WHO Botswana Country Office

BIENNIAL REPORT

2022-2023

World Health Organization
Botswana

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ACRONYMS AND Abbreviations

AEFI	Adverse Events Following Immunization
AFP	Acute Flaccid Paralysis
AIDS	Acquired Immune Deficiency Syndrome
AFRO	Africa Regional Office of the World Health Organization
ANC	Antenatal Care
BEC	Basic Emergency Care
BHIMS	Botswana Health Innovation Management System
BITRI	Botswana Institute for Technology, Research and Innovation
BNHRL	Botswana National HIV Reference Laboratory
BPCG	Botswana Primary Care Guide
BPHI	Botswana Public Health Institute
BoMRA	Botswana Medicines Regulatory Authority
CD	Communicable Disease
CDC	Center for Disease Control and Prevention (United States of America)
COVID-19	Coronavirus Disease 2019
cVDPV2	Circulating VDPV Type 2
DALY	Disability-Adjusted Life Year
DHIS	District Health Information System
DHMT	District Health Management Team
DQA	Data Quality Audit
ECSA	Emergency Care System Assessment
EIOS	Epidemic Intelligence from Open Sources
EMT	Emergency Medical Team
EPI	Expanded Programme on Immunization
ES	Environmental Surveillance
FAO	Food and Agricultural Organization
GPEI	Global Polio Eradication Initiative
GVaC	Global Validation Committee
HLE	Healthy Life Expectancy
HIV	Human Immunodeficiency Virus
ICOPE	Integrated Care for Older People
IDSR	Integrated Disease Surveillance and Response
IHR	International Health Regulation
IMCI	Integrated Management of Childhood Illnesses
IPC	Infection Prevention and Control
IPV	Inactivated Polio Virus
ISS	Integrated Supportive Supervision
JEE	Joint External Evaluation
KPI	Key Performance Indicator
LE	Life Expectancy
MDA	Mass Drug Administration
MFL	Master Facility List
MoH	Ministry of Health
MPDSR	Maternal, Perinatal, Deaths, Surveillance and Response
MTCT	Mother-to-Child Transmission
NAHPA	National AIDS and Health Promotion Agency
NAPHS	National Action Plan for Health Security
NCD	Non-Communicable Disease
NDP	National Development Plan
NGO	Non-Governmental Organization
NHA	National Health Account
NHL	National Health Laboratory
NITAG	National Technical Immunization Advisory Group
nOPV2	Non-Polio Oral Poliovirus Type 2
NSF	National Strategic Framework
NTD	Neglected Tropical Disease
PHC	Primary Health Care
PEPFAR	President's Emergency Plan for AIDS Relief (United States of America)
PHE	Public Health Emergency
PHEOC	Public Health Emergency Operations Centre
PMTCT	Prevention of Mother-to-Child Transmission
PNC	Postnatal Care
RC73	73rd Session of the World Health Organization Regional Committee for Africa
RCCE	Risk Communication and Community Engagement
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SADC	Southern African Development Community
SDG	Strategic Development Goal
SIA	Supplementary Immunization Activities
SOP	Standard Operating Procedure
SRH	Self-Rated Health
STAR	Strategic Tool for Assessing Risks
TB	Tuberculosis
ToT	Training of Trainers
TWG	Technical Working Group
UB	University of Botswana
UN	United Nations
UHC	Universal Health Coverage
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNV	United Nations Volunteer Programme
USAID	United States Agency for International Development
VDPV	Vaccine-Derived Poliovirus
WCO	World Health Organization Country Office
WHO	World Health Organization
WOAH	World Organization for Animal Health
WPV	Wild Polio Virus
WR	World Health Organization Representative

FOREWORD BY
WHO Country Representative

The World Health Organization (WHO) has been central in addressing key challenges to improve social conditions so that people are born, grow, work, live, and age with good health.

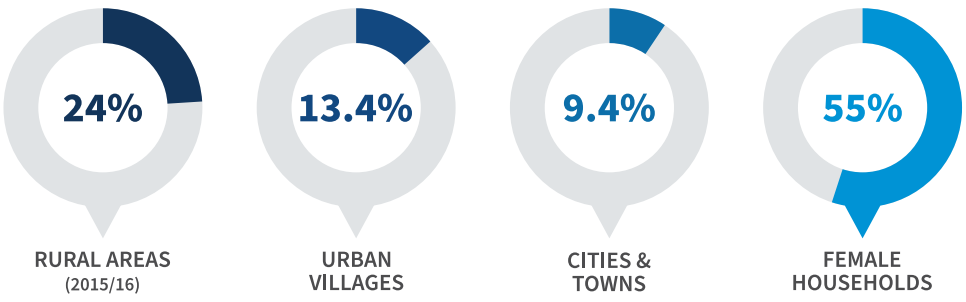
Such progress has been constantly threatened by the persistence of health inequalities. The goal to achieve **Health for All** is as important today as it was 75 years ago when countries around the world came together and founded WHO. WHO's 75th anniversary was an opportunity to reflect on public health successes and motivate action to tackle current challenges and improve quality of life for all.

The years 2022 and 2023 were arguably years of transition from the devastating effects of the Coronavirus Disease 2019 (COVID-19) pandemic and subsequent recovery. Health achievements dwindled and existing system inequalities widened. Data from the United Nations Development Programme (UNDP) and the World Bank places Botswana at great economic crossroads exacerbated by the COVID-19 pandemic. This affects health sector resource allocation and funding, since the primary funder of development and health services delivery is the Government of Botswana.

Dr Josephine Namboze, WHO Country Representative

Inequality in Botswana remains among the highest in the world, job creation lags, and unemployment is structurally high at 25.4% (end of 2022). The unemployment rate rose to 26% in 2021, with youth unemployment posing a critical challenge for the country. Poverty in Botswana is linked to geographical and gender disparities, with rural areas experiencing high poverty levels at 24.2% in 2015/16, with urban villages at 13.4%, and cities/towns at 9.4%. Female-headed households showed a 55% poverty incidence, which was, on average, 10% higher than male-headed households. Between 10% and 12% of children who ought to be in school are not. These are some of the indicators that have been used to advise on health investments in the country.

POVERTY RATES IN BOTSWANA



At the beginning of the 2022-2023 biennium, a comprehensive health sector assessment was conducted to identify gaps in the system, especially those that had become apparent in the previous two years. The rapid assessment showed an increase in life expectancy (LE) at birth, from 55.6 years in 2001 to roughly 62.2 years in 2023. Healthy Life Expectancy (HLE) improved from 50.6 to 53.9 years since 2010, however, it remains below the global average (63.7 years) and regional average for WHO Africa (56 years). Both the LE and HLE for females is consistently higher than males by 3.8-3.9 years. The difference between HLE and LE has marginally increased, from 7.5 years to 8.3 years. These findings corroborate the economic findings, though the reason for females having a higher HLE is not well explained. These are the major areas that the WCO will need to interrogate to ensure that the desired impact on health is realised. Botswana is experiencing an epidemiological transition with communicable disease (CD), non-communicable disease (NCD) and violence having been in the top 10 causes of burden of disease since 2010. This paves the way for the justification of a people-centered approach and a transition from programme to people-centeredness.

Another biennial priority was developing capacities for epidemic preparedness and response. This was aggressively undertaken and now Botswana has several ready-for-deployment professionals that can support it and other countries in the region. The team is currently moving towards accreditation. The data component was supported to ensure better real-time data from the districts to support digitalisation. This is still in development and will require a lot of support going forward.

The health findings require a more intentional approach to ensure that determinants of health are addressed; progress in this regard has been slow. Partnerships have been forged, especially with various organisations with better comparative advantage in these areas. Coordinating mechanisms have also been put in place, but not all of them are fully operational yet.

The approach proposed for the next two years will prioritise a people-centered approach, especially in communities that require the highest levels of care. The policy that is developed will focus on delivering relevant services as close as possible to those who need it. This will require a strong focus on the integrated primary health care (PHC) services, with the ultimate aim of strengthening district services. This will inform the implementation level for health services and, at a national level, it will inform policy and standards in the decentralisation framework.

Dr Josephine Namboze
WHO Country Representative

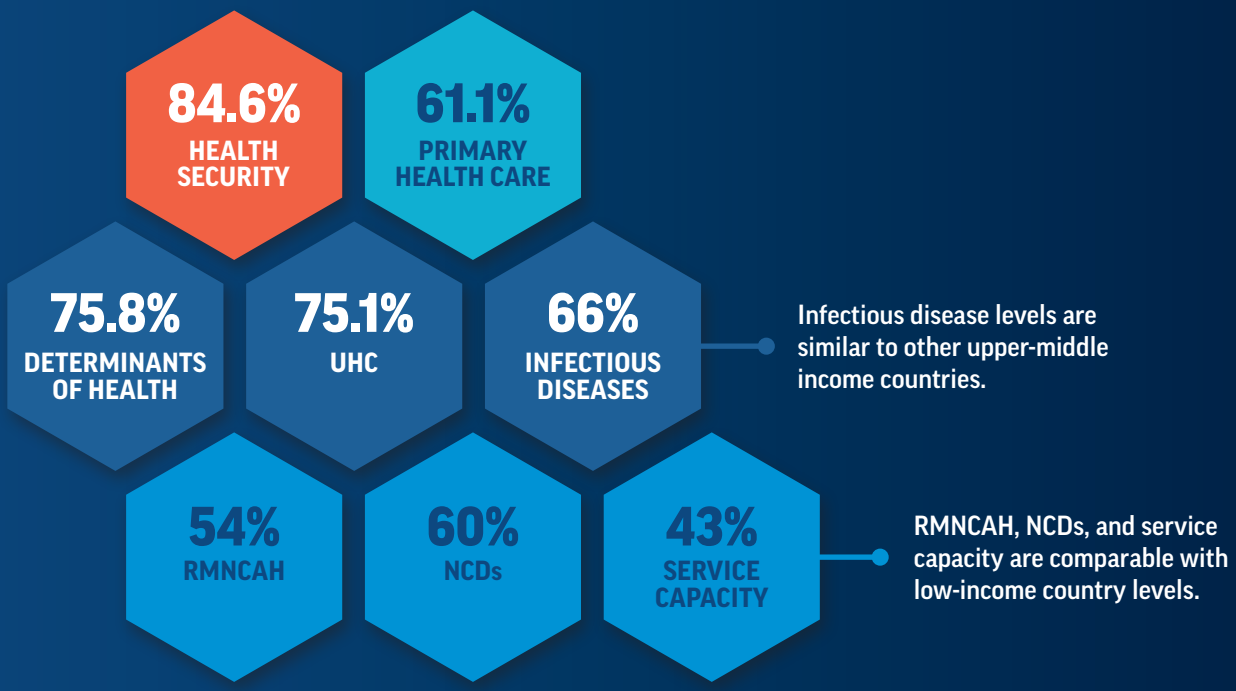
2022 AND 2023
At a Glance

Botswana is a semi-arid landlocked Southern African country occupying 581,730 square kilometres (km^2). 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.

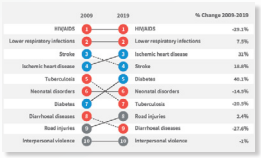
Botswana's population comprises 2,346,179 people representing a 15.9% increase over the past 10 years and an annual population growth rate of 1.4%. Botswana's population growth rate has declined from 4.6% in 1981 and 3.5% in 1991, to 2.4% in 2001 and 1.9% in 2011. Four western districts (Kgalagadi, Ghanzi, 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 household size is 3.3 persons (down from 3.7 in 2011) and the population density is 4 persons per km2. About 75% of Botswana's total population is younger than 35 years.

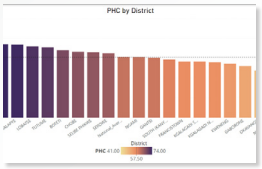
Life expectancy at birth for Botswana's population is 62.2 years (2019); up from 58.1 years in 2010. The LE at birth was 65.5 years and 58.9 years for women and men, respectively. In 2019, the HLE was 53.9 years, making it 8.3 years lower than LE. The HLE for females is 3.9 years higher than that of males. Botswana is undergoing an epidemiological transition and facing a dual burden of communicable and non-communicable diseases. Approximately half of all deaths are due to communicable, maternal, perinatal, and nutritional conditions.



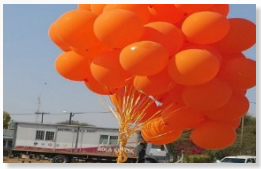
Health Sector Review 2010-2020



District Functionality Assessment



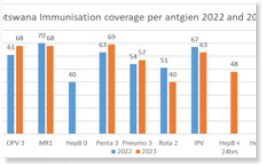
Patient Safety Strategic Plan 2024-2028



Infection Prevention and Control Strategic Plan

National Policy Guidelines for Occupational Health and Safety of Workers

National Immunization Strategy 2024-2028



Polio Supplemental Immunization Activities

Establishment of Environmental Surveillance Sites and Detection of cVDP2 in 2022

National Commitment for Adolescent Wellbeing

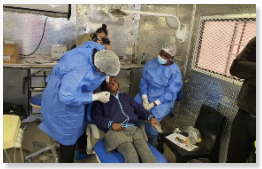
National HIV Reference Laboratory WHO Collaborating Centre

HIV/TB Programmes Review

Third Generation Neglected Tropical Diseases Masterplan

Strengthening and Utilizing Response Groups for Emergencies (SURGE) Initiative

Oral Health Policy and Implementation Framework



Mental Health Act

Health Innovation Management System

THE 73RD SESSION OF THE WHO Regional Committee for Africa

The 73rd session of the WHO Regional Committee for Africa (RC73) was held at the Gaborone International Convention Centre from 28 August to 1 September 2023.

Chaired by Botswana's Minister of Health, Dr. Edwin Dikoloti, the annual meeting of delegations from the 47 Member States in the WHO Africa Region registered a record number of over 1,200 participants (in person and online).

