



Republic of Botswana

FINAL DRAFT

National Health Policy
Towards a Healthier Botswana

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Foreword

The last National Health Policy for Botswana formulated in 1995, guided the development of the health sector. Since the policy was adopted, many changes occurred in epidemiological, socio-economic and demographic situations as well as health technology development. The most important epidemiological change affecting Botswana is the advent of the HIV/AIDS epidemic and related opportunistic diseases.

In order to improve access to quality health care, the Government of Botswana invested substantially in building health facilities all over the country. However, quality of health care and service utilisation remain a challenge as a result of inadequate skilled health professionals.

While the Ministry of Health is the steward in the provision of quality health care to the Nation, social and economic policies have a determining impact on health. The overall development of Botswana can be judged by the quality of its population's health, how fairly health is distributed across the social spectrum, and the degree of protection provided to the disadvantaged as a result of ill-health. The policy thus encompasses all the social determinants which impact the health of the nation.

This National Health Policy bears the slogan of '**Towards a Healthier Botswana**' implying that the provision of health services is not just mere curing the sick but also to promoting healthy lifestyle in order to prevent diseases/ill-conditions for all people living in Botswana.

The Policy covers all the six building blocks of health systems with specific direction for each of them. It also provides the platform for well coordinated planning, financing, monitoring and evaluation. The Policy will be implemented through an Integrated Health Sector Plan which will incorporate not just public sector's effort but also those of the Non-Government Organisations, Community Based Organisations and private sector.

The National Health Policy is the product of several stakeholder consultations which makes it more comprehensive. Similarly, it also provides for stakeholder involvement in the continuous monitoring of the implementation of the Policy as well as future revision.

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Abbreviations

AIDS	Acquired Immuno Deficiency Syndrome
ART	Antiretroviral Therapy
BDF	Botswana Defence Force
BNDP	Botswana National Drug Policy
CBO	Community Based Organisations
CSDH	Commission on Social Determinants of Health
CSO	Central Statistics Office
DHB	District Health Board
DHMT	District Health Management Team
DPHC	Department of Primary Health Care
DRSA	Drugs and Related Substance Act
DRU	Drug Regulatory Unit
EDL	Essential Drug List
EHSP	Essential Health Service Package
EIA	Environmental Impact Assessment
GDP	Gross Domestic Product
HHA	Harmonisation for Health in Africa
HIV	Human Immunodeficiency Virus
HRH	Human Resources for Health
IMR	Infant Mortality Rate
ITN	Insecticides Treated Nets
IHSP	Integrated Health Service Plan
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
MFDP	Ministry of Finance and Development Planning
MIS	Management Information System
MJDS	Ministry of Justice, Defence and Security
MLG	Ministry of Local Government
MMR	Maternal Mortality Rate
MOH	Ministry Health
MRSA	Medicine and Related Substance Act
MTI	Ministry of Trade and Industry
NACA	National AIDS Coordinating Agency
NDP	National Development Plan
NGO	Non Governmental Organisation
NHP	National Health Policy
NHC	National Health Council
PHC	Primary Health Care
SRG	Stakeholder Reference Group
TB	Tuberculosis
THE	Total Health Expenditure
TOR	Terms of Reference
TT2+	Tetanus Toxoid 2+
U5MR	Under-five Mortality Rate

UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
VDC	Village Development Committee
VHC	Village Health Committee
WHO	World Health Organisation

Chapter 1: Introduction

1.1 *The need to revise the National Health Policy (NHP)*

- 1.1.1 The enjoyment of a level of health that allows every citizen to lead an economically and socially productive life is widely accepted as a basic necessity in any population. The World Health Organisation (WHO) defines health as “**a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity**”. Botswana has been trying to attain this level of health status through improvements in the health sector over the years. Since 1995, the first National Health Policy has guided the health sector towards attainment of the highest level of health status of all people living in Botswana.
- 1.1.2 Since the development of the first national health policy there have been major changes in both health status and in the organisation of the health sector in the country. Changes include the disease burden, demographics and the socio-economic determinants of health. The recognition that health is a right to be enjoyed by all Batswana has also grown over this period.
- 1.1.3 A major reorganisation of the Ministry of Health, as well as the management of Primary Health Care within Ministry of Local Government, began in 2002 and is still in progress. Since the last national health policy was developed the number of health sector stakeholders has increased, the population has grown and lifestyles have changed. There have also been many changes in health technologies for health promotion, prevention and treatment and the rehabilitation of people including those with disabilities.
- 1.1.4 These developments and changes have rendered the 1995 national health policy outdated and have necessitated the need for a review and revision of the policy to make it more relevant and responsive.

1.2 *National Context for Health Development*

The overall guiding document for national development in Botswana is Vision 2016, a broad based national approach adopted in 1996 focussing on aspiration of the Nation. The principles and objectives of Vision 2016 guide the formulation and implementation of revolving 6-year National Development Plans (NDP). In pursuit of the Vision 2016, health related goals are set which contribute to the national development of Botswana, mainly through one of the pillars ‘**A compassionate, just and caring nation**’.

1.3 Global Context for Health Development

- 1.3.1 The international community has adopted eight Millennium Development Goals to be achieved by the year 2015 through the 2000 United Nations Millennium Declaration¹. In the African context, the Ouagadougou Declaration on Primary Health Care and Health Systems² emphasises on better health in this Millennium beyond attainment of the health MDGs. In order to increase the pace towards the attainment of the health MDGs, the Paris Declaration³ urges countries to ensure aid effectiveness through country ownership, harmonisation, alignment, mutual accountability and focus on measuring results. Harmonisation for Health in Africa (HHA)⁴ ensures that all partners support countries in the sector through a single policy, a single national plan, a single implementation framework and a single monitoring and evaluation framework under the leadership and ownership of government.
- 1.3.2 Recognising that social and economic determinants of health go beyond the health sector, the Commission on Social Determinants of Health (CSDH)⁵ has published a report proposing multisectoral interventions that can help reduce the negative impact of social stratification, illiteracy, insecurity (food, material, financial and otherwise), unemployment, poor housing, social exclusion, deprivation, malnutrition, addiction, conducive working environment and lack of social support on health. This National Health Policy recognises the need for working closely with other sectors so as to ensure better and sustainable health status through concurrent and consistent strategies which will impact on the key social determinants of health in Botswana.

1.4 Brief Description of the Process of Policy Review

- 1.4.1 Taking into account the country, regional and global contexts, the Ministry of Health, in collaboration with all the health stakeholders, mapped out a process to develop this revised policy. It started with a situation analysis of the current health status, health determinants and the organisation, management and functionality of the health system. Based on the results of the situation analysis, a framework was prepared to assess the gaps within the 1995 National Health Policy.
- 1.4.2 The policy review process was done through a management structure consisting of the Stakeholder Reference Group (SRG) and six thematic groups (Leadership and Governance; Health Service Delivery; Human Resource; Health Financing; Health Information; and Health Technologies and Medicines and Vaccines). The thematic groups suggested what policy options could be included in the new policy. These options were also discussed and consensus was built through national stakeholder and regional consultation meetings.

¹ UN, Millennium declaration

² WHO, Ouagadougou Declaration

³ Paris Declaration on Aid Effectiveness, 2005

⁴ UN Agencies, WB and AfDB, HHA

⁵ WHO and CSDH, Closing the Gap in a generation, 2008

Chapter 2: Situation analysis

2.1 Geographic and Demographic Features

- 2.1.1 Botswana is a landlocked country situated in the centre of southern Africa, sharing borders with South Africa (to the south and east), Namibia (west), Zimbabwe and Zambia (north). It is a semi-arid country of 581,730 square kilometres (sq km). Okavango River from Angola flows through Botswana creating the Okavango Delta (swamp) in the Okavango District. The Delta fills Lake Ngami and Thamalakane River in Ngamiland and Chobe River in the Chobe District. The most common natural hazards include drought, floods and veldt fires.
- 2.1.2 It has a relatively small population estimated in 2008 at 1,802,959⁶, giving a total population density of 3 persons per sq km, making Botswana one of the most sparsely populated countries in the world. There is an uneven distribution of the population geographically with the four western districts (Kgalagadi, Ghanzi, Ngamiland & Chobe) accounting for 61% of its surface area but only 13% of the population - and a collective population density of 0.6 persons per sq km. Approximately 34% of the population is under the age of 15 years and 6% are over the age of 65 years. Just over a quarter (27%) of the total population are women of child-bearing age while children under five years constitute 12% of the population. The annual population growth rate stands at 2.4%⁷ and the total fertility rate is 2.9.⁸

2.2 Social Determinants of Health

- 2.2.1 The conditions in which people are born, grow, live, work and age, including the health system, determine the level of health enjoyed by the people. These conditions are referred to as social determinants of health and are shaped by the distribution of wealth, power and resources at national and local district levels. These in turn are influenced by policy choices in the different sectors involved. This revised NHP attempts to address health inequities seen within and between communities and districts in Botswana. It is important to ensure these improvements in all the social determinants of health so that the health system can successfully share its health resources to all people living in Botswana equitably and hence improve their overall health status and life expectancy in a sustainable manner.
- 2.2.2 Health care is only one social determinants of health. Among others are individual's social and physical environment, and genetic endowment. Policies, programmes, or services aimed at groups in society or an entire population may be as important as those aimed at individuals. Life style changes also impact on the health of a population. There is a considerable

⁶ Botswana AIDS Impact Survey, CSO 2008

⁷ Botswana Demographic Survey, CSO 2006

⁸ Botsana Family Health Survey, CSO 2007

homogeneity amongst different ethnic groups and most are changing their life styles rapidly. Recent surveys⁹ show that factors like alcohol and drug abuse, tobacco smoking, unhealthy food habits and inadequate physical activity are common amongst adults in Botswana.

