reflected in the WCO annual/biennial reports.
Mid-term	**2025**	• It will serve as a management mechanism to alert WHO on the progress and challenges with strategic priorities or actions that may require amendment. • The outcomes from the mid-term review will inform the actions needed to improve progress during the second half of the CCS implementation.
Final	**2027**	• Describe the interventions, shortcomings, challenges, lessons learnt and make recommendations for future collaboration between WHO and Botswana. • The assessment will include an evaluation of how the CCS has contributed to the national SDGs. • The final evaluation may be conducted by an independent team, depending on the availability of funds.

The country balanced scorecard is a tool to be used for the mid-term and final evaluation of the CCS.

7.2. CCS 2024–2027 baseline indicators and targets

Table 6 summarizes the SDG and coverage baseline indicators and targets for the CCS period.

Table 6. SDGs and coverage baseline indicators and targets for Botswana[11]

Indicator	Baseline	Target
Maternal mortality ratio (deaths per 100 000 live births)	240 (2021)	<70 (2030)
Neonatal mortality rate (deaths per 1 000 live births)	18 (2021)	<5 (2030)
Under 5 mortality rate (deaths per 1 000 live births)	34.9 (2021)	<10 (2030)
HIV incidence rate among adults	0.2% (2022)	0.1% (2030)
People who are living with HIV knowing their HIV status	95% (2021)	99% (2030)
People who know that they are living with HIV ART	98% (2021)	99% (2030)
People who are on treatment being virally suppressed	98% (2021)	99% (2030)
Age-standardized death rate due to cardiovascular disease, cancer, diabetes or chronic respiratory disease in adults aged 30–70 years	27.03 % (2019)	TBD
Life expectancy at birth	62.25 (2019)	75 (2030)
Traffic deaths per 100 000 people	26.41 (2019)	TBD
Adolescent fertility rate (births per 1 000 females aged 15 to 19)	53.3 (2019)	TBD
UHC service index	54 (2019)	90 (2030)
Prevention of MTCT	0.56% (2020)	<1% (2030)
Tuberculosis incidence per 100 000 population	329 (2022)	TBD
Tuberculosis/HIV co-infection	77% (2020)	TBD
Tuberculosis treatment success rate	78% (2021)	90% (2030)
Malaria incidence per 1 000 population	0.6 (2021)	<0.1 (2030)
Diabetes prevalence rate	2% (2018)	TBD
Hypertension prevalence	24% (2018)	TBD
DPT3 coverage	70% (2021)	95% (2030)
Measles first dose coverage	74% (2021)	95% (2030)
Severe malnutrition rate	0.5% (2020)	<0.1% (2030)
Moderate malnutrition rate	2.8% (2020)	<1% (2030)
Early detection and diagnosis of cervical cancer	25% (2020)	50% (2030)

11 SDG Indicators Botswana and BIAS V Survey Report (2023)

8. Country Cooperation Strategy 2024-2027 results framework

Strategic priority 1. Strengthening health systems towards universal health coverage					
Focus areas	**Strategic actions**	**Deliverables**	**Enabling environment**	**Strategic outcome**	**Indicator(s)**
Strengthening institutions and governance systems	• Support the development of comprehensive and costed national health policies and strategies that foster effective implementation of PHC towards UHC. • Facilitate health institution reforms, laws and regulations, including legal frameworks for UHC that contribute to access, quality and financial risk protection. • Advocate for optimizing the private sector to achieve UHC. • Support building a sustainable health financing model to ensure financial risk protection. • Support the development of a human resources for health strategy to drive delivery of PHC.	• Comprehensive national policies and strategies in place to support UHC • Institutional frameworks and governance systems for UHC in place • Health Partnership Framework operationalized • Sustainable health financing strategy in place • Human resources for health strategy developed and implemented	Ministry of Health organizational structure approved and functional	Strong and effective institutions and governance systems that can deliver resilient health systems	• National health policy • Health sector strategic plan • Health financing strategy • Human resources for health strategy • Health partnership framework • UHC legal framework updated
District health systems strengthening for PHC	• Support district health strategic and operational planning. • Institutionalize district health system functionality assessment. • Support the operationalization of essential health services for all age cohorts. • Support strengthening the referral system for continuity of service delivery across the different levels of the health system, including the tertiary level.	• District health systems strengthened in line with the National Decentralization Policy • District health strategic and operational plans in place • Annual reviews of district health sector performance supported	Ministry of Health and Ministry of Local Government implementing the National Decentralization Policy	Functional district health systems	• District health strategic plan • District health operational plans • Annual health sector reviews conducted • District functionality assessment

Continued...