The popular **Walk the Talk** event held on Sunday 27 August 2023 preceded the RC73 with the First Lady of Botswana, Neo Jane Masisi, as chief walker. She was accompanied by her husband, His Excellency Dr Mokgweetsi Eric Keabetswe Masisi, president of Botswana. The hybrid RC73 continued until Friday 1 September 2023 with the main session covering 20 agenda items, three ad-hoc meetings, nine side events, and three special events including the 75th anniversary of WHO.

An exhibition hall consisting of 48 stalls displaying products, services, and programmes relevant to the health sector at national and regional levels was well attended. The Government of Botswana and the Africa Regional Office of the World Health Organization (WHO AFRO) co-hosted a welcoming reception on Monday 28 August 2023 and on Friday 1 September 2023, the delegates were invited to enjoy a Botswana experience by visiting cultural and tourist sites.

Among the 17 resolutions and decisions debated, the committee adopted the following four key strategies relevant to the African region:

1. The regional strategy on diagnostic and laboratory services and systems, 2023–2032.
2. The regional strategy for expediting the implementation and monitoring of national action plans on antimicrobial resistance, 2023–2030.
3. Strengthening community protection and resilience: a regional strategy for community engagement, 2023–2030.
4. Regional multisectoral strategy to promote health and well-being, 2023–2030.

Walk the Talk led by the First Lady of Botswana and His Excellency, Dr Mokgweetsi Eric Keabetswe Masisi

Presidential Order for Meritorious Service Awarded to WHO Regional Director Dr Moeti

At the RC73 opening ceremony, WHO Regional Director for Africa, Dr Matshidiso Moeti was awarded the Presidential Order for Meritorious Service Award for her hard work and success achieved in the implementation of the health development agenda in Africa.

WHO Director-General, Dr Tedros Adhanom Ghebreyesus honoured the Regional Committee with his presence and engaged in bilateral meetings with several local partners. During his visit, Dr Tedros Adhanom Ghebreyesus and President Masisi signed the designation of the Botswana National Human Immunodeficiency Virus (HIV) Drug Resistance Laboratory as a WHO Collaborating Centre, which will enable deeper collaboration with WHO in advancing the health and wellbeing of people living with HIV.

RC73 offered a unique opportunity to the country office for WHO 3-level engagement and intersectoral collaboration and coordination at a country level.

For future sessions hosted by Member States, several good practices and lessons learned were shared with the Regional Office and stakeholders engaged in the organisation of the meeting. These included:

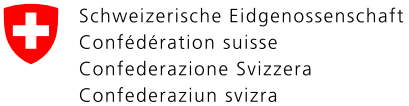
- Appreciation of the local context, capacity, and available resources.
- Engagement of an all-government and multi-sectoral approach to allow for faster planning and execution of actions outside the health sector remit.
- Assignment of an overall coordinator and team leads in thematical areas at the country office level.
- Early engagement of an event manager to link the organising committees and service providers.

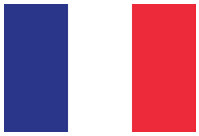
WHO Director-General Dr Tedros Adhanom Ghebreyesus and His Excellency, Dr Mokgweetsi Eric Keabetswe Masisi, the President of the Republic of Botswana signed the designation of the Botswana National HIV Reference Laboratory as a WHO Collaborating Centre

RC73 Exhibition Hall

- A preparedness tracker tool to closely monitor the planning and implementation of action during preparations.
- Hosting RC73 opened doors among local partners in several sectors that are not traditionally engaged, which elevated WHO to a new level of awareness and engagement, which requires close follow-up and capitalisation.

WHO Botswana thanks its key development partners for their generous support of its activities in 2022 and 2023





Integrated service delivery is critical in improving health outcomes and reaching underserved populations to ensure no one is left behind.

UNIVERSAL Health Coverage

Integrated service delivery is critical in improving health outcomes and reaching underserved populations to ensure no one is left behind.

Interventions addressing health through the course of life contribute to the delivery of integrated PHC.

WHO supports the updating and implementing of guidelines to improve the quality of Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH), as well as expanding immunisation systems along the course of life, scaling up high-impact childhood interventions and responding to the needs of older persons.

Strengthening health system areas like governance, human resources, health financing, quality, and safety, and promoting access to safe and effective quality health products are essential in achieving UHC.

ACHIEVEMENTS

A. Health Sector Policies, Strategies and Governance

I. Botswana Health Sector Review 2010-2020

Since the adoption of the Botswana National Health Policy 2011, the health, demographic, and epidemiological landscape has changed. There have been global and regional shifts from the Millennium Development Goals to the Strategic Development Goals (SDGs), revitalisation of PHC, and national strategic shifts for Botswana signified by the country's reset agenda and vision 2036.

It is against this background that Botswana's Ministry of Health (MoH), supported by WHO, requested a comprehensive health sector review. The information was collected and collated through a rapid review process, with an independent multidisciplinary team from WHO/AFRO and MoH leading the evaluation from 13 to 25 June 2022.

In addition to extensive document review, the key informants included MoH, other government ministries, all the district health management teams (DHMTs), the United Nations (UN) partners, US Government agencies, University of Botswana (UB), civil society actors, the private sector, and Non-Governmental Organisations (NGOs).

A structured tool was developed to explore the different health sector areas. The areas were structured based on the health systems development framework of actions for achieving Universal Health Coverage (UHC) and other health outcome targets, to ensure all areas of the sector were explored.

With regards to health outcomes, since 2010, the HLE for Botswana has improved slightly, from 50.6 years to 53.9 years (an increase of 3.3 years), but remains lower than the global average (63.7 years) and regional average for WHO Africa (56 years) (Figure 1). Both the LE and HLE for females is consistently higher than males by 3.8 years to 3.9 years. The difference between HLE and the LE has marginally increased, from 7.5 years to 8.3 years.

Botswana is experiencing an epidemiological transition with CDs, NCDs and violence being in the top 10 causes of burden of disease since 2010. HIV/Acquired Immune Deficiency Syndrome (AIDS) still has the biggest impact on DALYs lost, despite the burden reducing by 29%. NCDs have become increasingly significant over the last ten years. The burden of ischemic heart disease increased by 31%, stroke increased by 19% and diabetes increased by 40% (Figure 2).

Figure 1: Trends in Healthy Life Expectancy and Life Expectancy in Botswana (2010-2019)

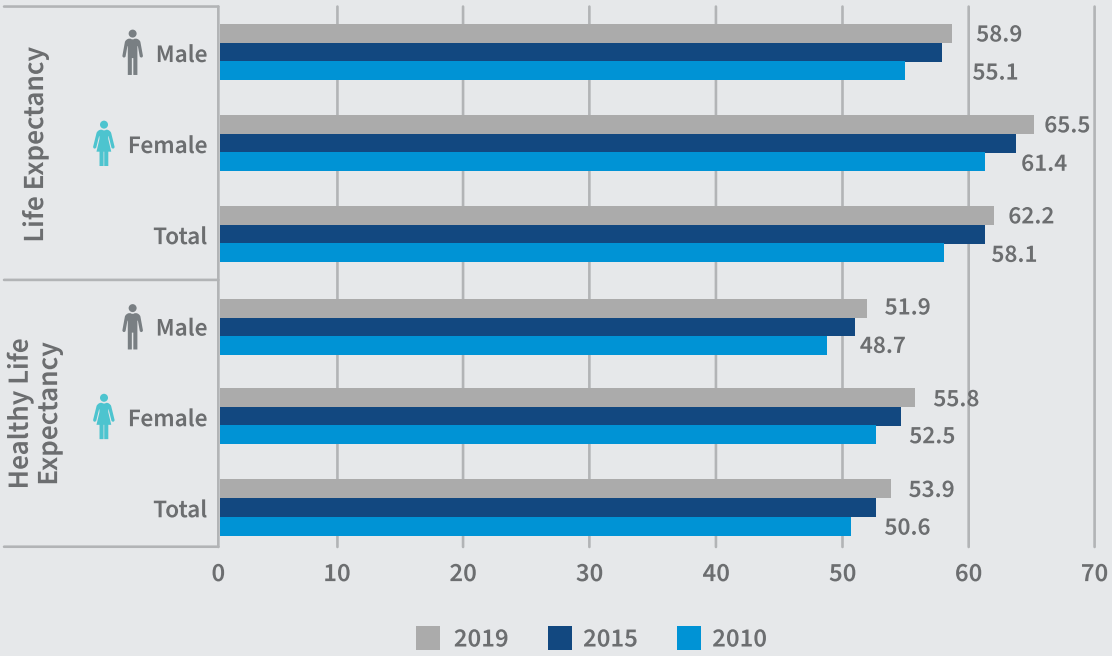


Figure 2: Top 10 causes of death and percent change 2009-2019

2009		2019	% Change 2009-2019
HIV/AIDS	1	1 HIV/AIDS	-29.1%
Lower respiratory infections	2	2 Lower respiratory infections	7.5%
Stroke	3	3 Ischemic heart disease	31%
Ischemic heart disease	4	4 Stroke	18.8%
Tuberculosis	5	5 Diabetes	40.1%
Neonatal disorders	6	6 Neonatal disorders	-14.5%
Diabetes	7	7 Tuberculosis	-20.5%
Diarrhoeal diseases	8	8 Road injuries	2.4%
Road injuries	9	9 Diarrhoeal diseases	-27.6%
Interpersonal violence	10	10 Interpersonal violence	-1%

The UHC Service Coverage Index was 54 out of a possible 100, below the global average of 67. With regards to health financing, government instituted mechanisms for financial risk protection, keeping out-of-pocket spending low by removing user fees and other financial barriers that prevent the population from accessing care. Health security was strengthened through substantive initiatives for preparedness, prevention, response, and recovery. Regarding the determinants of health, the ongoing initiatives and progress on social protection, nutrition, education, and gender are sound, with multiple ministries actively collaborating for provision of social protection, especially for vulnerable populations.

BOX 1: Key Health System Capacity Challenges

- Absence of comprehensive data on the health workforce for effective planning, monitoring and evaluation.
- Frequent stock-outs of essential products, medicines, vaccines, and commodities in recent years.
- Lack of functionality and preventive maintenance of medical equipment like CT scans and MRIs.
- Gaps in standards of care for different service delivery points.
- Lack of guidelines, SOPs and quality of care across diagnostic, curative, palliative, and rehabilitative functions.
- Expired national guiding documents.
- Technical and allocative efficiency gaps in health financing.
- Paper-based systems for data collection, which increase data errors and the reporting burden on health workers.

The outcome of the review was a **roadmap towards** UHC. This roadmap outlines the development of comprehensive planning and monitoring strategic documents for the health sector, as well as approaches to strengthening the health system building blocks linked to the overall Government vision and planning process.

II. Assessment of the District Functionality in Botswana

SITUATION

The MoH adopted the revitalisation of PHC as a flagship project for the biennium 2022 to 2023. Decentralisation of services is a government priority aimed at reducing community inequity while fostering inclusive economic growth. PHC revitalisation requires a holistic healthcare system reform to strengthen effective, equitable and sustainable quality health service delivery that meets individual needs.

MoH, with WHO support, conducted a district functionality assessment in all 18 health districts, including three major referral hospitals (Princess Marina Hospital, Nyangabwe Referral Hospital and Sab'rana Psychiatric Hospital). The assessment used WHO tools, was consultative and involved key stakeholders. An oversight team was formed at MoH to support districts and hospitals in data collection and upload. Data was then analysed in the WHO AFRO Data Platform.

The overall assessment found a UHC score of 75.1/100, PHC score of 61.1/100, health security score of 84.6/100 and determinants of health score of 75.8/100. District differentials are highlighted in Figure 3. Selibe Phikwe scored the highest with 95% while Serowe scored the lowest with 77% for UHC. For PHC, Kgatleng scored the highest with 89.8%, while Northeast scored the lowest with 72%. Chobe excelled with 95.6% on the Health Security Threat Score, while Kweneng obtained 62.5%. Finally, Lobatse, Mahalapye and Northeast scored higher in determinants of health.

Some of the challenges faced included the time taken to complete the lengthy tool and occasional difficulty in uploading data onto the online platform. The draft National Report is available, but individual district reports are in progress. The reports will be presented to MoH Senior Management in the first quarter of 2024.