2.2.3 Although Botswana is committed to mitigating the effect of climate changes, the impact of it is already noticeable. This is likely to have a direct impact on health, for example, prevalence of malaria is expected to increase as temperatures rise and conditions are more conducive for mosquitoes to breed during rainy seasons. Cholera is also likely to increase during the same period.¹⁰ With a reduction in rainfall food production is likely to decrease and may lead to malnutrition in the longer term.

2.3 **Socio-Economic Determinants of Health**

2.3.1 Botswana has a total Gross Domestic Product of BWP 24.6 billion, representing a GDP per capita of BWP 14,232 (at the 1993/94 constant prices) for the year 2009/10. The composition of the GDP by sector is agriculture 1.8%, industry 59.5% (including 41.1% mining) and services 35.2%.¹¹ However, due to the skewed distribution of wealth, 28% (UNDP 2007) of the total population live on less than a dollar-a-day. This disproportional distribution with the existence of **poverty** and unemployment may lead to alcohol and substance abuse which impact negatively on the overall health status of the people. It is a challenge for the **health system** to ensure universal access to quality promotive, preventive, curative and rehabilitative health services among the economically disadvantaged people.

2.3.2 There is universal primary **education** in Botswana which has raised the national literacy rate to 81.2% (2003/04), with a slightly higher literacy rate for females 81.8% than males 80.4%.¹² Despite the reduction of school dropouts between 2005 and 2006 (by 14.8% and 5.1% for primary and secondary schools respectively), the rate of school drop outs is still significant – mainly due to desertion, pregnancy and illness.¹³

2.3.3 **Unemployment** remains high with 17.5% (for those actively seeking work) of the labour force in Botswana being unemployed.¹⁴ Despite being more literate, females (19.7%) suffer more unemployment than males (15.3%). An estimated 96,125 people are living with disabilities and may experience **social exclusion**.¹⁵ The number of registered orphans has increased over the years mainly as a result of HIV/AIDS epidemic. The number of orphans for the whole country was 41,592 at the end of December 2003, rising to 48,997 by the end of July 2008 (reports from 21 out of 27 districts).

⁹ Chronic Disease Risk Factor Surveillance Report, 2008, MOH

¹⁰ National Accounts Statistics, GDP: First Quarter 2010, CSO

¹¹ CSO, National Accounts Statistical Brief, 2008

¹² CSO, Report of the Second National Survey on Literacy In Botswana, 2003

¹³ Education Statistical Report, 2006

¹⁴ 2005/6 Labour Force Survey, CSO

¹⁵ Botswana Demographic Survey, CSO, 2006

- 2.3.4 Although most of the people live in habitable **housing** premises, there is still a sizeable number of people living in poor housing conditions. By 2006, 90% of the rural and 100% of urban population respectively had access to **safe water** supply, while only 30% and 60% had improved toilet facilities and **sanitation** respectively.¹⁶
- 2.3.5 Botswana is capable of producing and importing enough food to ensure **food security** for every person. However, the skewed distribution of resources has resulted in over-nourishment and under-nourishment in different segments of the population.

2.4 Current Health Status in Botswana

The life expectancy at birth in Botswana is estimated at 54.4 years (48.8 males: and 60 females). The crude birth and crude death rates were estimated at 29.7 and 11.2 per 1000 respectively while infant and under-five mortality rates were 57 and 76 per 1000 live births respectively.¹⁷ The Maternal Mortality Ratio (MMR) is 193 per hundred thousand live births based on the CSO 2007 calculations. A total of 25.9% of the population are stunted, of which 16.8% are moderately stunted and 9.1% severely stunted.¹⁸

2.5 Major Causes of Disease Burden in Botswana

- 2.5.1 In Botswana both morbidity and mortality for all ages are still dominated by infectious diseases with HIV/AIDS and other communicable diseases causing about half of the deaths. Due to an effective ARV programme, mortality due to HIV/AIDS has been declining over the past 4 years, but still is a major concern.
- 2.5.2 The Infant Mortality Rate (IMR) and under-5 mortality rate (U5MR) remain high with year-on-year fluctuation. More than two-third of these deaths is due to communicable diseases, with diarrhoea and pneumonia being the two main killers. More than 40% of infant deaths are in the first week of their birth. Maternal Mortality Ratio is also fluctuating. Although non-communicable diseases like hypertension, diabetes, etc. are not among the top ten causes of disease morbidity and mortality, the rates are increasing. Of these, cardiovascular and cancers have been increasing alarmingly over the last decade.¹⁹ Tables 1 and 2 below indicate the major causes of mortality and morbidity in Botswana.

¹⁶ *ibid*, MOH, Environmental Health

¹⁷ Botswana Family Health Survey, CSO 2007

¹⁸ Botswana Family Health Survey, CSO 2007

¹⁹ MOH, Health Statistics Reports

Table 1: Major causes of Mortality of Public Health Concern – 2006²⁰

Diseases/Conditions	Numbers	Percentage
TB	731	6%
HIV	1985	17%
Other Infectious	2474	22%
Cancers	553	5%
Anaemias	401	4%
Endocrine, Metabolic & Nutritional	874	8%
Cardiovascular diseases	1233	11%
Respiratory Diseases	1448	13%
Digestive System Diseases	400	3%
Diseases of Nervous System	420	4%
Injuries/Trauma	324	3%
All Other Diseases	603	5%

Table 2: Major Causes of Inpatient Morbidity (Excluding Neonatal Conditions) All Age Groups - 2006²¹

Diseases and Conditions	Number	Percentage
Intestinal infectious diseases	9409	9%
Tuberculosis	4121	4%
Human immunodeficiency virus (HIV) diseases	2965	3%
Other viral diseases	2983	3%
Pneumonia and other ARI	8133	8%
Pregnancy, Childbirth and the Puerperium	16415	16%
Cancer	4226	4%
Diseases of the Digestive System	5219	5%
Diseases of the Circulatory System	6298	6%
Injury, Poisoning and other external	10853	11%
Total for the above	70622	69%
Other Diseases and conditions	31730	31%

²⁰ MOH, Health Statistics Report, 2006²¹ MOH, Health Statistics Report, 2006

2.6 The Organisation and Management of the Health Sector

Health service delivery in the country is pluralistic. There are public, private for profit, private non-profit and traditional medicine practice. Within public sector, the Ministry of Health (MOH) is responsible for the provision of health services.

2.6.1 The Ministry of Health

The Ministry of Health is mandated with the overall oversight and delivery of health services for Botswana. It is responsible for the formulation of policies, regulation and norms, standards and guidelines of the health services. It is also a major provider of health services through a wide range of health facilities and management structures.

2.6.2 The Ministry of Local Government (MLG)

The Ministry of local Government was mandated to provide primary care through network of clinics, health posts and mobile stops as well as community based preventive and promotive services until April 2010 when it was relocated to MOH.

2.6.3 Other Service Providers and Facilities

2.6.3.1 There are limited public sector health care services for targeted groups such as the Botswana Defence Force (BDF), Police and Prisons services. In the formal private sector, there are a number of private practitioners, mines, NGOs and missions facilities.

2.6.3.2 Although traditional medicine is widely used, there is no regulatory framework governing the practice. However, the Ministry of Health in consultation with Traditional Health Practitioners and other stakeholders are in the process of formulating a Bill.

2.6.4 Management and Coordination of the Health Sector

Until April 2010, the Primary Health Care Coordinating Committee at the national level and District Primary Health Care Coordinating Committees at the District level were responsible for ensuring harmony and good working relationship between the MOH and the Ministry of Local Government. Over the years it became clear that there is confusion about the division of roles between MOH and MLG and also within various departments and divisions of each ministry, thus Cabinet decided to relocate all health facilities to the MOH.

2.6.5 Regulation of the Health Sector

The public health services of the country are being regulated by a Public Health Act 2002 (Chapter 63:01). However, with changes in both the epidemiological scenario and the technological advancements, the act is under revision. For both the public and private sector, professionals are accredited by professional councils in accordance with the Medical, Dental and Pharmacy Act and the Nurses and Midwives Act. In addition to the professional accreditation, the Ministry of Health is also responsible for the registration of private facilities through recognised standards.