Strategic priority 1. Strengthening health systems towards universal health coverage					
Health information, innovation and research systems	• Support the strengthening of comprehensive monitoring and evaluation for the health system to improve reporting on trends and coverage by age, gender and other equity dimensions. • Strengthen civil registration and vital statistics, ICD-11 adoption, and mortality reporting and analysis. • Support the adoption of technologies and implementation of the National eHealth Policy. • Enhance the generation and use of data for evidence-based decision-making through support for conducting surveys, data analysis, setting up registries and programme evaluation.	• The health information system collecting high-quality disaggregated data for health inequality monitoring • Morbidity and mortality reporting is ICD-11-compliant • National eHealth Policy implemented • Key prevalence surveys and programme evaluations conducted	Ministry of Health organizational structure approved and functional	Health systems performance and trends measured along equity dimensions for evidence-based decision-making	• National Monitoring and Evaluation Strategy • Civil Registration and Vital Statistics (CRVS) strategy • National eHealth Policy implemented • BHIMS functional • National Telemedicine Policy developed • Annual health sector performance reports • National health research agenda • Morbidity and mortality reports ICD-11 compliant
Quality of care and quality assurance of health services	• Support strengthening the quality of care at all levels. • Facilitate the establishment of quality improvement structures across the health sector. • Support the implementation of the IPC strategy and national quality standards. • Finalize the development and implementation of quality performance indicators. • Support the development of the national policy and guidelines for occupational health, safety and wellness for health care.	• Implementation of quality-of-care strategy • Quality improvement structures established • Quality performance indicators developed • National quality standards and IPC strategy implemented Occupational health and safety policy and plan developed	Ministry of Health organizational structure approved and functional	Improved quality of health services and safety for patients and health care workers for better health outcomes	• Quality indicators monitored • Accredited health facilities increased • Action plan for occupational health and safety policy for health care workers developed • Quality audit reports • Incident reporting policy

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Strategic priority 1. Strengthening health systems towards universal health coverage					
Improving access to essential medicines, vaccines, diagnostics and devices	• Support the development of policies and strategies to improve the country's timely access to health products, including therapeutics, vaccines and supplies. • Facilitate assessments of the BOMRA to reach WHO Maturity Level 3. • Provide technical support for pharmacovigilance and safety reporting. • Support the review and update of national lists for essential medicines, diagnostics and devices.	• Policies and strategies to improve Botswana's timely access to health products, including therapeutics, vaccines and supplies updated • BOMRA attains WHO Maturity Level 3 • Pharmacovigilance, medicines and vaccine safety reporting into the VigiBase global database strengthened • National lists for essential medicines, diagnostics and devices updated	• Central Medical Stores and BOMRA functional • Botswana National Supply Chain Management Strategy	Improved access and quality of care with zero stockouts of health products, including therapeutics, vaccines and supplies	Zero stockouts of essential medicines at national and district medical stores