Universal Health Coverage	Primary Health Care	Health Security	Determinants of Health
75.1	61.1	84.6	75.8
SCORE OUT OF 100	SCORE OUT OF 100	SCORE OUT OF 100	SCORE OUT OF 100

Figure 3: UHC Coverage by District

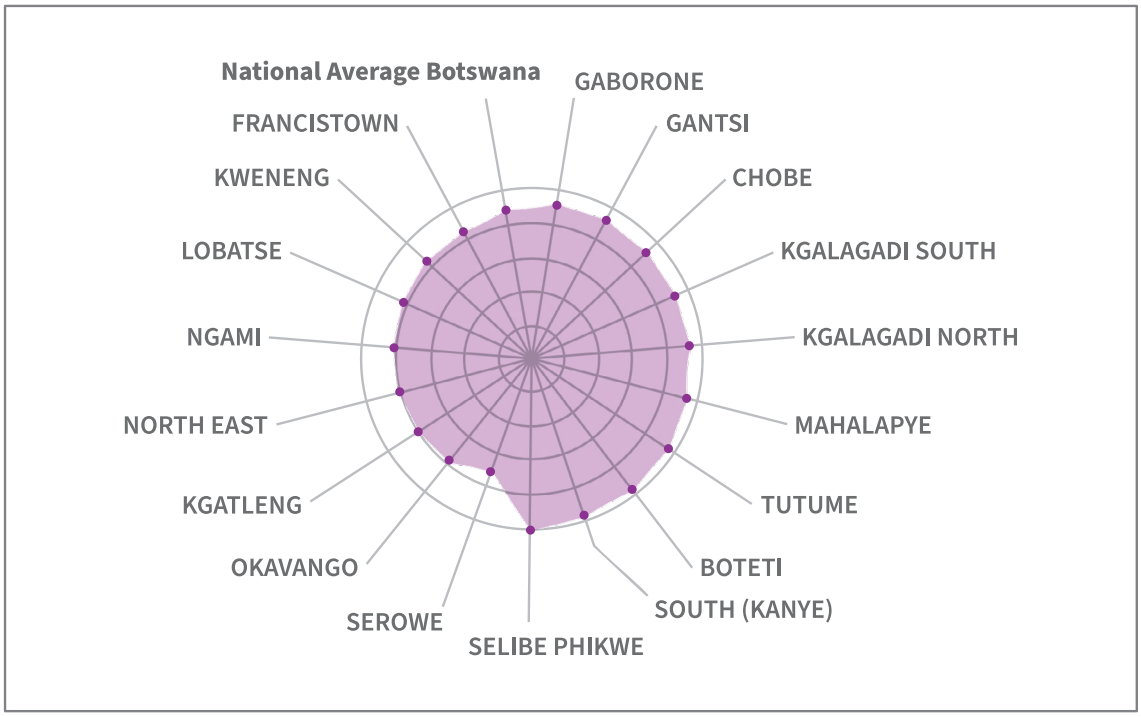


Figure 4: PHC Score by District

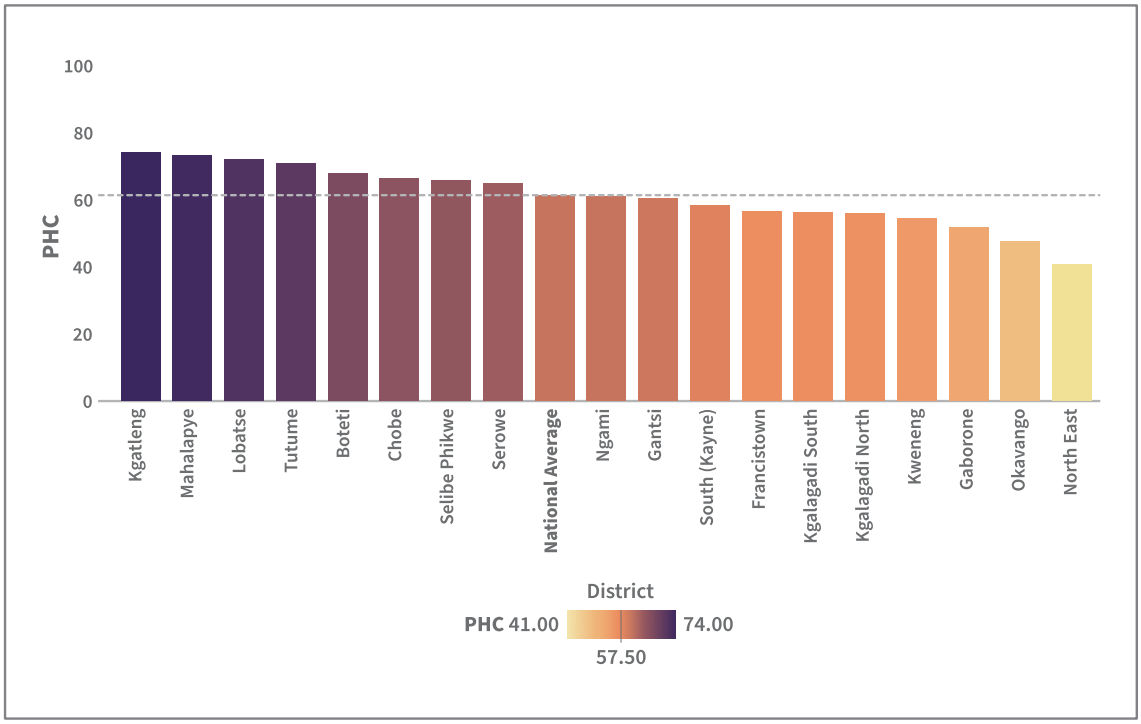


Figure 5: Health Security Threat Score by District

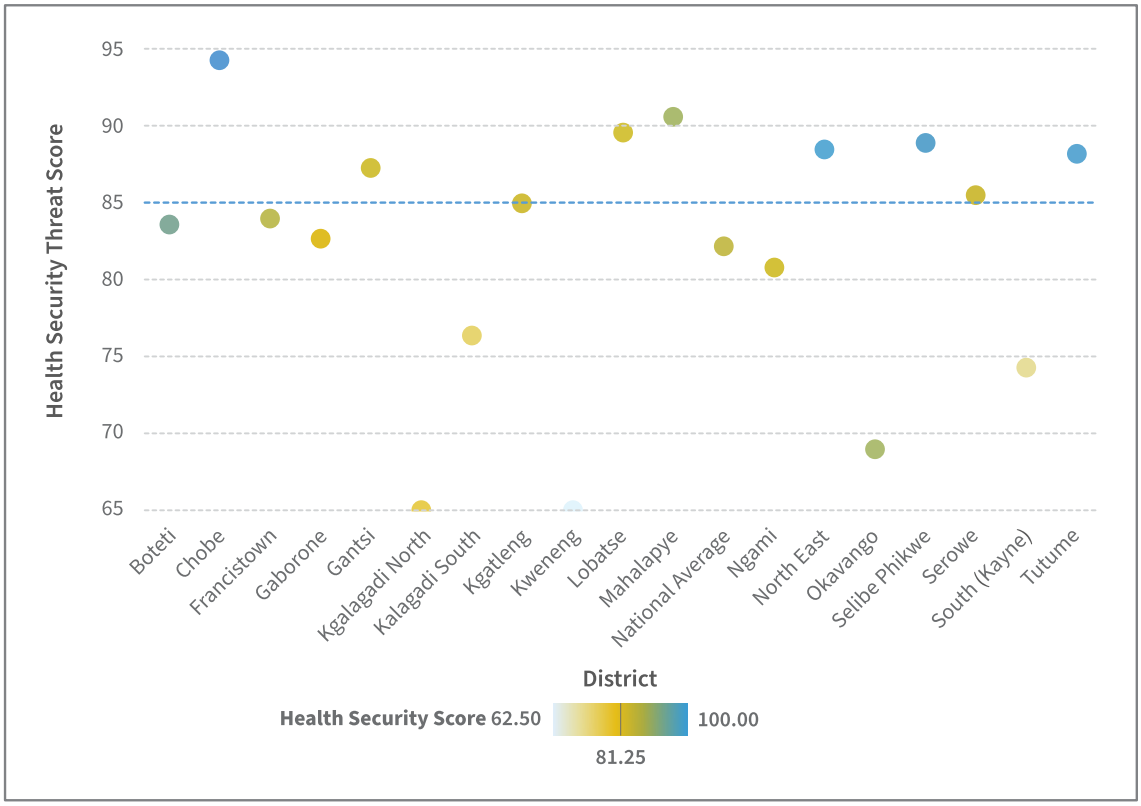
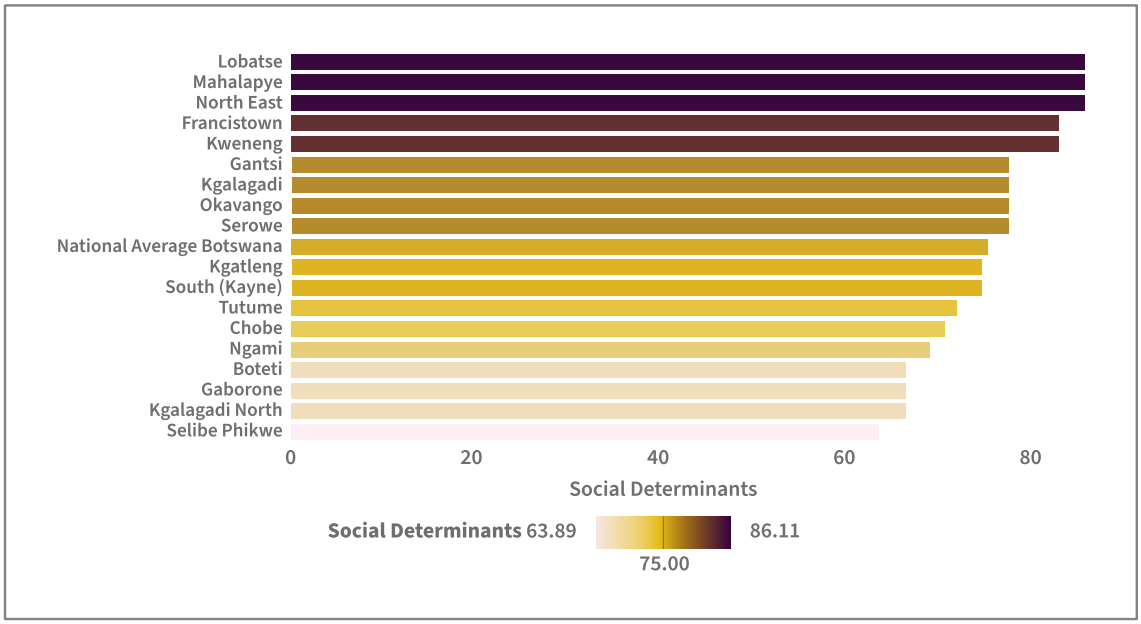


Figure 6: Determinants of Health Coverage by District



III. Health Expenditure Tracking

Health accounts are records of a country's health system expenditure over a given period and are an important policy tool to evaluate progress towards UHC. Health accounts can improve the financing of health systems by monitoring how efficiently and equitably resources are used and allocated. This, in turn, helps ensure that health services are available to and affordable for people who need them. For Botswana, the first National Health Account (NHA) 2000/02-2002/03 was completed in 2006, the second NHA 2007/08-2009/10 was completed in 2012, and the third NHA 2013/14 was completed in 2016.

In 2022, WHO provided technical support for data analysis and report writing for Botswana's fourth NHA (FY2014/15-2017/18) and fifth NHA (FY2018/19-2019/20) during two country missions from 24 April to 27 May 2022 and from 14 to 25 November 2022.

During these missions, the national Health Financing Core Team was trained on preparing the 2011 System Health Accounts matrixes/tables (including disease distribution and PHC), importing PTSTUDY files, key issues to look for and managing these files to avoid errors in tables, generation of distribution keys, mapping, re-mapping, and conducting quality checks in HAPT. HAPT tables were generated, discussed, and exported into Excel for further management.

The team attended several retreats to generate the draft NHA reports and presentations. In the first quarter of 2023, the 4th Round NHA (2014/15–2017/18) and the 5th Round NHA (2018/19–2019/20) reports were finalised and validated by the national Health Financing Core Team. Figure 7 and Figure 8 highlight some indicators from NHA2018/19-2019/20. The results indicate that the Government of Botswana contributed the largest share of health financing in 2019/20 (80.5%). The highest health expenditure for 2018/19 and 2019/20 was at hospital level.

National Health Accounts Workshop, May 2022

The challenges faced included limited face-to-face interactions with the respondents due to the COVID-19 pandemic. Most of the data collection was done virtually, limiting the opportunity for direct verification of data with respondents. There was a limited response from the private sector, businesses, and parastatals. MoH Programme disaggregated health expenditure data was not available, making it difficult to analyse health expenditure by programme/disease.

In future, WHO will support additional capacity building towards institutionalisation of NHA production, sensitisation of relevant stakeholders, strengthening availability of disaggregated data from institutions and programmes, as well as embark on the NHAs from 2020/21 to date.

Figure 7: Total Health Expenditure by Source (2018/19 and 2019/20)

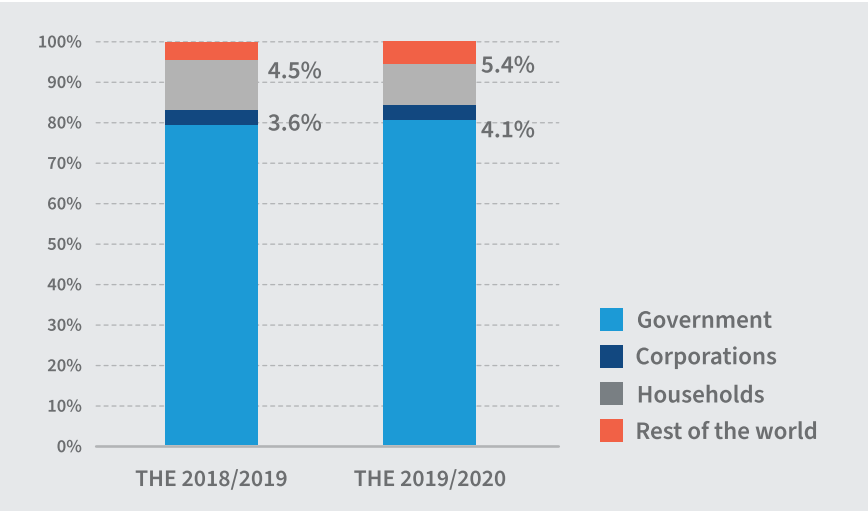
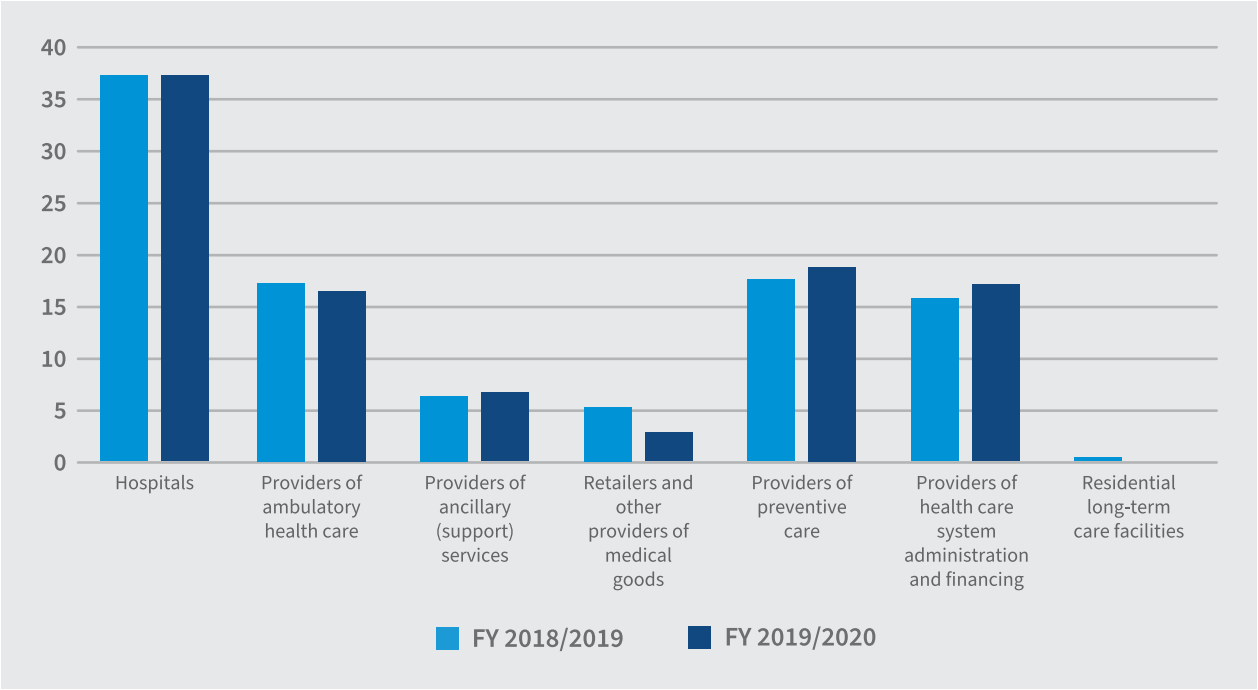