2.7 Access and utilisation of health services

2.7.1 Nationally, 95% of the total population (89% of the rural population) live within an eight kilometres of a health facility.²² The public sector is the predominant provider of health care services in Botswana, with more than 80% of the people receiving care from public facilities and programmes.²³

2.7.2 There is considerable disparity in the way health facilities are utilised. Some primary hospitals are utilised more than district hospitals although they are fewer health workers in primary hospitals.²⁴ Although Botswana had achieved a national average of 2.06 beds per 1000 population by 2009, there is marked inequality in distribution of the beds by geographical areas. This contributes to the underutilisation of available facilities. In addition, the bed occupancy levels in 82% of the hospitals and the average length of stay levels in 69% of hospitals are outside the optimal range (more than 70%) for developing countries.²⁵

2.7.3 Access to health facilities does not always translate into utilisation of high impact interventions. For example, Insecticide Treated Net (ITN) use among pregnant women is at 15.4% while chemoprophylaxis against malaria is 50%. Although ANC coverage is around 90%, Tetanus Toxoid 2+ (TT2+) utilisation among the same women is only 33%. However, in the context of providing services as a package, the lowest coverage of the high impact interventions is expected to be not less than 80%.

2.8 Human Resources for Health

2.8.1 Shortage of trained and qualified staff remains one of the major bottlenecks towards the availability of quality health care in Botswana. There are also increasing demands on the already over-stretched skilled workforce as a result of the additional programmes and projects, in particular those related to HIV/AIDS. Although the rate of attrition is negligible, there is high turnover of staff at all levels of the health sector. Other challenges relate to inequitable deployment and failure to optimise the existing skill mix. Appropriate division

²² CSO, Statistical Brief No 2007/4 Access to Health Services in Botswana August 2007

²³ CSO, Botswana Demographic Health Survey 2006

²⁴ MOH, National Health Service Situation Analysis 2009

²⁵ MOH, Human Resources Strategic Plan, 2008

of labour could contribute significantly to reducing the apparent shortage of staff.

- 2.8.2 The training of health care professionals is provided by a combination of in-country and out-of-country institutions, with heavy reliance on out-of-country arrangements. There are eight training institutes for nurses and some areas of health technologies only. In addition, the University of Botswana produced limited number of nurses and some health technologist. The only medical school is under development. Due to this limited production of skilled health professionals a large number of expatriates are deployed in the health sector.

2.9 Health financing

- 2.9.1 According to the National Health Accounts Report, Government contributed about 75% of Total Health Expenditure (THE) in 2002, which represented about 9.2% of total government budget. However, since 2004 the proportion of government budget allocated to health has reached the Abuja target of 15%.²⁶ The percentage of Gross Domestic product (GDP) spent on health gradually increased from 6.43% in 2000, to 9.27% in 2001 and 10.54% in 2002.²⁷ The share of out of pocket spending declined from 16% to 9% between 1995 and 2006 and the share of donor support increased from 4% to 7% mainly due to increased funding for HIV/AIDS
- 2.9.2 A nominal cost recovery system is in place for services in the public facilities, with exemption for vulnerable population. Other additional charges include admission fees, ambulance charges and other charges for private patients and non-citizens. However, the extent to which these costs compromise utilisation of essential services has not been assessed. It is generally believed that the cost of collecting is much higher than the funds collected. Alternative mechanisms for pre-payment, including social health insurance and an appropriate policy are yet to be explored.

²⁶ MOH, NHSSA, 2009

²⁷ MOH, Botswana National Health Accounts, 2006

2.10 Medicines, Vaccines and Other health Technologies

2.10.1 Medicines, Vaccines and other medical products

2.10.1.1 The Botswana National Drug Policy (BNDP) and its implementation plan were appraised in 2002. Medicines regulation and control is mostly based on the provisions of the Drugs and Related Substance Act (DRSA) of 1992 and regulations thereto of 1993 which are currently being amended to align them with the BNDP 2002 and other health related Acts and policies.

2.10.1.2 There is a National Drug Quality Control Laboratory that tests medicines, condoms and gloves for conformity to specifications, but it is resource- constrained and not capable of satisfying public and private sector testing needs. The major challenge in the area of medicine regulation has been shortage of staff at the Drugs Regulatory Unit to register medicines and conduct drug control activities; inadequate legislation to deal with importation and distribution of counterfeit medicines; prescribing and dispensing by unqualified people contrary to provision of the DRSA; and inadequate regulation and control of traditional medicines.

2.10.1.3 Supply chain management system at all hospitals and clinics are weak leading to erratic availability as well as shortage of essential drugs. There are attempts to reform the Central Medical Stores to improve its performance and ensure universal accessibility of essential medicines to all people living in Botswana.

2.10.2 Equipment

The Government is equipping public health facilities with modern equipment, but they are not standardised by the levels of the health facilities. Staff at those facilities is not always trained or available to make optimal use of the equipment. The diversity of equipment poses a challenge to planned preventive maintenance and to effectively conducting an annual inventory of all equipment including, ascertaining its life span.

2.10.3 Infrastructure

2.10.3.1 Botswana has a good network of health infrastructure with adequate architectural designs. The earlier primary facilities (clinics) and some hospitals were not constructed to ensure patient flow and care. However, there are architectural, engineering, environmental, and safety standards employed to ensure the efficiency, durability and safety of the structures. Environmental Impact Assessments (EIA) are done whenever infrastructure is planned for construction and there is legislation on EIA. There is a waste management policy that covers issues related to waste classification, waste generation, waste storage,

waste transportation and waste disposal. The Radiation Inspectorate of the Ministry of Science and Technology has been established to ensure that harmful radioactive activity is detected and equipment is supervised for compliance.

- 2.10.3.2 However, there are no clear standards for the distribution and sizes of health facilities, and infrastructure development may not be linked to human resource availability. Because of this, some health infrastructures are currently under-utilised while others are over-utilised.

2.11 Health Information Management System

- 2.11.1 A well-functioning Health Information Management System (HIMS) is critical for monitoring and evaluation of the performance of the health sector. Currently, there are various challenges related to timely data collection, collation, analysis, interpretation and dissemination. Not all the health systems data are captured and stored in a database. The weak referral and supervisory frameworks for health facilities and management units are contributing to a failure to ensure timely reporting, cleaning, analysis, interpretation and use of data.

- 2.11.2 Currently data use for planning purposes or programme improvement is limited, as different information systems (epidemiological, logistics, human resource, health statistics and finance) are incompatible and poorly coordinated. Lack of use of the information also undermines the quality of information. The existing monitoring and evaluation processes are fragmented.

2.12 Progress towards attainment of the health MDGs

Different sources of data indicate that by 2006, none of the three health Millennium Development Goals (***Reducing the under-five mortality rate by two-thirds; reducing the Maternal Mortality Ratio by three-quarters; and halting the increase and begin to reverse the prevalence of HIV, Malaria and Tuberculosis by 2015***) were on track. However, as shown in Table 4 below, some health related MDG targets such as access to ART, access to safe drinking water and reduction of underweight among the under fives are on track. Facility-based data shows the reduction of the prevalence of malaria in endemic areas. With increased access to ART, the target of reducing the HIV prevalence may be replaced with more appropriate measure of incidence (a reduction of new HIV cases).

Table 4: Progress towards the MDGs – Selected Indicators

MDG	1990-94	2002-06	Target (2015)
1. Underweight children for under 5 (%) to reduce by half	17.0	5.9	8.5
4. Infant mortality rate (per 1000) to reduce by two-thirds	48	56	16
4. Under five mortality rate (per 1000) to reduce by two-thirds	63	74	21
4. Children immunised against measles (%)	74	86	100
5. Births attended by skilled personnel (%)	93	96	100
5. Maternal mortality rate (per 100 000) to reduce by three-quarters	326	150-190	81
6. HIV prevalence among adults (%)	NA	25	Falling*
6. Access to ART (% clinically eligible) universal.	NA	95	≈100
6. TB notifications (per 100 000)	200	620	Falling*
7. Proportion of population without access to safe drinking water (%) to reduce by half	23	4	12

Sources: CSO (2003a, 2004b, 2006a); CSO & GoB (2004); NACA & CSO (2005); GoB (2007b) CSO HIES 2002-2003.
 **falling* was used as a target because at the time of MDG target setting the baseline figure were not known. This also took into consideration the fact that cases may increase because of prolonged life due to better treatment.

2.13 It is in this regard that it was found fit to revise the National Health Policy so as to address the changing demography and health profile, and also to incorporate the current perspectives of putting health on the national development agenda. The revised policy will therefore put emphases on health system strengthening, integration and coordination of existing policies and plans to improve effectiveness and efficiency, fostering partnerships and promoting research to improve health system performance, hence the focus on the following Key Result Areas in order to maximise the impact on the health status,:

- Leadership and Governance;
- Health Services Delivery;
- Lifestyle/behavioural Determinants of Health;
- Health Resources (Human Resources for Health, Medicines, Vaccines and Medical Equipment, Health Infrastructure, Health financing) and
- Health Management Information System.

3 Chapter 3: Vision, mission and guiding principles

Botswana recognises health as a basic necessity and the need to promote health as imperative for social justice. This is best clarified through the vision, the mission and the guiding principles.

3.1 *Vision*

An enabling environment whereby all people living in Botswana have the opportunity to achieve and maintain the highest level of health and well-being.