Strategic priority 2. Quality, equitable and integrated health services across the life course					
Focus areas	**Strategic actions**	**Deliverables**	**Enabling environment**	**Strategic outcome**	**Indicator(s)**
Sexual, reproductive, maternal, and newborn health services	• Improve programme delivery and outcomes using WHO recommendations on maternal and newborn health services, and antenatal and postnatal care. • Enhance skilled birth attendance and emergency obstetric care. • Promote evidence-based recommendations to guide family planning decisions. • Strengthen maternal and perinatal death surveillance and response. • Improve quality of care for maternal health.	• Quality of care for maternal and perinatal health enhanced • Audit and classification of maternal and perinatal deaths improved • Unmet need for family planning services reduced	Reduced morbidity and mortality related to reproductive health for mothers and newborns	• 100% of all maternal deaths audited and classified • Number of maternal and neonatal deaths	• 100% of all maternal deaths audited and classified • Number of maternal and neonatal deaths
Strengthening immunization and child and adolescent health services	• Support implementation of the National Immunization Strategy 2024–2028 using innovative strategies to reach targeted populations (RED). • PIRI and CHDs. • ISS implementation. • Advocate for and coordinate the introduction of new vaccines as they become available for all ages. • Support the implementation of high-impact interventions for children and adolescents. • Support EPI surveys and assessments (EPI coverage survey, data quality self-assessment and effective vaccine management assessment). • Develop an implementation plan for commitment to adolescent well-being.	• Innovative strategies used to increase population immunity through implementation of the National Immunization Strategy 2024–2028) • New vaccines introduced as they become available • High impact interventions for child survival implemented • EPI coverage survey report • Data quality self-assessment report • Effective vaccine management assessment report • Adolescent implementation plan developed	• National Immunization Strategy • EPI policy • RED strategy • CHDs • African Vaccination Week Big catch-up campaigns	• Reduced morbidity and mortality due to vaccine-preventable diseases • Improved health outcomes for children and adolescents	• National Immunization Strategy implemented • Inactivated polio vaccine type 2 introduced • Penta3 coverage • Measles2 coverage • Penta dropout rate

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Promoting healthy and active aging	• Develop and revising guidelines for older people and strategies to guide the programme implementation. • Build and strengthen capacity for planning, organization, and implementation to effectively deliver health services to older people (leave no one behind). • Strengthen uptake of older persons' health interventions. • Strengthen monitoring and evaluation mechanisms to track programme performance.	• Policies, strategies, and guidelines for older persons in place • Data on health services utilization by older people captured and utilized for programme improvement • Health workers trained on ICOPE	• Older people's policy and laws • ICOPE guidelines • Information education and communication materials	Better health and improved quality of life for older persons	ICOPE indicators tracked at national and district levels

Strategic priority 3. Communicable and noncommunicable diseases prevention and control					
Focus areas	**Strategic actions**	**Deliverables**	**Enabling environment**	**Strategic outcome**	**Indicator(s)**
Provision of technical guidance for the development and implementation of national strategies and guidelines for communicable andnoncommunicable diseases.	• Review and update normative guidance for priority communicable and noncommunicable diseases. • Support programme reviews to inform programme plans and implementation. • Support strategic information initiatives, including surveys and research on HIV, TB, STIs, hepatitis, malaria and NCDs. • Support the establishment and strengthening of patient disease registries, particularly the cancer-registry. • Support resource mobilization initiatives for priority communicable and noncommunicable diseases.	• Updated normative guidance for priority communicable and noncommunicable diseases • Programme reviews and evaluations completed • Disease priority surveys implemented: NCD STEPS survey, TB surveys, malaria KPI survey and hepatitis prevalence survey • Cancer registries strengthened • Resources mobilized from Global Health Initiatives and other partners	• Timely approval of normative guides for implementation • Funding and resource availability	Improved guidance and management of communicable and noncommunicable diseases	• Policies and guidelines updated • Programme reviews completed • Technical programme surveys completed

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Delivery of well coordinated comprehensive communicable and noncommunicable disease prevention and control services	• Promote integrated people-centred care with improved management of persons with co-morbidities. • Facilitate capacity-building and upskilling of health care workers to improve case management for better health outcomes. • Support the strengthening of capacities for medical laboratories and diagnostic services and for quality outcomes that aid patient management and clinical research. • Support implementation of the WHO PEN to enable early detection and management of cardiovascular diseases, diabetes, chronic respiratory diseases and cancer to prevent life-threatening complications. • Rehabilitation and palliative care implementation scaled up. • Advocate for a multisectoral approach to strengthening systems for mental health and psychosocial support, including implementation of the WHO mhGAP.	• Improved patient-centred case management for better health outcomes • Medical laboratories strengthened • WHO PEN scaled up • Mental health and psychosocial support systems strengthened	• Funding and resources availability • National Laboratory Policy finalized • Leadership and functional institutional stewardship for health data be aligned to WHO Global trusts • Priority normative guides (policies, strategies, and guidelines) approved • Timeline to ensure support for implementation	Coverage and quality of communicable and noncommunicable diseases scaled up	• Number of health workers trained • Number of medical laboratories accredited • WHO PEN programme implemented
Elimination and eradication of priority diseases	• Initiation of certification for the elimination of HIV and malaria. • Support the implementation of polio eradication and measles elimination initiatives. • Support the implementation of measles/rubella follow-up campaigns. • Support ISS implementation. • Strengthen capacities for NTDs and leprosy response towards their elimination. • Strengthen community engagement and health education on priority diseases.	• National certification committees for malaria, polio and measles functional • National NTD and leprosy response strengthened • Measles/rubella campaign report • Community-led surveillance systems in place to detect and report disease outbreaks promptly	• RED strategy • National vaccine-preventable disease surveillance guidelines • Availability of geographic information system (GIS)/ Open Data Kint (ODK) platform • Measles/rubella supplementary immunization (SIA) guidelines • National Strategic Plan • NTD masterplan • Leprosy plan	• Targeted diseases are no longer a public health problem in Botswana • Reduced morbidity and mortality due to vaccine-preventable diseases • Improved VPDs surveillance indicators	• DPT3 coverage • Measles/rubella (MR2) coverage • OPV3 coverage • IPV coverage