Figure 8: Health Expenditure by Providers of Care (2018/19 and 2019/20)



IV. Strengthening Regulatory Capacity and Supply of Quality-Assured and Safe Vaccines

In 2022, WHO continued to provide support for COVID-19 vaccine safety surveillance. MoH implemented Phase 4 of the COVID-19 vaccination rollout plan to include boosters, vaccination of 12-17-year-olds and 5-11-year-olds. The Botswana Medicines Regulatory Authority (BoMRA) investigated serious Adverse Events Following Immunization (AEFI) in districts across the country and the National AEFI Committee held several meetings to conduct a causality assessment on the cases reported. During these meetings, committee members expressed challenges with producing definitions when classifying cases.

WHO facilitated an advanced refresher training session for the National Experts Committee on Vaccine Safety Surveillance and Causality Assessment of serious AEFI cases. Pharmacovigilance assistants, BoMRA staff, an Expanded Programme on Immunization (EPI) manager and immunisation staff from MoH and WHO Country Office (WCO), also attended the training from 26 to 28 September 2022. The training aimed to improve skills and knowledge of committee members on AEFI investigations and causality assessment and build capacity for the pharmacovigilance officers on cohort event monitoring to strengthen COVID-19 vaccine safety monitoring among 5-to-11-year-olds.

The main issues arising from the training included challenges with data completeness and quality, that hampered causality assessment; biased reporting of AEFIs towards COVID-19 vaccinations; lack of a mechanism for feedback to ensure that there is continuous improvement of data and management of cases by healthcare workers;

Polio vaccine administered by Dr Josephine Namboze, March 2023

medical professionals indicating vaccines as cause of serious adverse events (including deaths) in hospital records and death certificates without adequate validation; and lack of a communication strategy to inform healthcare workers, medical professionals, communities, families, and media of classified cases. With support from WHO, MoH, and BoMRA, the national and district AEFI committees drafted recommendations to address the challenges identified.

CHALLENGES

- The health sector is experiencing human resource shortages partly due to staff leaving the public sector following the COVID-19 pandemic's demands and challenges. This has affected the implementation of activities.
- Insufficient time allocated to planning and coordinating activities, which results in overlap of planned activities and stakeholders being inundated with multiple engagements, preventing them from attending to all of them.

These challenges lead to slow workplan implementation and key documents remaining in draft form for a long time.

NEXT STEPS

- To facilitate progress towards UHC and implement the recommendations from the Botswana Health Sector Review 2010-2020, key strategic documents are being reviewed as part of the UHC Roadmap. These include the Essential Health Package, Monitoring and Evaluation Plan, Human Resources for Health Operational Strategy, Health Sector Decentralisation Toolkit, Health Financing Strategy, a Review of the Functionality of Districts, and Development of a Comprehensive District Health System Approach.
- Finalisation of the 4th Round NHA (2014/15–2017/18) and the 5th Round NHA (2018/19–2019/20) reports. Both reports will be validated by the national Health Financing Core Team, presented to senior management for final endorsement, disseminated, policy briefs drafted and the NHA institutionalisation plan will be updated
- Strengthening vaccine safety surveillance as the Non-Polio Oral Poliovirus Type 2 (nOPV2) vaccination for Polio Supplementary Immunization Activities (SIAs) is being implemented.

V. Patient Safety, Occupational Health, and Worker Safety

In 2023, in a quest to ensure quality of care for its people, Botswana developed the National Health Quality Standards aimed at protecting the public from harm and improving health service quality.

The country is handling several medico-legal cases seeking compensation for harm patients suffered during health service delivery. Given this, and as the country did not have a defined patient safety guideline, a situational analysis through purposive and convenient sampling was done. In total, 344 staff members, 328 patients, and 16 key informants from the MoH and partners were interviewed. The outcome of this survey was a recommendation that policies and strategies be reviewed to ensure better patient management and safety.

Based on the findings of situational analysis, the MoH, with WHO technical support, conducted a workshop from 20 to 24 November 2023 to develop a **patient safety strategic plan** and the operational plan. This has now been finalised and is waiting for endorsement in 2024.

Health workers at the Jubilee Hospital in Francistown, September 2023

Patient Safety Commemoration

The government of Botswana, through the MoH and in conjunction with WHO and other stakeholders, commemorated World Patient Safety Day in 2022 and 2023 with the aim to raise awareness of medication error prevention. The occasions were graced by the Honourable Assistant Minister of Health, Mr. Sethomo Lelatisitswe, a WHO representative (WR), and other major stakeholders.

Stalls at Botswana's World Patient Safety Day

The Assistant Minister of Health, Mr. Sethomo Lelatisitswe, keynote speaker at the Patient Safety Commemoration

Development of Botswana National Policy Guidelines for Occupational Health and Worker Safety

The need to protect healthcare workers has become even more important with the recent emergence of diseases like COVID-19. In accordance with the WHA74, a resolution that encourages countries to safeguard and invest in healthcare worker protection, the MoH, with WHO support, conducted a workshop to finalise the Botswana National Policy Guidelines for Occupational Health and Safety of Workers in the Health System, which started in 2016 and then stalled.

This stall was multisectoral and affected the MoH, the Department of Occupational Health and Safety in the Ministry of Labor and Home Affairs, the health workers' association, academia, district officers responsible for occupational health, a representative from the private health sector and facility focal points for occupational health and safety of healthcare workers.

VI. Strengthening Infection Prevention and Control

WHO supported the development of an Infection Prevention and Control (IPC) strategic plan that involved different healthcare professionals as stakeholders in IPC planning and implementation in Botswana. This led to the development of the five-year strategic plan and the one-year operational plan, as well as the monitoring and evaluation plan.

Participants at the IPC Workshop

B. Essential Quality Health Services

I. Reproductive, Maternal, Newborn, Child, and Adolescent Health

The MoH, in collaboration with WHO and other key partners, continues to implement the RMNCAH strategy in line with the Global Women, Children, and Adolescent Strategy 2016–2030. The framework seamlessly integrates strategies to enhance reproductive health, ensuring the safety of pregnancies and childbirth throughout the course of life. The RMNCAH strategy plays a crucial role in advancing global health goals, with a commitment to equity, accessibility, and improved health outcomes for diverse populations worldwide.

1. Maternal and Newborn Health

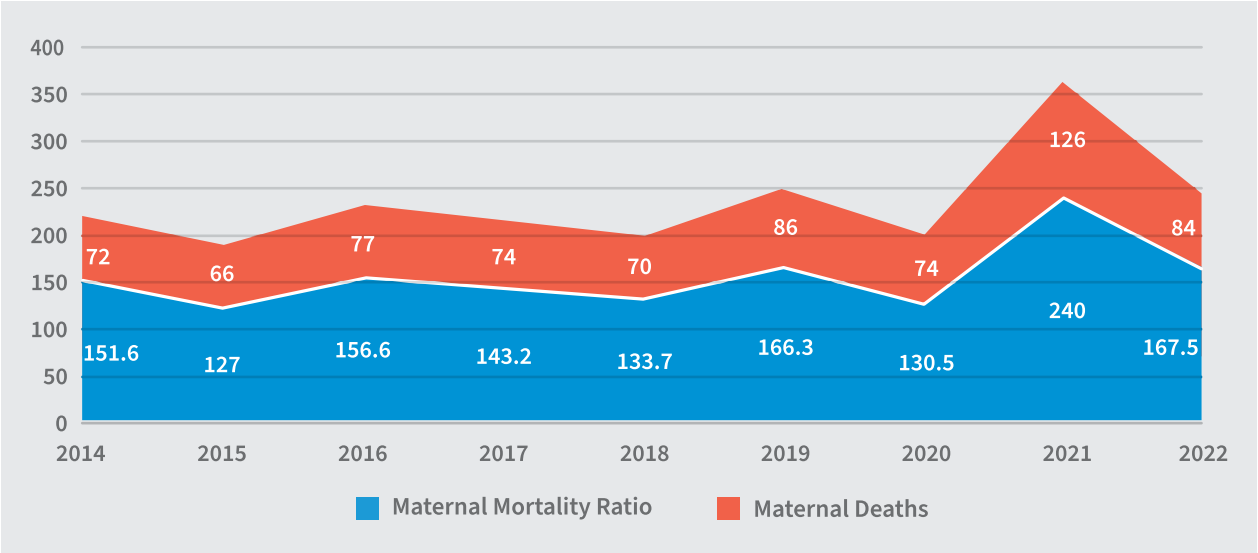
Retrospective analysis of maternal mortality between 2015 and 2022 was undertaken with the assistance of a local consultant to tease out the direct causes of maternal mortality, contributing causes of death, who is dying, what age, where are they dying, etc. The report is important for planning, policy decisions, and advocacy for redressing the situation.

Following the WHO report, work was done with Princess Marina Hospital to assist them in reducing maternal mortality through supportive supervision and mentoring of healthcare staff in their catchment area facilities. In 2022, a follow-up was undertaken at Princess Marina Hospital facilities. However, before the facilities were visited, Princess Marina Hospital identified three hospitals (Ghanzi Primary Hospital, and Molepolole and Lobatse District Hospitals) that they considered capable of strengthening without heavy resource injection. Efforts were made to strengthen the Maternal, Perinatal, Deaths, Surveillance and Response (MPDSR). Following the training organised jointly by WHO, UNICEF, and UNFPA in 2023, Botswana developed a plan of action for implementation of MPDSR guidelines with technical support from WHO AFRO.

MoH has embarked on a revision of the Safe Motherhood Guidelines (2011) to ensure alignment with WHO recommendations on antenatal care (ANC), postnatal care, labour and delivery. A draft is being circulated amongst stakeholders and the team that was involved in its revision and adoption. In addition, based on the new WHO Labour Care Guide, the MoH and the UB, with WHO support, embarked on a review of the **ANC** Card which has been in use since 2013. The WHO labour care guide draft will be finalised and disseminated in 2024.

The Obstetrics and Gynaecology Society in Botswana organised a congress attended by experts in obstetrics and gynaecology. The objectives of the congress were to promote women's health; promote education, training, and research to maintain the highest standard of professional and ethical adherence; and assist women in achieving the highest possible standards of physical, mental self-rated health and wellbeing throughout their lives.

Figure 9: Annual Maternal Mortality (2014-2022)



At this congress, WR Dr Namboze participated in the panel discussion focusing on strategies to reduce maternal mortality.

2. Child Survival and Development

Despite implementation of the Integrated Management of Childhood Illnesses (IMCI) strategy, the under-five mortality rate remains high. According to the 2017 Botswana Demographic Survey Report, the under-five mortality rate was 48/1000 live births. The MoH conducted an IMCI health facility survey in 2023 to strengthen childhood illness management. The key recommendations from the facility survey will be implemented in 2024.

In line with the Nurturing Care Framework for Early Childhood Development, the MoH continues building capacity for healthcare workers, parents and caregivers to address intersecting risks and enable nurturing care during the first 1000 days of life to equalise and optimise early development outcomes of young children.

▸ Routine Immunisation Coverage

The MoH aims to improve immunisation service quality by strengthening surveillance and monitoring vaccine-preventable diseases in line with the Global Immunization Agenda 2030. In the past two years, routine immunisation coverage fell below the WHO's 90% target for all antigens (see Figure 10). The decline can be attributed to various factors, like challenges in vaccine management, stock shortages at healthcare facilities, and inadequate supervision. This is often worsened by incomplete reporting at district level and inadequate documentation, causing data quality concerns that significantly contribute to the low immunisation coverage.