3.2 *Mission Statement*

A sustainable improvement in health status through progressive creation and maintenance of physical, mental, economic and social well-being.

3.3 *Guiding Principles/Values*

The following principles will guide the implementation of the Botswana National Health Policy:

Guiding Principle	Description
<i>Ethics</i>	Respect for human dignity, rights, confidentiality and cultural beliefs
<i>Norms and Standards</i>	Good management practices and quality assurance of service delivery.
<i>Equity</i>	Equitable distribution of resources to guarantee accessibility to quality services at every point of demand especially for the vulnerable, marginalised, and underserved, irrespective of political, ethnic or religious affiliations and place of domicile.
<i>Ownership</i>	Involvement/Participation of all stakeholders (providers and users) of health services, in defining policy as well as implementation framework.
<i>Evidence based</i>	The policy will be based on evidence particularly pertaining to Botswana.
<i>Innovation</i>	Continuous exploration of new ideas in health care delivery, e.g., geographical targeting, to benefit high priority areas, health insurance coverage for the disadvantaged sections of the society, public private partnership, demand-side financing, etc.
<i>Gender Equity</i>	Addressing gender sensitive and responsive issues including equal involvement of men and women in decision-making; eliminating obstacles (barriers) to services utilisation and prevention of gender based violence.

<i>Client Satisfaction</i>	Ensuring efficient twenty-four hour quality health services that is more responsive and sensitive to Customer needs.
<i>Skilled staff retention and circulation</i>	Attractive service conditions (package), job satisfaction to encourage a net inflow of critically required skills.
<i>Partnerships</i>	Increasing community empowerment; active involvement of the private sector, NGOs, local government authorities and civil society and effective development partner co-ordination.

3.4 Duration of the Policy

The Policy will guide the health development of Botswana for next 10 years. Continuous and rigorous monitoring and evaluation will be conducted regularly on the implementation of the Policy. The National Health Council may recommend to the Ministry of Health to revise its duration and review the policy depending on any changes in epidemiological or other factors affecting health.

Chapter 4: Policy Thrusts/Principle Areas of Action

In pursuing the vision and mission, and in line with the guiding principles set out above, the following principle areas of action and policy thrusts are identified which collectively have the potential for maximum impact on the health status.

- Leadership and Governance;
- Health Services Delivery;
- Lifestyle/behavioural Determinants of Health;
- Health Resources;
 - Human Resources for Health,
 - Medicines, Vaccines and Medical Equipment,
 - Health Infrastructure,
 - Health financing, and
- Health Management Information System.

4.1 Leadership & Governance

The performance of the health sector is dependent on the quality of leadership and governance. In the context of Botswana, **leadership** includes:

- The stewardship role;
- Inter-sectoral collaboration and coordination;
- Harmonization and alignment; and
- Clarity of the roles and the relationships between MOH, MLG, Local Authorities and other stakeholders.

Governance relates to:

- Setting a Strategic vision with a timeframe;
- Inclusive participation and consensus around policy and implementation;
- Health legislation, regulation, standard setting and enforcement mechanisms including over-sight and supervision;
- Transparency;
- Responsiveness;
- Equity and inclusiveness for social protection and universal access;
- Effectiveness and efficiency through sound stakeholder involvement in strategic planning, priority setting and budgetary frameworks;
- Accountability;
- Information and intelligence; and
- Ethics.

4.1.1 Goal

Ensuring strategic guidance and oversight in the regulation and implementation of all health related services.

4.1.2 Objectives

- To create a platform in the health sector for the provision of strategic guidance and oversight;
- To develop the National Health Strategic Plans to guide the implementation of the Policy;
- To clarify roles of stakeholders;
- To ensure functionality of all regulatory frameworks; and
- To separate the inspection and implementation roles within the health sector.

4.1.3 Policy Initiatives

- (a) The Government shall form a National Health Council (NHC) to ensure strategic guidance and oversight chaired by an Eminent Health Professional of Botswana and attended by Ministries of Health, Finance and Development Planning, Local Government, Education and Skills Development, Sports, Youth and Culture, Mineral, Energy and Water Resources, Environment, Wildlife, and Tourism, Agriculture, Transport and Communications, Infrastructure Science and Technology, Ministry of Defence, Justice and Security, and representatives of development partners, NGOs, private sector, professional associations, notable health professionals as individuals and the Community (e.g., Kgosi, VDC representatives, community watch groups/VHC etc.)
- (b) The Government shall facilitate the establishment of bodies or associations of the users of health services responsible for representing and defending their interests and or the general promotion and protection of health.
- (c) The MOH in collaboration with partners shall develop National Strategic Plans to facilitate the implementation of the policy.
- (d) The Cabinet, through the National Health Council, shall clarify the roles between different key players to ensure complementarities and synergies in the provision of continuous and sustainable health services for better health development.
- (e) The MOH shall facilitate formulation of Public Health Bill/Act and ensure its implementation and regulation. The Public Health Bill/Act will also incorporate the necessary and relevant International Health Regulations.
- (f) The MOH shall review, revise and develop norms, standards, legislative documents to harmonise and protect the quality of health services provided by all stakeholders in the health sector.

- (g) The Government shall encourage partnerships and the Ministry of Health shall lead and coordinate all partnerships in the health sector through creation of different bodies for coordination at national and local levels.
- (h) The Government shall separate the inspection and implementation roles within the health sector by creation of an autonomous Health Inspectorate.
- (i) The MOH shall adopt sector-wide approaches to harmonise and align planning, financing, implementation monitoring and evaluation of the health sector.
- (j) The MOH shall from time to time review and revise its organisation and management structures to respond to new developments and challenges in order to gain and maintain high efficiency in the provision of health care.

4.2 Service Delivery

As a signatory to the several international declarations/intents, Botswana is committed to ensuring quality health care service, which is affordable and accessible, to all people living in Botswana. The government's focus is on improving health status and reducing health inequalities through expanding access to social safety networks and promoting affordable services for every household. For the poor and vulnerable, existing safety nets will be further improved and consolidated to ensure wider access to public health care services. The existing health infrastructures location and types are not geared towards increasing access by vulnerable groups. This will call for health infrastructure planning to be need-based.

4.2.1 Goal

Attainment of universal coverage of high-quality package of essential health services.

4.2.2 Objectives

- To scale up utilisation of a well defined and comprehensive package of essential health interventions;
- To redefine the existing service delivery levels and delineate types of health services for each of these levels of the health care to ensure continuity and harmonised referral and supervisory functions;
- To increase and strengthen partnerships with the private sector and NGO's in attaining universal coverage of high quality Essential Health Service Package;
- To involve all community based groups in order to ensure effective demand for health services; and
- To promote community participation in the planning and delivery of health services.

4.2.3 Policy Initiatives

- a) The MOH shall define the comprehensive set of essential health services with special emphasis on health promotion and preventive health care, using well articulated and transparent criteria based on the epidemiological, technological, geographical, economical and socio-political situation of the country. All cost-effective interventions in priority programs as such as HIV and AIDS, Tuberculosis, Reproductive and Child Health, Accidents and Emergency, and others shall be part of the essential health services package (EHSP).
- b) The MOH shall from time to time redefine the comprehensive essential set of health services including for promotive, preventive, curative and rehabilitative health care. This package shall be provided free of charge to citizens in all public health facilities and strategically purchased from private providers. Furthermore diseases of public health importance shall be redefined from time to time and shall be provided free to all people living in Botswana.
- c) The MOH shall redefine the health care delivery levels into a five-tier system comprising individual/family, primary health clinics/centres, primary hospitals, district/secondary hospitals and referral hospitals.
- d) The MOH shall ensure that the comprehensive set of health services shall be provided as a package in all health facilities including those owned by mission, mines, the private sector and other government organs, taking into account continuity and harmonisation of referral and supervisory functions.
- e) The MOH and other partners shall establish a well functioning ambulatory care system, including air ambulance service, as well as communication system for improved referral services.
- f) The MOH shall use appropriate approaches to effective private-public partnerships in health service provision to ensure universal access to essential health services.
- g) The MOH in collaboration with partners shall ensure provision of the comprehensive set of health services through an Integrated Health Services Plan (IHSP).
- h) The NHC shall establish a Clients' Charter outlining the rights of clients to health services and in the process of health service utilisation, as well as their roles in taking responsibility for their own health.
- i) The NHC shall establish a Provider's Charter of rights and responsibilities outlining the obligations and responsibilities in the provision of health care as well their rights in protecting their health and privacy.
- j) The MOH shall make provision of other services which are not incorporated in the essential package. The Government shall partially share the costs of the services depending on the resources available.
- k) The MOH shall set an exclusion package of health services which will not be funded through public sector.

- l) The Government shall explore and establish Centres of Excellence so as to maximise health efficiency, reduce external referrals and attract medical tourism.
- m) The Government shall provide the regulatory framework for alternative medicine²⁸ practice and create an enabling environment for effective involvement of traditional practitioners as well as exploring traditional medicinal plants.
- n) The MOH in collaboration with relevant agencies shall ensure proper screening of wholesome food, animals and animal products and persons entering Botswana through provision of a Port Health Services.
- o) The MOH shall strengthen the public health laboratory services to support the priority disease control programmes including emerging and re-emerging diseases.