Strategic priority 4. Strengthening health security and disaster risk reduction management					
Focus areas	**Strategic actions**	**Deliverables**	**Enabling environment**	**Strategic outcome**	**Indicator(s)**
Preparedness and prevention of PHEs	• Embark on renewed effort to strengthen country's preparedness, readiness and response to epidemics, pandemics, and humanitarian crises by: • Building country capacity for IHR implementation • Coordinating and ensuring that preparedness, readiness and response actions are guided by implementation of NAPHS using One Health, all-hazards, whole-of-society approach. • Advocate for predictable and sustainable financial resources to prepare, detect and respond to emergencies.	• Country's capacity for IHR implementation and coordination built • Improved IHR capacity scores over the years and IHR reporting maintained • Preparedness, readiness and response actions guided by NAPHS using One-Health, all-hazards, whole-of-society approach • Predictable and sustainable financial resources for preparedness, detection and response observed through agreements and plans like MOUs and resource mobilization plans	• Strategy on Health Emergency Preparedness prevention, preparedness, response, and resilience (2023) • Strengthening Preparedness for Health Emergencies: implementation of IHR (2005) (2020) • Universal Health and Preparedness Review (UHPR) strategy • WHO guidance on preparing for national response to health emergencies and disasters • National Emergency Response Operations Plan (NHEROP) • Framework for Strengthening Health Emergency Preparedness in cities and urban settings NAPHS tool kit • IHR monitoring and evaluation framework (joint external evaluation tool, AARs, e-SPAR, exercises)	Capacity for preparedness and prevention of PHEs improved	Proportion of core capacities with a score of at least 3 in the e-SPAR (%)

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Disease detection and surveillance	• Support the scaling up of TASS-IDSR implementation at national and subnational levels. • Improve data management systems and analytics, modernize data acquisition and information technology systems and improve systems for the monitoring and evaluation of TASS-IDSR performance. • Advocacy for increased domestic financing for the implementation of TASS-IDSR at all levels. • Enhance national biosafety and biosecurity systems, including diagnostic capacity. • Strengthen national capacity for addressing AMR. • Enhance VPD surveillance systems.	• Increased Government financing for TASS-IDSR implementation and • monitoring and evaluation of TASS-IDSR performance • Improved data management system and data acquisition that guides decision-making • Enhanced diagnostic capacity, including national biosafety and biosecurity systems • Strengthened AMR system through implementation of the AMR action plan	• IDSR third generation technical guidelines • Strategy on health emergency preparedness, prevention, response, and resilience (2023) • TASS EPR flagship initiative • AMR National Action Plan	Timely detection of disease outbreaks	• Proportion of health districts with a designated surveillance officer to ensure timeliness and completeness of reporting (target: 100%) • Proportion of health districts trained on third IDSR technical guidelines (target: 100%) • Number of advocacy engagements for increased Government funding for IDSR-TASS
Responding to PHEs	• Invest on workforce development across all levels of the system using a regular blended learning multisectoral approach. • Operationalize the One Health approach. • Operationalize the e-learning multi-dimensional platform for training and information sharing. • Provide leadership training in emergencies at district and national levels. • Establish PHEOC to ensure coordination, readiness, and response mechanisms. • Strengthen operations and logistical support for effective response to outbreaks and emergencies. • Strengthen the risk communication and community engagement (RCCE) coordination mechanisms in emergencies.	• Operational PHEOC serving as the hub for the coordination of emergencies • Functional operations and logistics support (OSL) system that can respond to emergencies efficiently and effectively • Systems and structures in place for a well coordinated RCCE interventions during emergencies • Updated and maintained database of trained multisectoral, multi-competent workforce ready for deployment within 24–48 hours of emergency • Trained leadership in emergencies	• PHEOC handbook • PHEOC legal framework • SURGE flagship initiative	Timely response to disease outbreaks	• Proportion of PHEOC establishment milestones attained • Number of people trained in African Volunteers Health Corps-Strengthening and Utilizing Response Groups for Emergencies (AVoHC-SURGE) • Number of leadership trainings in emergencies