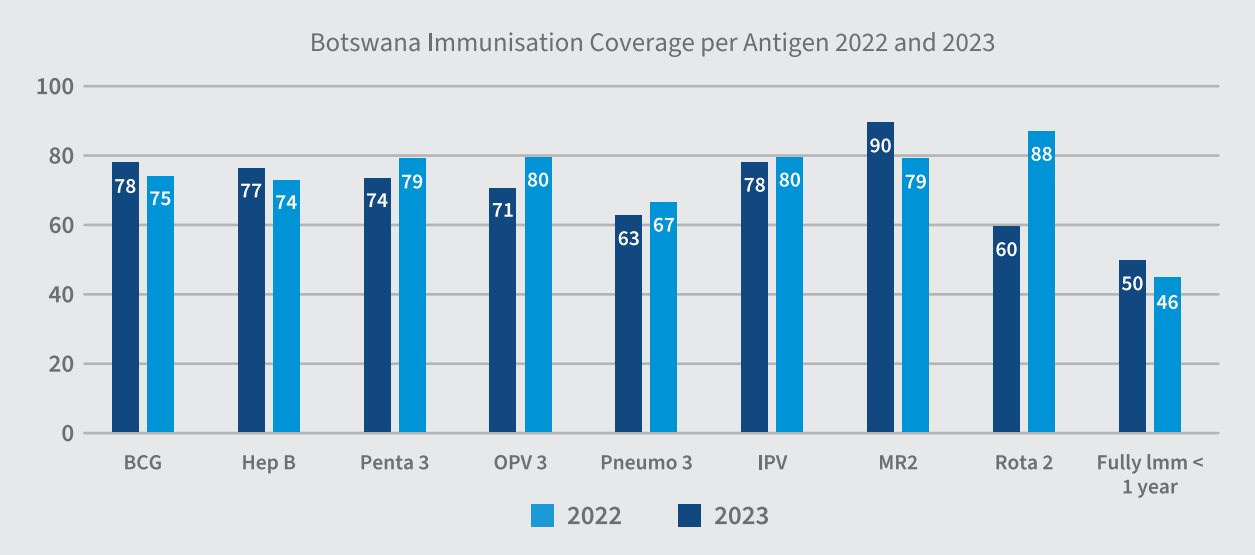
▸ Establishment of the National Technical Immunization Advisory Group

Botswana established a National Technical Immunization Advisory Group (NITAG) in June 2022, in line with the recommendations of the Decade of Vaccine Action Plan. The NITAG consists of twelve core members with expertise in various disciplines related to immunisation. These members underwent training to enhance their skills in evidence-based decision-making on immunisation recommendations. The establishment of the NITAG ensures a transparent and credible immunisation policy process considering the local context and promotes better acceptance by the population. The group provides technical advice on policy analysis and strategy formulation for all vaccine-preventable diseases. It also provides guidance to the MOH on identifying and monitoring important data and the latest scientific immunisation recommendations and advancements.

▸ National Immunization Strategy Development

The MoH, in collaboration with WHO, UNICEF, and the United States Center for Disease Control and Prevention (CDC), conducted a comprehensive review of the immunisation programme, vaccine-preventable disease surveillance, effective vaccine management assessment, and behaviour and social drivers for immunisation in 2022. The review aimed to assess progress, identify strengths

Figure 10: Routine Immunisation Coverage (2022 and 2023)



Source: Ministry of Health, 2023

and weaknesses, and formulate strategic directions for the country's National Immunization Strategic Plan for 2024-2028.

A roadmap was developed to guide the plan development and implementation based on review recommendations, improve data management and quality, strengthen surveillance, and develop a strategic framework that will enhance the immunisation programme's effectiveness and impact. After the review, Botswana successfully updated the Comprehensive Multi-Year Plan (cMYP) 2018-2022 with WHO and UNICEF support and developed the first **National Immunization Strategy 2024-2028** in line with the IA2030 and the transitional National Development Plan.

▸ Vaccine-Preventable Disease Surveillance

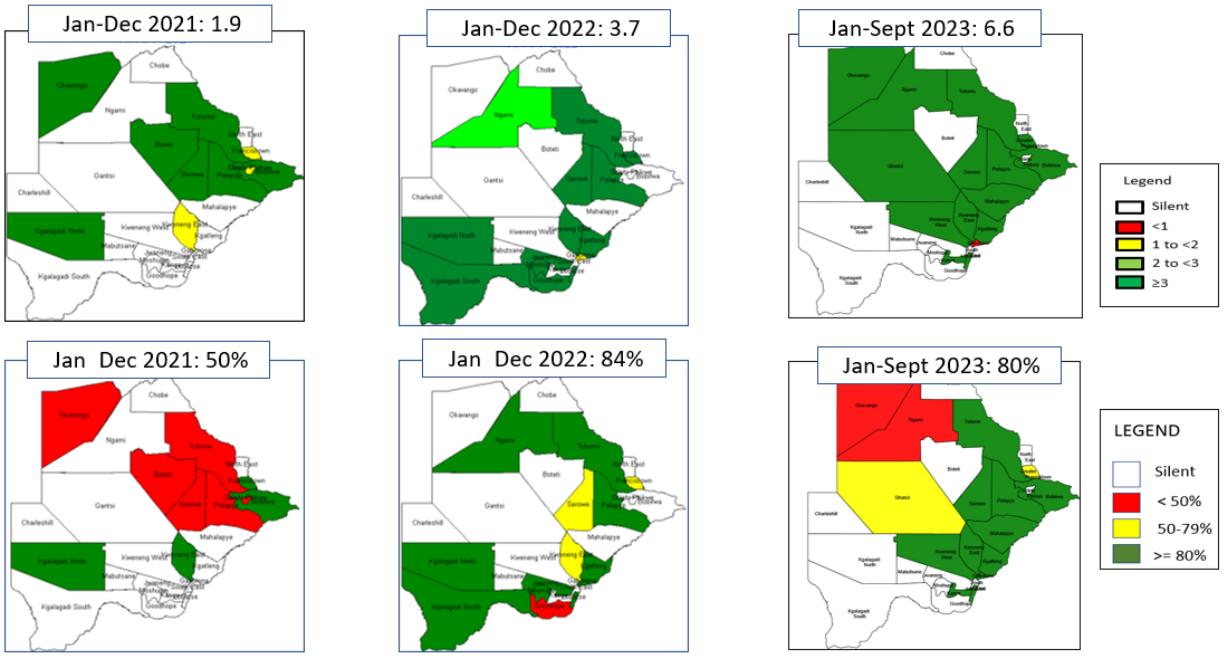
Acute Flaccid Paralysis Surveillance

In August 2020, Africa achieved polio-free certification after more than three years without the circulation of wild polio virus (WPV). However, the presence of WPV1 in Malawi in November 2021 and Mozambique in March, April, and June 2022, marked a setback. Consequently, there emerged a critical need to enhance poliovirus surveillance in the region due to the heightened risk of WPV importation and circulation of vaccine-derived poliovirus (VDPV).

Botswana was declared an outbreak country due to the detection of circulating VDPV type 2 (cVDPV2). As a result, the Acute Flaccid Paralysis (AFP) target for children under 15 years old was raised from 2.0 to 3.0 per 100,000 people. It is important to note that the non-Polio AFP detection rate had been alarmingly low, with rates of 1.3, 1.9, and 3.7 per 100,000 for the years 2020, 2021, and 2022, respectively.

In response, the GPEI mobilised consultants and national surveillance officers to the districts to bolster AFP surveillance and implement Integrated Supportive Supervision (ISS). Their efforts extended to supporting the preparations and execution of the nOPV2 during the second round of the polio SIA recommended in response to that outbreak. These collective endeavours led to a remarkable improvement, evident in the non-Polio AFP detection rate rising to 6.6 per 100,000 and a stool adequacy rate of 80% in 2023 (see Figure 11).

Figure 11: AFP Surveillance Performance Indicators



FEATURED VIDEO
www.facebook.com/
watch/?v=892419798500660

ESTABLISHMENT OF ENVIRONMENTAL Surveillance Sites

Environmental Surveillance (ES) was successfully launched in Botswana in August 2022, to monitor the country's polio status after the detection of wild polio in neighbouring countries.

Botswana has a closed sewage system for proper waste management. To cater to the large population and meet ES site requirements, five wastewater treatment plants (in total) were established. A wastewater treatment plant is located in each of the following locations: Gaborone, Francistown, Palapye, Maun, and Kasane.

The wastewater treatment plants effectively handle the drainage from around the country, catering for all densely populated areas. Among these treatment plants, the Gaborone site (located in Tsholofelo East), in particular, is the largest sewage drainage point. It manages the wastewater from a population of 735,000 residing in Gaborone, as well as parts of Kweneng East and Southeast Districts.

To initiate ES in Botswana, a site was established at the Glen Valley Wastewater Treatment Center in Gaborone. This site was chosen strategically as it serves a significant proportion of the population. The development was later extended to another seven sites, establishing a total of eight active ES sites over two years (see Figure 12).

Mathata Kgalalelo, Quality Control Officer at the Water Utilities Corporation, was part of the team that collected environmental samples at the Glen Valley treatment plant site in the Gaborone district on 4 October 2022

Water sample collection at the Glen Valley treatment plant site, October 2022.

Thongbotho Mphoyakgosi, a medical laboratory scientist at the National Health Laboratory, part of the team who identified the cVDPV2 virus from a water sample collected at the Glen Valley treatment plant site in October 2022.

These sites play a crucial role by sending biweekly samples to the National Laboratory, enhancing the nation's vigilance against potential poliovirus transmission.

The incorporation of the additional sites has significantly strengthened Botswana's capacity to promptly identify and respond to any potential instances of poliovirus circulation, contributing substantially to the overall polio eradication efforts in the region. Botswana detected the index cVDPV2 through a routine environmental sample collected at the Glen Valley treatment plant site in the Gaborone district on 4 October 2022. The results were received on 27 October 2022, revealing a link to isolates in Central Africa. Subsequently, two more cVDP2 positive isolates were detected at the Francistown (Mambo) and Gaborone (Glen Valley) sites in 2023.

Figure 12: Environmental Surveillance Sites

Figure 13: Location of two cVDPV2cases reported in 2022

EPID number	Virus	Source	Province	District	ES site	Date collection	Nt changes	Emerg	Closest match
ENV-BOT-GAB-GAB-GLV-22-003	cVDPV2	ENV	GABORONE	GABORONE	Glen Valley WWT	04/10/22	18	RDC-MAN-5	RDC-HLO-KIT-22-009
ENV-BOT-FRA-FRA-MAM-22-002	cVDPV2	ENV	FRANCISTOWN	FRANCISTOWN	Francistown WWT	15/11/22	21	RDC-MAN-5	RDC-MAN-OBO-22-002

Figure 14: Virological data of the cVDPV2 cases identified in 2023

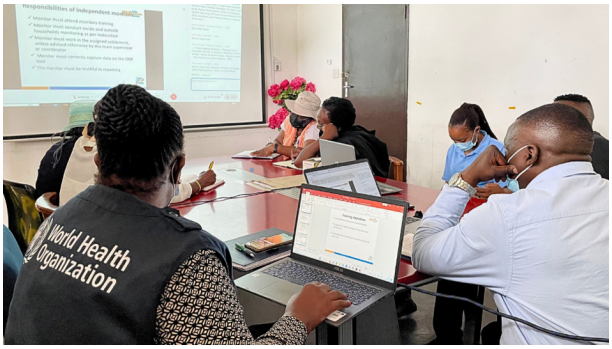
TYPE OF VIRUS	SEROTYPE	SOURCE	EPID No	ES Collected	Location
cVDPV	2	Environment	ENV-BOT-FRA-FRA-MAM-23-009	July 7, 2023	Francistown
cVDPV	2	Environment	ENV-BOT-GAB-GAB-GLV-23-013	July 11, 2023	Gaborone

Polio Outbreak Response

Following the detection of the index cVDPV2, a polio outbreak response was activated. A risk assessment was conducted, which revealed that the country was at high risk of cVDPV2 outbreak and SIAs using nOPV2 were recommended. Country readiness for the use of nOPV2 was determined and verified in three weeks (see Table 1).

While preparing for the SIA, a nationwide Inactivated Polio Virus (IPV) catch-up campaign was run in December 2022 to ensure that all children who missed routine immunisation were reached and vaccinated. The collective efforts of the MoH and GPEI partners culminated in the execution of two rounds of polio SIA in February and March 2023. These campaigns achieved 81% administrative coverage for both rounds, significantly enhancing population immunity and bolstering Botswana's resilience in the battle against cVDPV2 (Figure 15).

Case investigation and risk assessment for poliovirus transmission in Botswana increased and, subsequently, VDPV SABIN2 was detected on 13 June 2023 in a Palapye Wastewater Treatment Plant sample (Epid No: ENV-BOT-SEP-SEP-PAL-23-012). In collaboration with other partners, WHO and MoH initiated a comprehensive poliovirus risk assessment in the Palapye district. This extensive assessment encompassed active case identification for AFP cases in healthcare facilities and the local community, coupled with the collection of stool samples from children under 5 years residing in villages that drain into the Palapye Wastewater Treatment Plant.



MoH and WHO conduct training for independent monitors at Tutume Primary Hospital on how to use Open Data Kit Collect, a mobile app used to collect data, ahead of the national polio supplementary vaccination campaign, January 2023.