4.3 Human Resources for Health

Human resources for health (HRH) are the backbone of service delivery in the health sector. Creating an appropriately skilled, highly motivated, client-focused health workforce is critical for Botswana to attain its ambition of ensuring an enabling environment, in which all people living in Botswana have the opportunity to reach and maintain the highest attainable level of health.

4.3.1 Goal

Ensuring an appropriately skilled, motivated, well distributed and productive workforce for the provision of quality health services effectively and efficiently, to all the people living in Botswana.

4.3.2 Objectives

- To strategically plan health workforce development for the sector;
- To develop and continuously review recruitment and retention strategies for the health workforce; and
- To strengthen management of human resources through development and implementation of performance standards and norms for efficient service delivery.

4.3.3 Policy Initiatives

- a) The MOH shall strategically forecast the HRH needs, taking into account the multiplicity of professions and skills; service delivery facilities and providers (public, private and NGOs); population health needs and their growth; and geographical distribution.

²⁸ Alternative Medicine implied here includes traditional herbalists, homeopathy and neo-herbalists.

- b) The MOH in collaboration with its partners shall develop and review health workforce strategic plans from time-to-time.
- c) The MOH in collaboration with the Ministry of Education and Skills Development shall ensure equitable production of an adequate and appropriately skilled health workforce to provide health services at all levels of the health care delivery.
- d) The MOH in collaboration with its partners shall harmonise the recruitment and deployment criteria of the health workforce to reduce turnover and ensure continuity of care.
- e) The MOH in collaboration with Directorate of Public Service Management (DPSM) and other relevant government sectors shall periodically review the conditions of service (salary, housing, professional advancement, contractual obligations, involvement in decision making, recognition of staff contribution and other incentives) and develop appropriate recruitment and retention strategies both for national and expatriate health workers within the public sector.
- f) The MOH shall ensure that all data generated in pre- and in-service training, recruitment, deployment and migration of health workers shall be captured, stored in a database, analysed, and interpreted for decision-making and to inform future national policy direction.
- g) The MOH shall ensure that the IHSP incorporates the Health Workforce Strategic Plan outlining the right number of staff, with the right skills, is in the right place to deliver the package of services.
- h) The MOH shall develop and periodically update staff norms/skills-mix by care level based on research including users' views to ensure well informed pre-service training, and efficient recruitment and deployment of the health workforce and to ensure uninterrupted provision of essential health services.
- i) The Government shall develop a regulatory mechanism for Alternate Medical (traditional - herbalist, homeopathy, etc.) practice, preferably in the form of an Act to be administered by MOH and Traditional Practitioners' Association through creation of a registration system for the alternate medical practitioners in order to safeguard against malpractice and misconduct.
- j) The Government shall promote the formation of, and strengthen professional associations and unions to ensure well informed involvement in decision making and amicable settling of disputes.
- k) The MOH shall periodically review and update the Health Professionals Act and the Nurses and Midwifery Act in order to modernise the accreditation process (for instance, incorporating periodical testing of knowledge for continuation of professional registration).

4.4 Health Financing

The ways in which resources are raised, pooled and allocated, and the way services are paid for, all have a major impact on access to health care and, in turn, on efforts to alleviate poverty through attainment of the highest level of health status.

4.4.1 Goal

Raising and allocating sufficient resources and putting in place appropriate payment arrangements to ensure that all people living in Botswana have access to a range of cost effective health interventions at an affordable price regardless of their economic status.

4.4.2 Objectives

- To raise sufficient funding to meet health needs of the people in a sustainable manner;
- To prioritise funding for the essential health service package (EHSP);
- To ensure efficiency in the collection and pooling, as well as cost effectiveness in utilisation of funds;
- To determine and periodically review the costing of health services by levels of health care; and
- To objectively undertake innovative measures to ensure social protection and universal access to essential health services.

4.4.3 Policy Initiatives

- a) The MOH shall develop a health financing strategy that will guide the financing of the entire health sector.
- b) The Government shall ensure availability of financial resources for a prepaid package of essential health interventions to all citizens of Botswana so that the services are available to the client free of charge.
- c) The MOH shall promote public-private partnership in order to achieve universal coverage of the essential package services.
- d) The MOH shall partially finance limited interventions outside the essential package depending on the availability of resources.
- e) The MOH shall periodically review all its financial collection mechanisms in order to ensure efficiency and cost effectiveness of service delivery.
- f) The Government shall put in place mechanisms to strengthen health systems so that all services including infrastructure, are provided in an efficient and cost-effective manner.
- g) The Government shall ensure an increase in per capita allocation and expenditure of funds to at least 15% of government expenditures allocated to health (Abuja Declaration target).

- h) The MOH shall embark on approaches to harmonise and align donor support to the health sector, for example Sector Wide approach and Health Compacts.
- i) The MOH shall formulate and periodically review and revise resource allocation formulae for equitable and timely disbursement of funds to all districts and health facilities as well as national health programmes.
- j) The MOH shall explore and develop contracting-out arrangements, based on agreed standards, with NGOs and private sector for delivery of EHSP, to ensure universal access.
- k) The MOH shall advocate for and introduce other prepayment mechanisms such as social health insurance to raise the level of revenue for health services outside the EHSP.
- l) The Government shall introduce and periodically revise taxations and levies from cigarette, alcohol, etc to fund promotive and preventive activities.

4.5 Medicines, Vaccines and Health Technologies

Medicines, vaccines, equipment and infrastructure are very important health resources that need to be in place for efficient provision, maintenance and utilisation of health services. The main issues here concern these availability, universal access and utilisation of appropriate medicines, vaccines and health technologies by those who need them, at the time and place where they are needed.

4.5.1 Medicines, vaccines and other medical products

Medicines, vaccines and other medical products are fundamental resources in the provision of health care. There is already a comprehensive national drug (medicine) policy addressing such areas as selection, procurement, storage, etc. This National Health Policy will focus on areas that need further improvements and clarifying functions.

4.5.1.1 Goal

Ensuring availability of medicines, vaccines and other medical products to those who need them, at the time they need them, which are of acceptable safety, efficacy and quality and ensuring rational use of the medicines, vaccines and blood products.

4.5.1.2 Objectives

- To ensure that there is universal access of essential medicines, vaccines, laboratory reagents and other medical products by the people living in Botswana;
- To ensure the use of safe, efficacious and quality medicines, vaccines, laboratory reagents and other medical products;

- To ensure adherence to norms and standards related to use, prescription, and dispensing; and
- To strengthen regulatory measures in the prevention of drug misuse and abuse.

4.5.1.3 Policy Initiatives

- a) The MOH shall review, from time to time, the Essential Drug List (EDL) to match with changes in the EHSP, advancement in medical technology and levels of resistance to available medicines.
- b) The MOH shall ensure the selection, forecasting and quantification of medicines and vaccines in collaboration with districts, facilities and other relevant stakeholders to reflect the needs of the health services.
- c) The MOH shall develop and periodically review a National Medicine Formulary and Standard Treatment Guidelines, and impart training to encourage rational use by the health service providers and their clients at all levels in the health sector.
- d) The MOH shall explore the possibilities of outsourcing the procurement, storage and distribution functions to ensure equitable and timely availability; and utilisation of essential medicines and medical products.
- e) The MOH shall develop a web-based tracking system for the drug/medicine management system.
- f) The MOH shall lead the review of the Medicines and Related Substances Act (MRSA) to update its relevance and include new sections on Blood and blood-related products and introduction of new medicines and medical products in the country.
- g) The Government shall explore possibilities, through Local Preference Scheme, for collaboration with other countries to promote, where feasible, local production of medicines, vaccines and other medical products.
- h) The Government, through re-engineering the existing Drug Regulatory Unit (DRU), shall setup an autonomous independent body as Medicine Regulatory Authority to institutionalise pharmaco-vigilance so as to ensure universal access of quality, efficacious and safe medicines, vaccines, reagents and other medical products through regulating manufacture, import, export, distribution, sale and dispensing of medicines and the sale of related substances including cosmetics.
- i) The MOH shall strengthen the National Drug Quality Control Laboratory and place it within the proposed autonomous Medicine Regulatory Authority to ensure that medicines, vaccines, reagents and other medical products produced, distributed, exported, procured and used in Botswana are tested for conformity to the standards of quality recognised internationally.

- j) The MOH shall explore and promote the evidence-based utilisation of herbal and other alternate medicines through mutual collaboration with alternate health practitioners and institutionalisation of the regulatory framework for regulation of alternate medicine practice.
- k) The MOH in collaboration with Ministry of Agriculture, Ministry of Transport and Communications, Ministry of Infrastructure, Science and Technology, Ministry of Environment, Wildlife & Tourism, University of Botswana, and Ministry of Trade and Industry shall explore the possibility of encouraging the transformation of locally available medicinal plants into industrialised medical products.
- l) The MOH shall set-up a system within Central Medical Stores to receive all donated medicines, vaccines, reagents and other medical products on behalf of all recipients in the health sector, including the private sector and NGOs. It shall establish an appropriate structure to ensure that the donated items meet the quality standards.