Strategic priority 5. Multisectoral approach towards healthier populations					
Focus areas	**Strategic actions**	**Deliverables**	**Enabling environment**	**Strategic outcome**	**Indicator(s)**
Promoting health and well-being, and addressing social determinants of health	Facilitate the strengthening of policy and legal and strategic frameworks, implementation, and governance structures, as well as multisectoral and community actions that promote and protect health and well-being.	Health promotion and social determinants of health strategies developed/ implemented, and governance strengthened	Changing imperatives and the need for up- to-date guidance for stakeholders	Improved health literacy and appetite for cross-sectoral actions	Key strategies and policies developed/strengthened, attitudes to health and multisectoral collaboration improved
Reducing risk factors for NCDs	• Support the development of multisectoral action plans, strategies, and policy positions to promote nutrition and healthier diets through SHAKE for reduction in salt use, REPLACE for trans fats and SSB taxation for sugar. • Support the promotion of healthier, active lifestyles through strategic guidance and awareness campaigns (ACTIVE approach). • Support the development, implementation, and monitoring of the multisectoral Road Safety Plan/ Strategy 2030, including the ratification of selected UN road safety conventions and continual public awareness and community engagement campaigns. • Support continued multisectoral implementation of the WHO FCTC through the EMPOWER package. • Support implementation of SAFER/ control of the consumption of alcohol and other psychotropic substances.	• Nutrition/diet control policies and strategies strengthened • Multisectoral action plans, policies, and strategies to reduce NCD risk factors developed and monitored • Multisectoral Road Safety Plan 2030 developed and monitored. • The WHO FCTC implemented, and the multisectoral alcohol and substance abuse strategy developed and monitored.	Political commitment and expressed need for guidance from stakeholders	Reduction of risk factors for NCDs	Strategies, policies, and action plans available

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Health and climate change	• Conduct assessments of vulnerability and adaptation to climate change. • Develop and implement health national adaption plans to climate change. • Advocate for partnerships, intersectoral collaboration, and for the country to have access to global multilateral financial mechanisms, including the GEF and the GCF. • Support the country to provide a baseline assessment of health system greenhouse gas emissions. • Support Botswana to commit to develop a time-bound action plan or road map for developing a sustainable, low-carbon health system. • Strengthen the resilience of WASH systems to the effects of climate change (climate change adaptation) and awareness of the critical importance of improving WASH system resilience.	• Readiness proposals related to climate change and health for the Green Climate Fund developed • Capacity-building of the health sector on Clim-HEALTH network initiatives • National adaption plans to climate change developed and implemented • Early warning and surveillance of climate- sensitive diseases improved • Community-based climate change adaptation programmes developed • Resource mobilization for health and climate change supported • Baseline assessment of health system greenhouse gas emissions conducted • A time-bound action plan for developing a sustainable, low-carbon health system adopted • Mitigation measures on the impacts of climate change on WASH systems adopted	• Regional strategy for the management of environmental determinants of health • Framework for public health adaptation to climate change in the African Region • Libreville Declaration on health and environment • UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water • Framework for public health adaptation to climate change in the African Region • COP26 commitment by the Government of Botswana	Climate adaptation and climate resilient strategies implemented	• Number of vulnerability and adaptation assessments conducted (target: 2 (baseline and mid-term)) • Number of Clim-HEALTH advocacy engagements • Level of health facility WASH preparedness

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