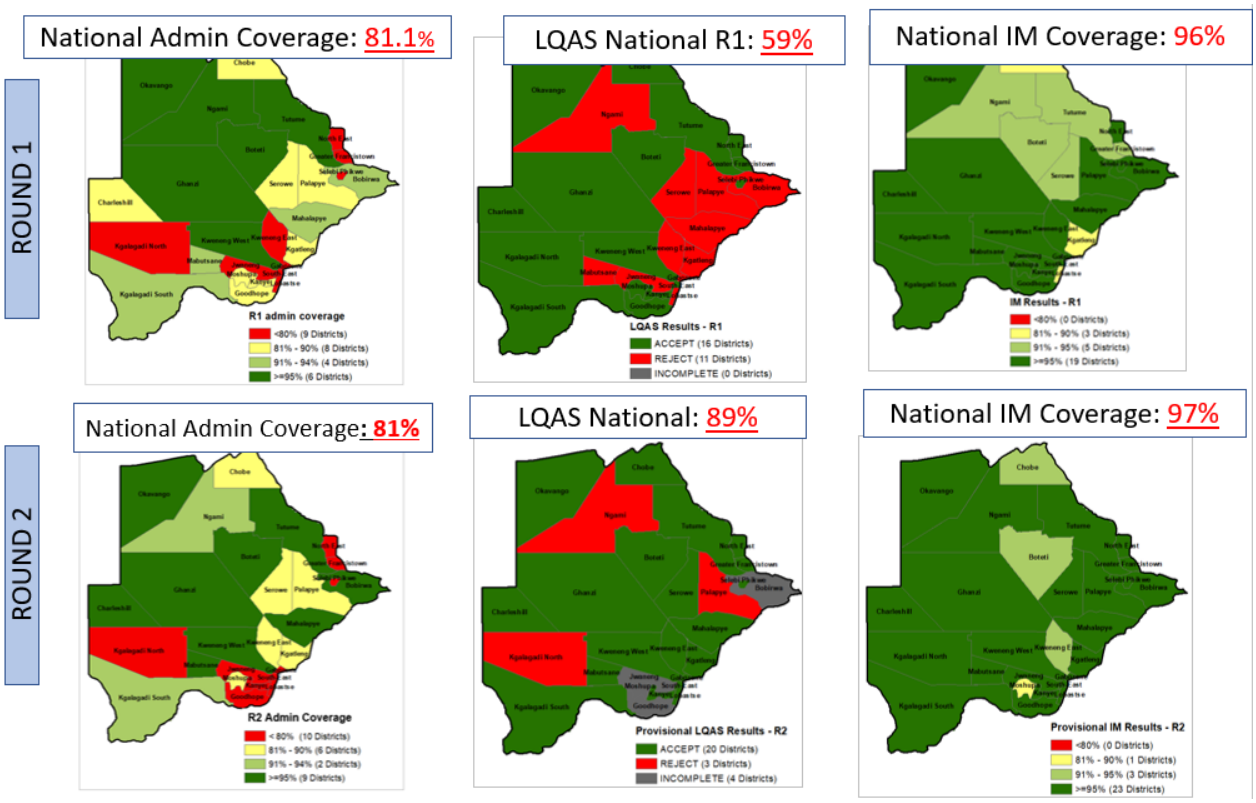
The survey conducted across various health facilities and communities yielded no cases of AFP among the examined children. In parallel, a total of 61 stool samples were collected from healthy children in eight villages serviced by the Palapye Wastewater Treatment Plant. Most of the surveyed children had received full vaccinations for oral polio and IPVs, with significant coverage observed during the last SIA implemented after the detection of the nOPV2. This comprehensive response showed Botswana's dedication to public health and its capacity to swiftly address and manage emerging health challenges, ensuring the protection of its vulnerable populations.

Table 1: Status of Verification to Use Novel Oral Polio Vaccine Type 2

STATUS OF VERIFICATION FOR INTRODUCTION OF NOPV2 BY 18 NOVEMBER 2022		
CATEGORY	**REQUIREMENT**	**STATUS**
Coordination (A1)	National coordinating mechanism (A1)	Verified
Approvals (B1, B2)	NITAG recommendation (B1), NRA approval (B2)	Verified
Cold Chain / Vx mgmt (C1)	Logistic plan developed for nOPV2 (C1)	Verified
Surveillance (D1, D2, D3)	Surveillance guidelines (D1), 3 case investigation by new AFP CIF (D2), completed PID checklist (D3)	Verified
Safety (F1, F2, F3, F4)	Vaccine Safety Guidelines (F1), Operational Plan (F2), Training Plan (F3), AEFI Committee (F4)	Verified
ACSM (G1, G2, G3)	Advocacy strategy (G1,) Communication for Development (G2), Crisis communication plan (G3)	Verified
Lab (H1, H2)	A plan for National Lab for nOPV2 use (H1), Relevant lab prepared to ship samples to CDC for NIBSC for complete genome sequencing (2)	Verified

A father watches as his daughter receives the polio vaccine during the polio supplementary vaccination campaign in Sowa town in February 2023.

Figure 15: District Performance during the Supplementary Immunization Activities



Measles Elimination

WHO AFRO has been committed to supporting member states in achieving measles elimination status since 2011. The goal of measles and rubella elimination by 2030 has been adopted as part of the Immunization Agenda 2030. Measles surveillance is case-based and integrated with Rubella. Measles/Rubella is also included in the Integrated Disease Surveillance and Response (IDSR).

Botswana achieved a non-measles febrile rash illness rate of **54/100,000**, compared to a target of 2/100,000. The proportion of districts that have reported at least 1 suspected case of measles with a blood specimen per year was 96.2%, well over the target of = >80%. The measles surveillance indicators fluctuated in the past three years (2020, 2021 and 2022), as per Figure 16.

In September 2016, WHO AFRO commissioned an independent external midterm review which recommended **establishing Measles Elimination Verification Committees** at regional and national levels. These committees would play a pivotal role in monitoring progress and advocating for stronger country ownership of the programme. It is against this background that the MoH appointed five officers with different expertise to serve as members of these committees. They were selected in accordance with national procedures implemented by the MoH. With support from WHO, a capacity building workshop was conducted for the members to enable them carry out their functions.

Integrated Supportive Supervision

The MoH was supported by WHO to strengthen ISS by engaging National Polio Surveillance Officers and IQVIA consultants. ISS was conducted in all the districts to strengthen the uptake of High Impact Interventions and Vaccine Preventable Disease Surveillance.

Figure 17: Integrated Supportive Supervision Conducted in 2022 and 2023

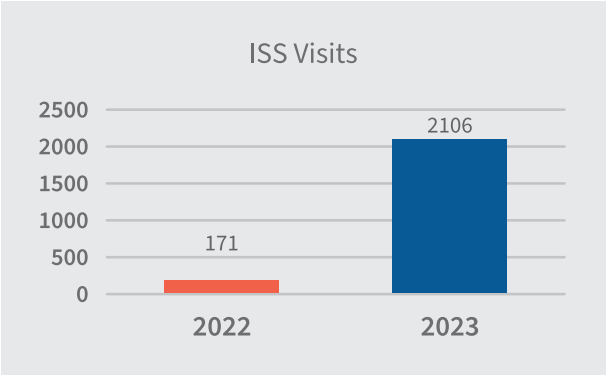
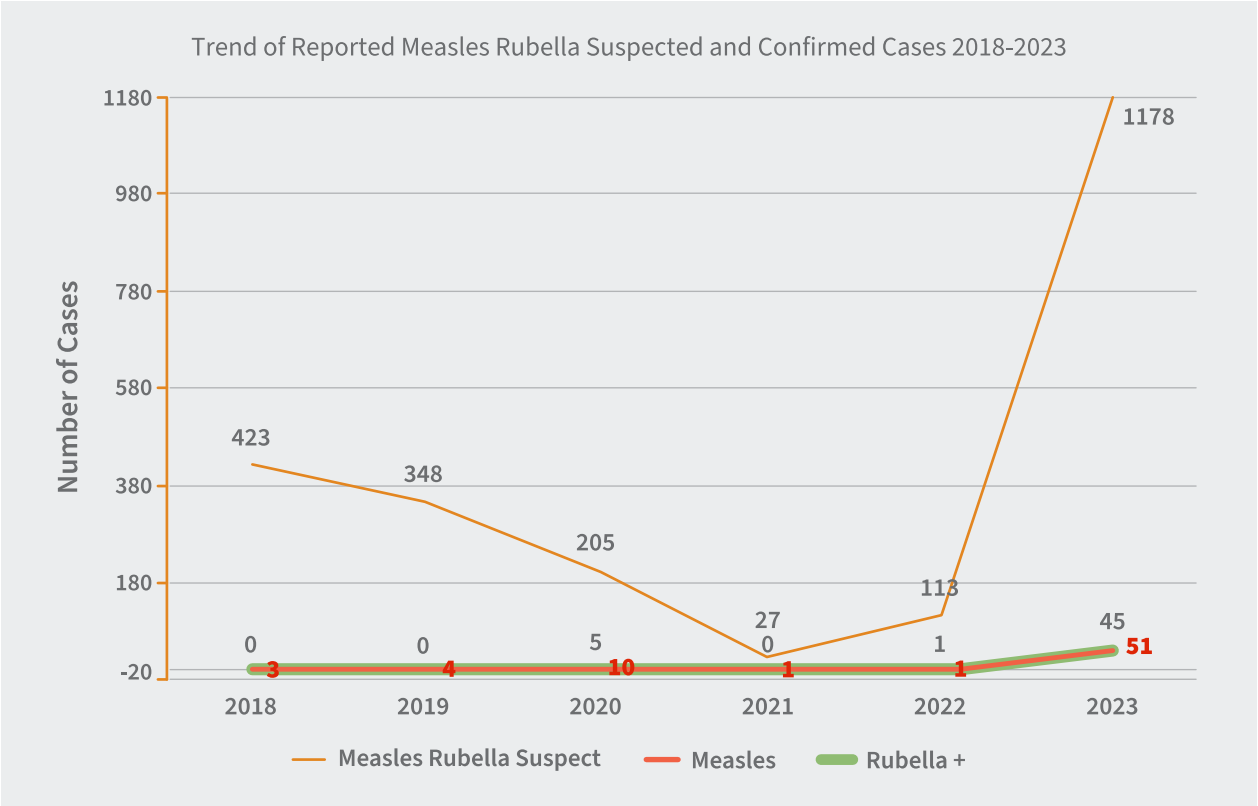
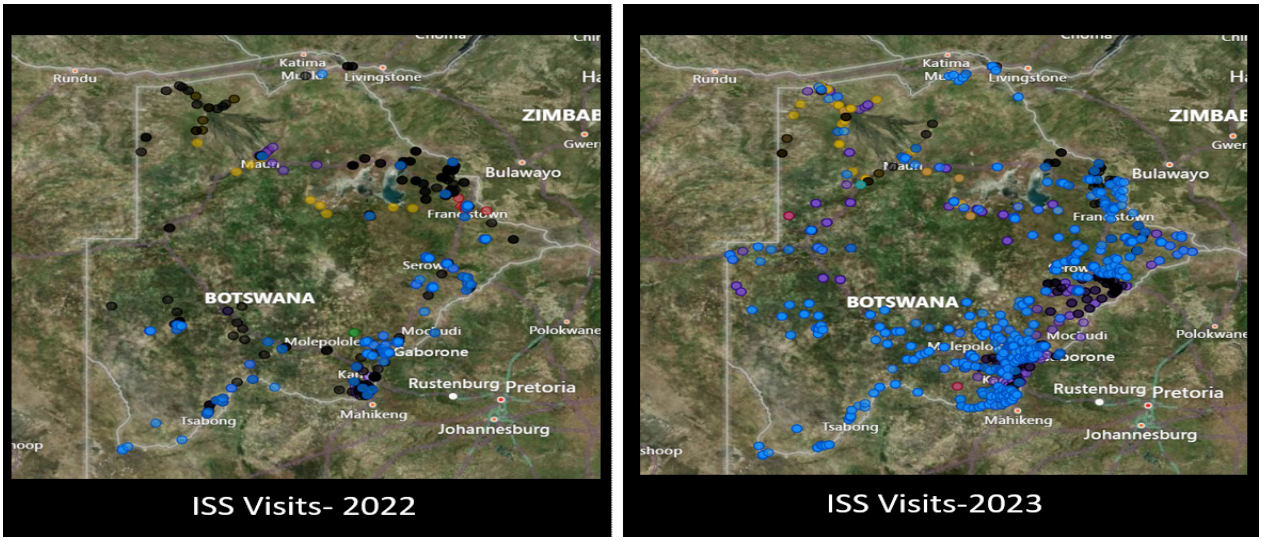


Figure 16: Measles/Rubella Surveillance Indicators (2018-2023)



Elizabeth, a 7-year-old girl from Dukwi Refugee Camp in Botswana, shows her marked finger after receiving her polio vaccine in April 2023

Figure 18: Integrated Supportive Supervision Visit Comparison by Year



3. Adolescent Health

The government of Botswana developed and launched the **National Commitment for Adolescent Well-Being in Botswana** in 2023. This initiative aims to drive SDG transformation for future inclusion and sustainability. The UN Country Team and the Botswana Government are engaged in discussions on the way forward. The accelerated actions include developing a user-friendly publication of the National Commitment to serve as an advocacy tool to create awareness of the commitment.

WHO made a technical contribution to the situation analysis and identification of the priorities to include in the commitment, including reviewing drafts of the commitment for quality and engaged in high-level advocacy to get Botswana's President to sign the commitment. In addition, WHO convened key stakeholders and partners to engage in a dialogue on the issues affecting adolescents, thereby creating awareness of these challenges so that they are raised on government and partner agendas.

WHO provided facilitation and financial support to the meetings to advance the drafting and signing of the commitment and disseminate information on the national commitment on WHO social media platforms. In 2024, additional support will be provided to monitor implementation of the commitment.

Participants at the launch of the National Commitment for Adolescent Well-being

HE Mokgweetsi Eric Keabetswe Masisi, President of the Republic of Botswana in dialogue with adolescents, Gaborone, October 2023

Healthy Lifestyle awarness raising event in Gaborone, February 2022

II. Healthy and Active Ageing

Botswana has embarked on the establishment of the Healthy and Active Ageing Program geared towards ensuring that older persons have access to services and that no one is left behind. In 2022, the programme piloted an **Integrated Care for Older People (ICOPE)** assessment and monitoring card, which will be used by older persons when seeking healthcare. The pilot took place in the Okavango, Central, Gaborone and Kgalagadi districts. The results, comments and findings were used to improve the quality of the card. In 2023, the MoH conducted a training of trainers (ToT) on ICOPE. Training was cascaded in 18/27 districts, engaging a total of 134 health workers.