4.5.2 Equipment

The demand for medical equipment and maintenance services has increased dramatically over the past years as a result of advancement in technology and increased complexity and burden of medical conditions. Some equipment is expensive and may not be suitable for all countries. Currently equipment is not universally standardised, nor based on the type of service or level of service delivery or disease pattern. Servicing and maintenance standards are also essential to increase the longevity of equipment.

4.5.2.1 Goal

Ensuring availability, safety, durability, quality, cost-effectiveness and appropriate provision of medical equipment necessary for promotive, preventive, curative and rehabilitative health services.

4.5.2.2 Objectives

- To ensure consistent availability of effective, safe and appropriate medical equipment;
- To ensure standardisation and optimum use of medical equipment at all levels of health care provision; and
- To institutionalise planned servicing and maintenance of medical equipment at all levels of the public sector health facilities.

4.5.2.3 Policy Initiatives

- a) The MOH shall develop standardised criteria for medical equipment by level of care, type of health services and specifications.

- b) The MOH shall explore different options, such as creating an appropriate organisational structure, outsourcing, etc., for timely and effective preventive maintenance and repair of equipment at different health facilities.
- c) The MOH shall select, forecast and procure medical equipment based on standardisation criteria and health service needs at all health facilities.
- d) The MOH shall review the procedures of medical equipment procurement, to ensure that it entails appropriate training, maintenance and repair of the equipment by the supplier.
- e) The MOH shall set-up an independent authority to receive donations on behalf of all recipients (public or private) in the health sector in order to ensure that the medical equipment meets standard criteria.
- f) The MOH shall build capacity of medical equipment users so as to attain maximum possible equipment benefits, life span, cost-effectiveness, quality and safety of care.
- g) The MOH shall institutionalise regular inventory of medical equipment to ensure effective planned preventive maintenance.
- h) The MOH shall develop cut-off points for decentralisation of procurement and maintenance of some medical equipment in order to reduce inefficiency and interruption of critical health services.
- i) The Government shall explore possibilities for collaboration with other countries to promote, where feasible, local production and/or assembly of healthcare technology including medical equipment.

4.5.3 Infrastructure

Infrastructure refers to physical structures, management offices, staff quarters etc. The main emphasis is the need to standardise health facility infrastructure by level of care and local need. It is also essential to ensure progressive continuity of care through effective referral systems.

4.5.3.1 Goal

Ensuring that health infrastructures are adequate and equitably distributed to meet the unique needs of health services, taking into account architectural, engineering, safety, and environmental standards as well as local need.

4.5.3.2 Objectives

- To ensure that all health infrastructures meet the set quality standards regarding architecture, engineering, environment and safety, with consideration given to the efficiency of patient flow;

- To ensure that equal needs, levels and types of care are served with similar nature of health infrastructure while adapting to local need; and
- To address inequalities in health care delivery system by geographical access and vulnerability.

4.5.3.3 Policy Initiatives

- a) The MOH shall develop and periodically review standardisation that would ensure that health infrastructure meets architectural, engineering, environmental, and safety standards taking into account the special needs of different forms of health services and different levels of care.
- b) The MOH shall develop and periodically review transparent criteria for distribution of health facility infrastructure based on availability of resources, population, disease burden/pattern and geographical layout.
- c) The MOH in collaboration with Ministry of Infrastructure, Science and Technology shall build internal capacity for articulation and development of architectural, engineering, environmental and safety standards based on health service needs at all levels of care and ensuring their adherence in the public and private sectors.
- d) The MOH in collaboration with Ministry of Infrastructure, Science and Technology shall ensure that all health facility buildings have the provision for the special needs of users with disabilities.
- e) The MOH shall collaborate with Ministry of Environment, Wildlife and Tourism, Department of Environmental Affairs and Department of Buildings and Engineering Services in conducting Environmental Impact Assessments whenever health infrastructure is planned for construction.
- f) The MOH shall collaborate with Ministry of Environment, Wildlife and Tourism and Department of Buildings and Engineering Services to ensure adherence to policies and regulations related to environmental standards.

4.6 Health Information & Research

Health information concerns availability, completeness and timeliness of data that is used for evidence-based policy, planning and implementation. Data collection, collation, analysis and interpretation require norms, standards and guidelines for it to be efficiently utilised. For effective monitoring and evaluation of health services and programmes a viable information system is essential.

4.6.1 Goal

Ensuring timely availability, accessibility, quality and use of health information for sustainable improvement of the health status of the people living in Botswana.

4.6.2 Objectives

- To collect and analyse health information about diseases, services, finances, health workforce, medicines and medical products, infrastructure and equipment from all stakeholders of the health sector;
- To clarify the roles and functions of different stakeholders in data management in order to minimise duplication and maximise optimal utilisation of resources;
- To ensure timely, wide and need-based dissemination of data to all stakeholders;
- To develop and implement a research agenda in collaboration with relevant partners to support national policy development; and
- To develop and implement regulations regarding mandatory reporting of defined information requirements.

4.6.3 Policy Initiatives

- a) The MOH shall ensure that all relevant health information regarding population dynamics, diseases, health services, health financing, health workforce, medicines and vaccines, infrastructure and equipment is collected from all the health stakeholders including donors, private sector and NGOs.
- b) The MOH shall develop capacity and tools, including a web-based observatory, to ensure effective data collection, collation, analysis, interpretation and timely feedback and dissemination for improved evidence-based decision making at all levels.
- c) The MOH in consultation with all stakeholders shall develop indicators for measuring the performance in different policy areas and programmes.
- d) The MOH shall establish an institutional/organisational arrangement that will harmonise and link all the data management units with the aim of reducing duplication and wastage of data and maximising its effective use through prompt reporting and feedback.
- e) The MOH shall develop a regulatory framework (norms, standard operation procedures, policy directives and laws) that will ensure that all data is collected and reported to the relevant data management units and shared with all the concerned stakeholders.
- f) The MOH, in collaboration with research institutions shall develop a comprehensive research agenda to streamline areas that require new knowledge and provide guidance to the National Health Policy, Plans and programmes.
- g) The MOH shall set-up an autonomous National Health Research Council which will be responsible for ensuring adherence to scientific and ethical standards in the conduct of health research.

4.7 Lifestyle/behavioural Determinants of Health

- With the reduction of the communicable diseases, the epidemiological transition in Botswana will notice a number of non-communicable diseases and conditions increase. Several lifestyles factors have major impact on morbidity and mortality.
- While in moderation and at the right time and place, alcohol can be included within a healthy lifestyle, excessive drinking carries a heavy toll in illness, accidents, anti-social behaviour and criminal acts of violence, including domestic violence. Personal, social and economic costs associated with excessive and irresponsible drinking are high. Drug and substance misuse exists within Botswana. It damages the health of individuals and communities. Steps to prevent drug and alcohol abuse (including effective treatment approaches) will benefit health directly and improve community safety and other factors underlying good health. The key approach for reduction of morbidity and mortality will be to change harmful lifestyles through targeted and intensive health promotion. Industrialisation and urbanisation contributes to ill health by affecting environment and lifestyle.

4.7.1 Reducing Smoking

Worldwide evidence shows that tobacco smoking (active or passive) is the most important preventable cause of ill-health and premature deaths. Smoking, particularly amongst young males and women are increasing thus making these groups more vulnerable to several non-communicable diseases especially lung cancer.

4.7.1.1 Goal

Reducing the harmful health condition related to active and passive smoking.

4.7.1.2 Objectives

- To reduce the number of smokers;
- To prevent young adults from initiation of smoking; and
- To reduce smoking among pregnant women.

4.7.1.3 Policy Initiatives

- a) The MOH in collaboration with Ministry of Trade and Industry shall review the existing legislation to impose more stringent measures on tobacco control and marketing.
- b) The MOH will enhance health promotion campaigns on dangers of smoking as well as 'stop smoking' campaign strategy.
- c) The MOH will take steps to introduce health services like counselling, stop smoking aids, etc. to help smokers quit.

- d) The Ministry of Trade and Industry with Ministry of Labour and Home Affairs shall secure tougher enforcement of the law against sales of tobacco to under-age people.

4.7.2 Healthy food habits and increased physical activity

An imbalanced diet with high fat, salt and sugar, and low fibre is also a significant cause of poor health contributing to a range of serious illnesses, which include coronary heart disease, certain cancers, strokes, osteoporosis and diabetes. The Government of Botswana is determined to encourage wider participation in physical activity, particularly by younger people. Moderate physical activity, in the form of everyday activities such as walking also makes vital contribution to positive health and active ageing. With changes in lifestyle there has been an increase in eating unhealthy foods contributing to obesity and other chronic diseases.

4.7.2.1 Goal

Increase access to affordable healthy food and promote healthy eating habits and increased physical activity in order to reduce malnutrition as well as preventing chronic diseases such as diabetes, cardiovascular disease, osteoporosis, etc.