As part of the ongoing activities of the Healthy and Active Ageing programme, MoH procured a consultant through WHO support to assist in the development of the **Older People's Policy.** The draft policy was submitted in 2022. In 2023, stakeholder consultation was used to ensure that all stakeholders have an opportunity to contribute to the policy.

CHALLENGES

The main challenges relate to a lack of capacity in the MoH to strengthen programme implementation at district level, data management and quality issues, competing priorities amongst programmes across all levels, as well as insufficient funding.

NEXT STEPS

As a way forward, the MoH will finalise the ICOPE Patient Assessment Card, finalisation and endorsement of the Older People's Policy, dissemination of Safe Motherhood guidelines and the WHO Labour Guide, and revision of Maternal Perinatal Death Surveillance and Response Guidelines.

The MoH will also introduce the IPV vaccine dose 2, data quality self-assessment, conduct a measles follow-up campaign targeting children 9–59 months and finalise measles elimination status documentation.

Botswana has implemented the 3rd National Strategic Framework (NSF) (2019-2023).

COMMUNICABLE AND Non-Communicable Diseases

Botswana is facing a dual burden of communicable and non-communicable disease.

Strategies, plans, norms and guidelines facilitate timely detecting, screening, and treating of these diseases, and provides access to palliative care for those in need. High-impact essential NCD interventions can be delivered through a PHC approach and integrated disease management.

ACHIEVEMENTS

I. Human Immunodeficiency Virus/ Sexually Transmitted Infections/ Hepatitis

Botswana has implemented the **3rd National Strategic Framework (NSF) for HIV and AIDS (2019-2023**), operationalised in the programmatic roadmap and programme level strategy plans. The NSF presented opportunities for partners, including the UN family, the United States Government (through the President's Emergency Plan for AIDS Relief (United States of America) (PEPFAR) program), Global Fund, and others, to concentrate efforts for impact.

The programmatic achievements supported by WHO were prioritised based on the maturity of the HIV response in Botswana and collaboration with different programmes to innovate services that would help maintain the gains and identify those who have not yet enrolled into one of the various programmes available.

Certification of HIV mother-to-child-transmission

Following the awarding of the Silver Tier Achievement Certificate for the prevention of mother-to-child transmission (PMTCT) of HIV in 2021, WHO supported the MoH and in-country partners through the National Validation Committee to implement the WHO Global Validation Committee's recommendations.

A multi-stakeholder forum, including experts from WHO, UNICEF, Joint United Nations Programme on HIV/AIDS (UNAIDS), PEPFAR, CSOs, and other implementing partners, convened to guide the process. Four working streams (programme implementation, coordination and services, laboratory and data, and human rights) were established to elaborate on subtasks to be implemented. These streams included the two other disease programmes in validation, namely hepatitis and syphilis, positioning Botswana's next round of validation to be inclusive of all with the goal of achieving gold status for triple elimination. Botswana submitted the final roadmap reports to the Global Validation Committee (GVaC), as required.

Community HIV Clinical Guidelines Review

The HIV programme services are mostly implemented for clients already interphasing and attending outpatient departments for other services, as healthcare providers may (on given days of the week) offer specialised services in other areas to the same clients, e.g. HIV clinics.

This opportunity aligns with the move to integration, and the programme saw it necessary to develop an integrated, simplified, symptom-based, algorithm-driven Treatment Guide. The initial document, the *Botswana Primary Care Guide, 2016* (BPCG), was developed in collaboration with the University of Botswana. As WHO had been supporting the revitalisation of PHC, and advising the government on different streams of normative work, they were requested to support, consolidate, and simplify all other conditions commonly seen at primary and community levels for inclusion in the document.

The Botswana Country Office, in collaboration with the University of Botswana and the United States Agency for International Development (USAID) Botswana Office, supported the MoH with the review initiation. The three support teams were deployed to the six districts selected

on the basis of Key Performance Indicators (KPIs), from low, mid, and high-performing districts. Findings from the review process were consolidated from all teams and will be used to draft the 2024/2025 version.

Pre-Exposure Prophylaxis Guidelines Review

WHO supported the MoH in the development of the guidelines for pre-exposure prophylaxis for HIV. These guidelines were aligned with WHO-released guidance during a review process spearheaded and supported by the government's established guidelines committee of which WHO is a member and a technical advisor. The guidance considered the availability of commodities in the market to the intended recipients and other context-specific criteria recommended by WHO.

Botswana's guideline committee, on recommendation, adopted the introduction of injectable antiretrovirals, like Cab-LA. This adoption assisted in ensuring seamless registration by the Botswana Medical Regulatory Authority (BoMRA), ensuring ease of availability and access. The guidelines were drafted, finalised and signed for implementation, with the NGO sector spearheading this by focusing on key populations. By the end of 2023, services had also been introduced into the public sector facilities.

The facilitation team on PMTCT synthesis of the recommendation on Silver-Tier Certification

Deliberations with MoH senior management on PMTCT gaps to be addressed

HIV Programme Review, Francistown, September 2023

Voluntary Male Circumcision Strategy Development

The Botswana voluntary male circumcision programme was established as part of the add-on prevention strategies targeting males. The programme was initially intended to be a short-term programme targeting 80% of eligible males aged 0 to 49 for circumcision, following the epidemiological modelling outcomes as per global recommendations.

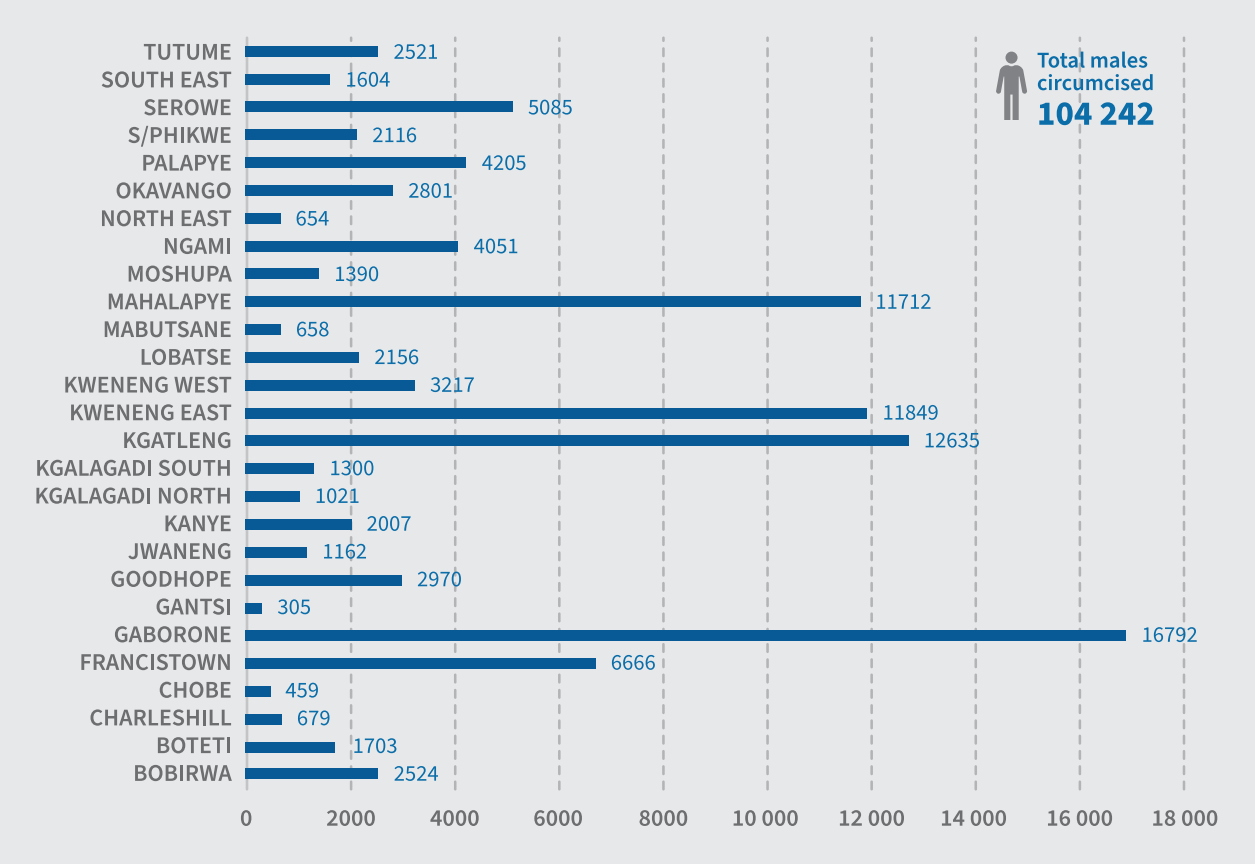
The programme developed a male circumcision strategic plan with technical inputs and guidance from the WHO Botswana team, which was peer reviewed by regional and headquarter technical experts. The development of the final strategic plan was guided by the main circumcision technical working group (TWG) and, upon completion, was shared to the MoH leadership.

In the final plan, several areas were included, like infant male circumcision approaches, community-based mobilisation and health promotion approaches, including messages that highlight the benefits of male circumcision to their female partners, supply chain and commodities availability, and monitoring and evaluation chapters. Figure 19 shows Botswana's achievements over the years in this area of work.

The new strategic plan which was developed and led by WHO working with the programme TWG has some strategic successes in the previous strategic document like group male campaigns, introduction of infant male circumcision, with particular emphasis on males' access to health services.

It also considers the WHO global recommendations agreed to with other partners like UNAIDS, on using "A person centered approach" to avoid missing clients at point of service delivery, to have other services offered to them such as HIV testing screening for NCDs, tuberculosis (TB), family planning, access to medicines, and after related services that men may request based on the context and the capabilities of the facilities. The new strategic plan life span will follow the five-year cycle from 2023 to 2028.

Figure 19: Number of Males (All Ages) Circumcised by District (1 Jan 2017 - 31 Dec 2022)



Source: MOH Program Data

Botswana HIV Drug Resistance Laboratories

The Botswana National HIV Reference Laboratory (BNHRL) was designated a WHO collaborating centre in 2023, after being subjected to rigorous WHO assessment frameworks. The laboratory had previously been designated a WHO HIV Drug Resistance Laboratory (WHO HIV ResNet-HIV Drug Resistance Network) in 2019 and had also been ISO 15189 accredited. It was in this same laboratory that the COVID-19 Omicron variant was isolated.

The WHO HIV drug resistance laboratory operational framework offers guidance on how WHO HIVResNet laboratories function to support national, regional and global HIV drug resistance surveillance, by providing accurate genotyping results in a WHO-approved standard format. This was confirmed by the signing of the designation by His Excellency, Dr Mokgweetsi Eric Keabetswe Masisi, Botswana's President, and the WHO Director-General Dr Tedros Adhanom Ghebreyesus in Gaborone, Botswana, during RC73.

Hepatitis Programme Strategic Plan

Hepatitis is not very prevalent in Botswana, with fewer than 500 cases being recorded annually at referral centre liver clinics, and a few being picked in blood transfusion centres. This led to minimum investment in setting up a hepatitis programme, until the WHO's GVaC made recommendations validating the elimination of hepatitis, mother-to-child transmission (MTCT) and syphilis.

The MoH, with WHO support, did a rapid risk review to understand Botswana's hepatitis landscape. Following the desk review findings, the TWG was established and developed the strategic plan, which is awaiting final review before a costing, monitoring and evaluation plan is developed for it.

Data Quality Audit for Syphilis

Botswana assessed progress towards EMTCT (for the period 2020-2023) of congenital syphilis using standardised tools and validation recommendations. This involved a descriptive analysis of the aggregate syphilis programme and data at facilities (for the period 2020-2021), evaluation of the implementation and update at facilities of the programme's new congenital syphilis guidelines, identifying gaps in congenital syphilis care and creating an action plan.

To implement the data quality audit (DQA) with fidelity and achieve nationwide coverage in the 27 health districts, WCO supported 54 healthcare workers and 15 MoH headquarter officers, and visited facilities in teams. At the end of the

DATA QUALITY AUDIT (DQA) IMPLEMENTATION SYPHILIS

Number of health districts covered	Number of healthcare workers	Number of HoH officers	ANC testing rate for syphilis
27	57	15	50%

DQA, the findings on the facility registers were updated on the District Health Information System (DHIS)2, to ensure similarities and ease of access and analysis. It was found that ANC testing for syphilis was being done, albeit only at around 50%, with indications of low specimen testing by the lab, leading to increased turnaround time.

The programme has embarked on addressing data issues in all its dimensions, service delivery gaps and challenges, and working with the laboratory to improve diagnostics and turnaround time. The reporting of syphilis has since improved on the DHIS, despite a laboratory reagents shortage, which affects all other programmes and is not unique to syphilis.

II. HIV/Tuberculosis Programme

The Botswana MoH National Strategic Plan (2018-2023) for its TB and HIV programmes require a review. The multi-programme's review was conducted in Botswana by a team of reviewers (18 external and 5 internal), as per WHO best practice. The review included desk reviews, field visits and key informant interviews.

The review unearthed some glaring gaps in the system that needed to be addressed urgently, like human resource shortages, stockouts of critical commodities and untraceable or lack of knowledge on stock levels at periphery health facilities.

Paediatric treatment, in general, lags behind in enrolment and adherence. Although TB incidence was found to be declining, the review noted that the incidence was still high and did not meet the end of TB-NPS goal of 198/1,000.