4.7.2.2 Objectives

- To reduce obesity;
- To prevent children from obesity and malnutrition;
- To increase accessibility to affordable, healthy foodstuffs to all population particularly in deprived and rural areas; and
- To implement a physical exercise programme along with the health and wellness week in all work places and schools.

4.7.2.3 Policy Initiatives

- a) The MOH shall develop and disseminate national dietary guidelines to all Botswana residents.
- b) The MOH shall promote healthy eating habits through mobilisations, educations, campaigns, etc.
- c) The Ministry of Local Government (Department of Social Services) shall assess and provide subsidies on healthy foods, particularly fruits and vegetables to vulnerable groups.
- d) The MOH and Ministry of Local Government shall promote nutrition education with community support groups.
- e) The country shall observe a wellness week once a year for all lifestyle-related health conditions.

- f) The MOH shall lead a wider health promotion campaign for increased physical activity.
- g) The Ministry of Education and Skills Development shall increase activities on school sport.

4.7.3 Alcohol and substance abuse

- Alcohol beverages has been traditionally brewed and consumed in Botswana as part of cultural and social practice. In most communities drinking alcohol is culturally and socially acceptable. While the effects of alcohol are cherished by many individuals, the negative impact of harmful drinking can be devastating for individuals, families and nation states.
- Although the actual extent of abuse of medical drugs and substances like “dagga” or other newer ones is not documented, it is perceived that abuses are increasing. This, in the longer term may have harmful effect on individual’s health as well as on the society.

4.7.3.1 Goal

Foster a healthy and productive nation through the reduction in mortality and morbidity as well as socio-economic impact of alcohol and substance abuse.

4.7.3.2 Objectives

- To promote and monitor public education and awareness creation on harmful effects of alcohol and substance abuse and guide management of alcohol and substance related harm;
- To facilitate a review of, and harmonisation of regulations and control measures/instruments;
- To strengthen the health sector response to alcohol and drug abuse through increased accessibility to user-friendly healthcare facilities;
- To regulate and monitor the formal and informal liquor sector/industry;
- To reduce the incidence of adults exceeding limits of alcohol consumption; and
- To ensure road safety for public safety and amenity.

4.7.3.3 Policy Initiatives

- a) The MOH, in collaboration with the Ministry of Trade and Industry and working with other stakeholders, shall formulate an Alcohol and Substance Abuse policy.
- b) The MOH in collaboration with the Ministry of Trade and Industry (MTI) shall establish an inter-sectoral committee comprising key stakeholders to oversee and ensure strategic guidance, coordination and supervision of the implementation of Alcohol Abuse Policy.
- c) The MOH shall incorporate, in its Sector Strategic plan, strategies to combat ill-effects of alcohol and substances on health.

- d) The MOH in collaboration with the Ministry of Local Government shall advocate to the Ministry of Trade and Industry and relevant partners to support communities to participate in monitoring nuisance reduction of both home-based and commercial sale and distribution systems through close working relations with the authorised officers.
- e) The MOH shall work with the Ministry of Trade and Industry in collaboration with the Ministry of Labour and Home Affairs to address alcohol problems at the workplace through initiatives aimed at educating, protecting and assisting employees.
- f) The MOH in collaboration with the Ministry of Education and Skills Development shall develop curricula on substance abuse in general and on harmful use of alcohol in particular, to be integrated in primary and secondary school curricula.
- g) The MOH shall ensure the availability of counselling and interventions in relevant health facilities, especially at primary care level, and in other settings such as social welfare, accident and emergency departments, workplaces, and educational institutions.
- h) The MOH shall ensure that people with alcohol-related problems in need of treatment and rehabilitation have access to non-stigmatised and confidential evidence-based treatments at user-friendly health facilities and community-based services.
- i) The Ministry of Defence, Justice and Security (MDJS) in collaboration with the Ministry of Transport and Communication shall plan and develop anti-drink driving initiatives aimed at educating, protecting, preventing and reducing alcohol related road traffic accidents and injuries.
- j) The alcohol industry (including pub owners) in collaboration with MJDS will develop appropriate strategy for reduction of driving under the influence of alcohol.
- k) The Ministry of Trade and Industry and the Ministry of Local Government shall review the existing marketing regulation structure(s) in order to implement a partial or complete ban on alcohol marketing practices especially targeting young adults and minors, and also to have statutory warnings on packaging.
- l) The Government shall continuously review and revise taxes and levies on alcoholic beverages in order to control the consumption of alcohol and use additional funds for harm reduction and health impact programmes.

4.7.4 Environment, Health & Safety

Industrialisation and urbanisation contributes to ill health by affecting environment and lifestyle.

4.7.4.1 Goal

Ensure the protection of the environment, health, and safety of all employees, users and the communities.

4.7.4.2 Objectives

- To strengthening occupational health services within the national healthcare delivery system;
- To develop a strategic plan for prevention and mitigation of environmental impact on health;
- To promote and provide an effective health education on safety at workplace; and
- To formulate or review legislation on Health and Safety at Work.

4.7.4.3 Policy Initiatives

- a) The MOH shall develop and implement a Health and Safety strategic framework for all sectors especially public and informal sectors.
- b) The MOH shall develop a monitoring and evaluation mechanism for the implementation of the health and safety strategic framework.
- c) The MOH, based on identified deficiencies and gaps, shall periodically review and update the Public Health Act to ensure that it targets key health and safety concerns.
- d) The MOH in consultation with employee and employer organisations, shall develop, monitor and review appropriate cost sharing mechanisms for compensation with a view to placing responsibility for occupational diseases and injuries in the hands of employers.
- e) The MOH shall train occupational health specialists specifically in health and safety with a cadre created for them.
- f) The Ministry of Environment, Wildlife and Tourism in collaboration with the MOH shall review the existing policies and legislation and update them in the current context.
- g) The MOH shall conduct long-term research to assess the impact of environmental changes on health and formulate a preparedness and mitigation programme as part of the national disaster preparedness and response plan.

Chapter 5: Implementation Framework

The implementation of the Policy aims at ensuring harmony, improving efficiency, clarifying roles of relevant stakeholders and effective involvement of communities, non-governmental organisations and development partners through the proposed structures.

The National Health Policy will be implemented through a ten-year National Integrated Strategic Plan with agreed goals/targets that respond to the needs of essential health programmes and the population. There are a number of stakeholders whose policies and activities will directly or indirectly impact on the implementation of this Policy.

5.1 *Specific Roles and responsibilities for Implementation of the Policy*

The roles specified in Table 5 below and the stakeholders outlined are not exhaustive. However, the implementation of the roles has a synergistic impact in improving both the health status of the people and the overall government development.

Table 5: Stakeholder role in Health Policy

Sector / Body/ Stakeholder	Roles
Office of the President	<ul style="list-style-type: none">• Clarifying and setting mandates of the Ministry of Health.• Ensuring the implementation of health policies and programmes through different sectors.
The Parliament	<ul style="list-style-type: none">• Ensuring adequate funding for the health sector.• Reviewing the performance of the sector through the parliamentary committee on health.
Ministry of Health	<ul style="list-style-type: none">• Overseeing and providing leadership in the health sector.
Ministry of Local Government	<ul style="list-style-type: none">• Performing all the relevant tasks as stipulated in this Policy.
Ministry of Finance and Development Planning	<ul style="list-style-type: none">• Supporting the Ministry of Health in creating the Health Sector Wide Approach pool of funds and other health financing mechanisms as stipulated in the Policy.
Ministry of Agriculture	<ul style="list-style-type: none">• Ensuring food security (provision of affordable, nutritious fresh food to all especially the most vulnerable).

Sector / Body/ Stakeholder	Roles
Ministry of Education and Skills Development	<ul style="list-style-type: none"> • Reducing levels of education failure and promoting coping skills in education.
Ministry of Labour and Home Affairs	<ul style="list-style-type: none"> • Ensuring job creation and security. • Ensuring harmonised vital registration system in collaboration with the Ministry of Health and Local Authorities.
Ministry of Lands and Housing	<ul style="list-style-type: none"> • Ensuring equitable distribution of land and introduction of innovations for affordable and quality housing for all people living in Botswana.
Ministry of Environment, Wildlife and Tourism	<ul style="list-style-type: none"> • Collaborating with the Ministry of Health and other ministries to implement environmental management programmes to reduce environmental related health risks. • Collaborating with the Ministry of Health in promoting and introducing 'medical tourism'.
Ministry of Transport and Communications	<ul style="list-style-type: none"> • Expanding the road networks to ensure accessibility to all health facilities.
Ministry of Infrastructure, Science and Technology	<ul style="list-style-type: none"> • Expanding the telecommunication networks to ensure connectivity to all health facilities and collaborate with the Ministry of Health on research on traditional medicinal plants.
Ministry of Trade and Industry	<ul style="list-style-type: none"> • Advocating for improvement of international regulations on trade to encourage agricultural and industrial growth in Botswana. • Collaborating with the Ministry of Health to promote the establishment of pharmaceutical and biomedical manufacturing companies in Botswana.
Ministry of Defence, Justice and Security	<ul style="list-style-type: none"> • Enforcing regulations related to promoting and maintaining health. • Ensuring security of all people living in Botswana and their property. • Provision of health services for targeted groups
Ministry of Presidential Affairs and Public Administration	<ul style="list-style-type: none"> • Support the Ministry of Health to ensure attraction and retention of skilled health workforce. • Promoting and introducing performance related reforms in order for the workforce to play a full and useful role in their sectors.

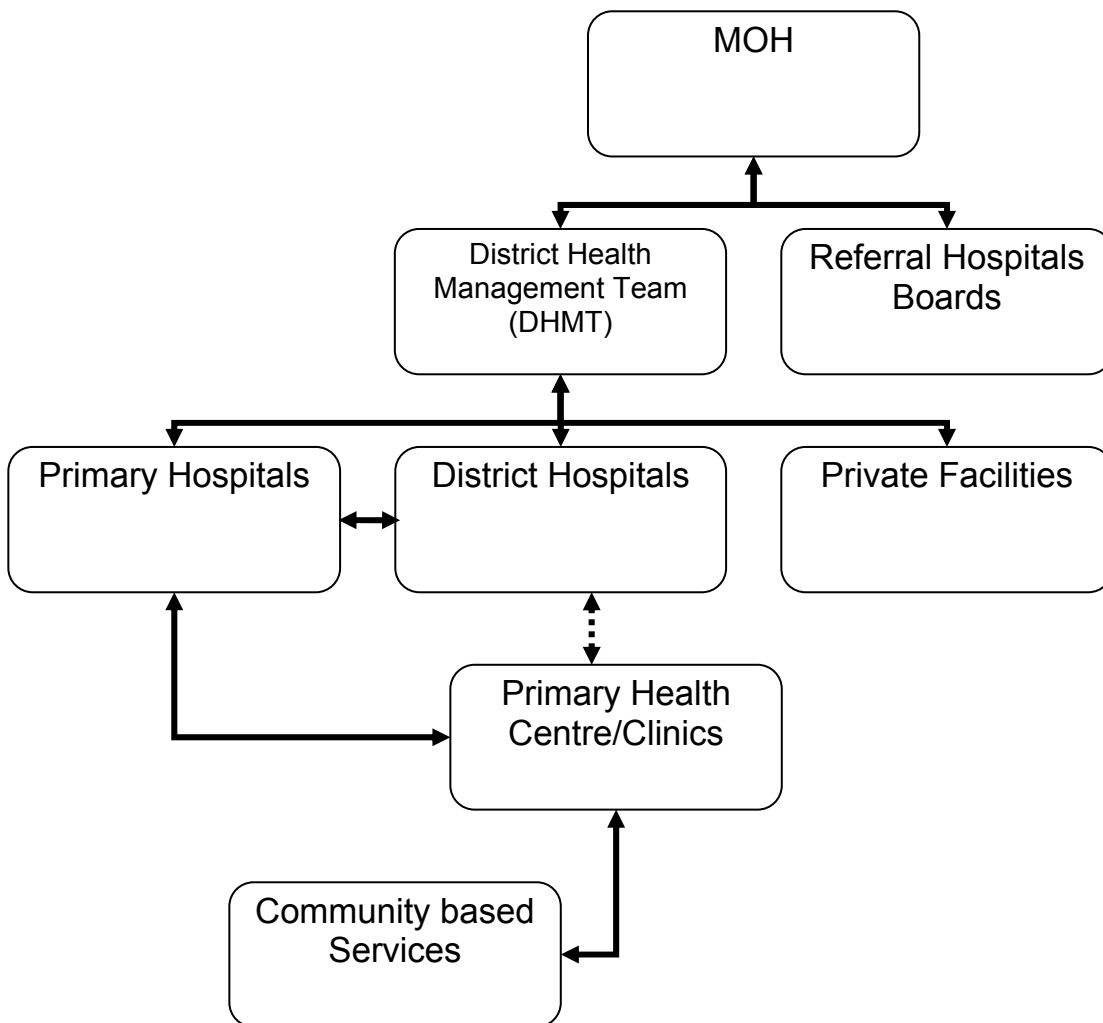
Sector / Body/ Stakeholder	Roles
Ministry of Minerals, Energy and Water Resources	<ul style="list-style-type: none"> • Provision of safe water to all. • Provision of electricity to all health facilities.
Ministry of Youth, Sports and Culture	<ul style="list-style-type: none"> • Enhance the environment for healthy living with increased involvement of schools and colleges through sports. • Support behaviour change communication related to disease prevention.
Ministry of Foreign Affairs and International Cooperation	<ul style="list-style-type: none"> • Facilitate bi-lateral cooperation • Address issues of cross-border cooperation for pandemics
The Ombudsman	<ul style="list-style-type: none"> • Amicable settlement of all health related disputes in line with the existing Act.
The National Health Council	<ul style="list-style-type: none"> • Overseeing and advising the health sector on: <ul style="list-style-type: none"> ○ Policy concerning any matter that is likely to protect, promote, improve and maintain the health of the population; ○ Legislation pertaining to health matters prior to such legislation being approved by Parliament; ○ Norms and standards for the performance of the health sector; ○ Implementation of the National Health Policy and the National Integrated Health Strategic Plan; and ○ Coordinating and monitoring cross cutting health issues in all relevant sectors.
District Health Management Team	<ul style="list-style-type: none"> • Overseeing the provision of health care services and management of facilities (secondary and primary including implementation of community based health programmes) in their assigned districts. • Monitoring and evaluation of the performance of all health care facilities in the district.
Referral Hospital Boards	<ul style="list-style-type: none"> • Overseeing the provision of health care services and management of referral hospitals. • Monitoring and evaluation of the performance of the assigned referral hospitals.

Sector / Body/ Stakeholder	Roles
Health Inspectorate	<ul style="list-style-type: none"> • Provision of regulatory policies, standards and guidelines for monitoring the performance of the health sector. • Periodic auditing of health facilities, division/units and programs to ensure adherence to norms and service standards. • Licensing of all Health Facilities and establishments.
Donors, Partners and NGOs	<ul style="list-style-type: none"> • Aligning programs and projects to support the implementation of this Policy in a harmonised manner.
Private Sector	<ul style="list-style-type: none"> • Private sector shall act as a partner in the provision of health services
Community	<ul style="list-style-type: none"> • Articulate their needs, ensure that their voice is heard and participate in the financing, planning, monitoring and evaluation of the health care service delivery.

5.2 Organisation and Management of Service Delivery

- 5.2.1 The National Health Council will be the main coordinating body at national level. It will link policy directions in all sectors impacting on health, in order to address all the social determinants of health concurrently. Other coordination and partnership structures will be established at national, district and community levels to ensure effective collaboration and efficient use of available resources. At National level, the structures will facilitate coordination and collaboration between the Ministry of Health, other Public Sector Departments, Central Agencies, Development Partners, NGOs, and umbrella organisations for the Private sector and the civil society. At lower levels, it will be represented by the public sector departments, key NGOs and CBOs.
- 5.2.2 The existing management, planning and monitoring of health service delivery will be reorganised. In addition to the stewardship and the oversight role, the MOH will also be responsible for overseeing and coordinating the health service provision. Through decentralised District Health Management Teams (DHMT) created by the Ministry of Health, the overall health care services will be planned, implemented, monitored and evaluated for all services from the community level up to district hospitals. The strengthened District Health Management Team will be also responsible for managing and provision of health care services. The DHMT will be formed in all health districts (i.e. districts and sub-districts) and they will be decentralised. The Ministry of Health will establish decentralised Hospital Boards for referral hospitals. The revised management structure is shown in figure 1.

Figure 1: Organisation and Management Structure for Health Service Delivery



5.3 *Planning and Budgeting*

- 5.3.1 Through a Sector Wide Approach, the development partners including the UN organisations, NGOs, and the private sector will work together and support the Ministry of Health in implementing a single health policy, a single integrated health strategic plan, a single implementation framework and a single monitoring and evaluation framework in order to ensure harmonisation, alignment and ownership. The Integrated National Health Strategic Plan will be implemented through annual operational plans that will be jointly developed by all stakeholders in a bottom-up approach.

- 5.3.2 The District will plan in alignment with the national targets and priorities and negotiate budgets with the MOH annually. The districts' plans will be an integrated plan for all programme and priorities, avoiding the vertical projects.

Chapter 6: Monitoring & Evaluation

- 6.1 The National Health Policy will be monitored using a comprehensive monitoring and evaluation framework based on the objectives as set out in the policy. This needs data collection, collation and analysis on diseases, health services, health finances, health workforce, medicines and medical products, health infrastructure and equipment from all stakeholders of the health sector.
- 6.2 Joint review missions, preceded by technical reviews, will be conducted bi-annually to assess performance and will involve all stakeholders. At the first review mission, priorities for the year will be identified while the second review mission will assess the progress being made. At the middle of each Strategic Plan period, a mid-term review will be undertaken to assess progress made towards set goals and to inform intervention measures for the remainder of the plan period. In the last year of the Strategic Plan, final evaluation of the plan will be undertaken, as well as development of the new Strategic Plan.