Despite 77% of TB mortalities being co-infected with HIV, these programmes were not well-integrated. However, it was noted that the TB mortality was generally going down, in both HIV co-infected and non-HIV infected. The slight increase between 2018 and 2021 was attributed to COVID-19.

Mortality rates were found to be higher among TB-HIV co-infected throughout the years, compared to non-HIV TB coinfected. Males were more affected than females when it came to notification rates. The review found that the main challenge was for data to be availed, which limited the ability to present a complete picture of TB. Thus, the urgent need for the TB Prevalence Survey and TB Drug Resistance Survey was highlighted, given the high TB burden in Botswana's neighbouring countries.

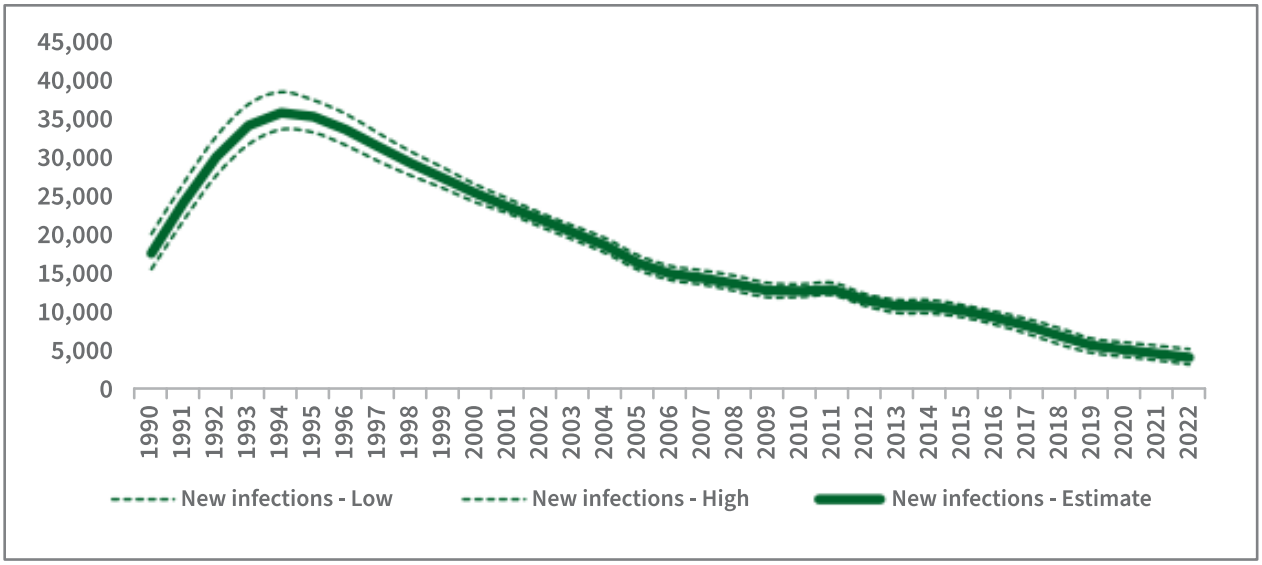
Upscaling TB preventative therapy was recommended, since it would be of particular benefit to those infected with HIV. It was also recommended that paediatric TB diagnosis be improved.

In Botswana, 343,912 people are estimated to be living with HIV, with just below 7,000 of those being children. HIV incidence has, however, been declining over the years (see Figure 21).

Figure 20: Estimated TB, HIV-Negative TB, and HIV-Positive TB Mortality per 100, 000 Population (2012-2021)

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Total	88	81	77	90	61	47	54	77	77	82
TB/HIV	65	52	57	66	45	30	37	49	48	50
Non-HIV	23	18	20	24	16	17	17	28	29	32

Figure 21: New HIV infections, 1990-2021 (Spectrum)



According to the 5th Botswana AIDS Impact Survey (2013), HIV prevalence was found to be 17.6%. This is a population-based study implemented by the National AIDS Promotion Agency (NAHPA). Botswana has made strides in other targets, like surpassing the 95-95-95 targets, and achieving **95-98-98**. This achievement translates to more than 98% of the HIV-infected who know their status and are on ARVs, which is consistent with review findings.

While the achievements are laudable, there were challenges that needed to be addressed and opportunities to be exploited. Botswana had succeeded in enrolling people living with HIV in care (98%), but quality of care challenges persist, as evidenced by occasional stockouts of lab reagents, affecting viral load monitoring.

Adolescent girls are showing higher prevalence than their male counterparts, suggesting possible intergenerational sexual encounters, given the mature epidemic nature of the HIV/AIDS response. As key populations were found to be disproportionately affected, particularly female sex workers, the review recommendations emphasised the need for intensified surveys, targeted index testing and intensified presentation programs.

The programme is at a crossroads and requires strategic direction that will allow access to those that have not been reached, while sustaining the gains. This is an area of discussion for the next biennium.

III. Malaria Elimination Programme

Botswana is one of the three countries in Africa and 25 countries globally identified to eradicate malaria by 2025 under E-2025 Initiative. The country is also part of the SADC Malaria Elimination Eight (E8) Regional Initiative working across national borders to eliminate malaria in the south African sub-region by 2030. Given the seasonality of malaria transmission in the country, robust interventions are planned to align with these seasonal patterns, as reflected in the National Malaria Strategic Plan ending 2023.

The high transmission season is from November to May annually. Botswana has been implementing interventions like community mobilisation and health promotion, vector control, case management and intensified surveillance, and of which follow global recommendations. WHO in 2022 and 2023, working with the MoH, assisted districts to try out different interventions that would allow achievement of the elimination milestones.

Participants at the refresher training programme on microscopy, Mahalapye districts, 2022.

These included the stopper programme and AFRO II focusing on vector control as the mainstay. Availing timely in-country data was critical, hence the malaria elimination audit tool was used to assist in gap identification and strategising on mitigation quick wins.

ACHIEVEMENTS

Training and Accreditation of LAB Scientists/Microscopists (ECAMM)

Global guidance indicates that microscopy is the mainstay for diagnosis during elimination, making it critical that lab scientists be equipped with the appropriate skills.

The WHO's refresher training programme on microscopy was conducted in 2022 in the Mahalapye districts, with twelve participants in attendance. The training programmes are designed to upskill participants on parasite identification, species identification and parasite quantification. For the cohort that was trained, according to the WHO grading system for assessing competence of malaria microscopists, they managed to achieve the following grades: Level 1 (2), Level 2 (0), Level 3 (4) and Level 4 (6), with Level 1 being the highest grade. The MoH has since employed a mechanism of district peer mentorship and support, to bridge the skills gap and reach its elimination goal.

Malaria Programme Review

As the strategic plan was coming to an end, the malaria programme was reviewed in 2023. The goal of the review was to ensure different innovations and approaches and address gaps and strategic orientation for the new strategic plan. Immediately after the review, a strategic plan was drafted which awaits review.

Mass Drug Administration

The Okavango district has been leading in number of cases reported per year. This required programme and external experts to consider the challenges on the ground despite the fact that all critical intervention has been implemented annually. The mass drug administration (MDA) for malaria has been identified as a potential intervention to reduce the parasite load that may be harbouring in the district. A pre-assessment was undertaken by a WHO expert team to determine district readiness, appropriateness, and best time for implementation.

WHO officer undertaking the foci investigation in Okavango districts.

Community engagement on surveillance for malaria cases: inspections in households following indoor residual spraying.

On the left: Community mobilisation on malaria programme, in a Kgotla, with village elders in attendance. On the right: Malaria case investigation.

Indoor residual spraying teams

IV. Non-Communicable Diseases

Botswana implemented the National NCD Strategic Plan (2018-2023), with MoH assigned the mandate to prevent and control NCDs, with the prevention component being assigned to the National AIDS and Health Promotion Agency.

National Cancer Control Strategy

The upper-middle-income population is experiencing high numbers of cancers attributable to lifestyle. As such, the National Cancer Control Response called for a concerted effort to formulate relevant strategies to control these cancers. WHO, in collaboration with other partners, International Atomic Energy agency (IAEA), Baylor Center, found that this increasing incidence is in both adult and paediatric cancers. The programme noted that there are multiple factors that contribute to cases not being managed well or progressing quicker, including health system issues related to cancer response.

A TWG was formulated to compile the first Botswana National Cancer Control Plan with support from consultants in WHO and IAEA. At the inception of the National Cancer Control Plan development, the permanent secretary of the MoH, along with the Botswana WR, emphasised the urgency and need for this long-overdue strategic plan which. The document needed to align with global response, while remaining relevant to Botswana and addressing cancers commonly found there.

The TWG was subdivided into thematic groups that synthesised and prioritised areas to be addressed in the National Cancer Control Plan. The consolidation of the outputs from these groups were consolidated by the consultants into one document. The draft document needs further strategy dialogue and finalisation, scheduled for the first half of 2024.

Cervical Cancer (HPV) support

The impact of cervical cancer on Botswana, particularly among HIV-infected women, can be mitigated by making the appropriate resources (skills and supplies) available to the intended beneficiaries. One of the modalities used in the treatment and care of cervical cancer is cryotherapy. Cryotherapy is, however, not without its challenges, like the need for the big cumbersome gas cylinders.

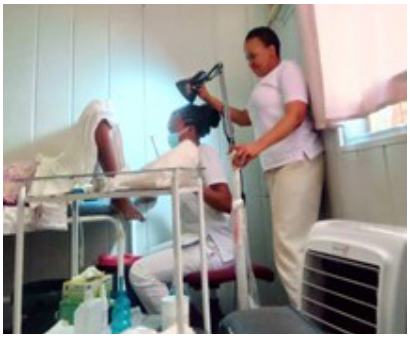
Botswana aims to adopt newer and more innovative prequalified modalities and equipment and requested WHO support through the Office of the First Lady, to roll out thermal ablation and phase out cryotherapy. The 42 thermal ablation machines were procured by WHO and have been deployed to the facilities with the highest burden and patient load. This was accompanied by re-prints of normative guides and training of nine nurses and six medical officers on appropriate equipment use.

WHO STEPwise approach to NCD risk factor surveillance (STEPS) survey

Botswana, with WHO support, started the process of developing the third Botswana STEPS survey. This survey will assist the country in understanding the NCD situation at population level, using WHO guidance and methodology on developing STEPS. The TWG was able to develop the survey protocol which was approved in 2023 by the Botswana Ethics review board, and for which a license was granted.

The three levels of the organisation planned the implementation of the study, which included consultative meetings to ensure alignment for all support required, and having readying resources like field equipment, data collation electronic tablets, and consumables. The target is to have the survey implemented in 2024.

Participants at the cervical cancer training session



Practical sessions in a cervical cancer clinic

Medical officers and midwives being trained on the use of thermal ablation machines

V. Neglected Tropical Diseases

Mass Drug Administration for Schistosomiasis

In line with the WHO Neglected Tropical Diseases (NTDs) elimination target, Botswana conducted an NTD mapping survey in 2015 to document the impact of these diseases. The findings (verified in 2019) revealed a schistosomiasis prevalence of 38.9% in 19 districts. As a result, the MoH, with WHO support, developed the NTD Roadmap 2021-2030 and conducted the first Praziquantel MDA for school-going and out-of-school children (aged 5-14), to treat schistosomiasis in the 19 endemic districts. Out of an estimated 441,000 children targeted, 85% were treated. Alongside MDA, children were also educated on schistosomiasis preventive measures.

Schistosomiasis Prevalence

38.9%
in 19 districts

Praziquantel MDA

85%
of
441,000
School-age children of 5-14 years treated

Students receiving information on the importance of MDA

Students queuing for tablets during the schistosomiasis MDA

NTDs Mass Drug Administration campaign in schools, Gaborone, March 2022

Third Generation Neglected Tropical Diseases Masterplan Development

WHO supported the MoH in developing Botswana's 3rd Generation NTDs master plan. The activity included several stakeholders: district health workers involved in the implementation of NTD activities, Health Promotion Department in the MoH, Ministry of Local Government staff, Veterinary Department and UB.

The draft master plan aligns with the 2021-2030 Global NTD Road Map and the current NTD 2021-2025 master plan development framework.

Participants at the Third Generation NTDs Masterplan Development

Trachoma Assessment

To establish whether trachoma is endemic or not, the MoH (with WHO technical support) conducted preliminary investigations in December 2019. Based on where trachoma was most likely a burden, sites in the Okavango and Chobe districts were visited. In the Okavango district, only one four-year-old boy presented with symptoms consistent with Trachomatous Inflammation-follicular (TF).

Thereafter, an assessment was conducted in December 2022 using a community-based cross-sectional design (as per WHO guidelines). The assessment was supported by WHO and Sightsavers, targeting 896 households with 4,179 residents, including children aged 1-9. About 3,683 people (91.69% of all residents) were examined, while 7.67% were absent and only 0.64 % refused.

In terms of WASH, about half of the surveyed population (42.86%) reported public tap/standpipe as the main source of drinking water in Okavango district, followed by 15.29% using household standpipe, and 11.5% fetching water from open surface water (e.g. river, dam, lake, pond, stream, irrigation channel), and 7.14% fetching water from unprotected wells. About 49% of the households defecate in the bush, while 32% have pit latrines and only 0.55% have access to sewage system toilets. Hand washing facilities are not available in households, except for those using modern water systems.

The survey results were used to advocate for WASH strengthening in the district and the elimination of trachoma. The next important step was to prepare a dossier for trachoma elimination verification.

At the Trachoma Assessment with Sightsavers, December 2022

Drinking Water Sources in the Okavango District

As per the surveyed population

42.86%
Percentage using public taps or standpipes

15.29%
Percentage using household standpipes

11.5%
Percentage using open surface water

7.14%
Percentage using unprotected wells

Contact Tracing for Leprosy Cases (2012-2023) and Post-Exposure Prophylaxis

The number of new leprosy cases in Botswana has significantly reduced in the last decade, however, in from 2018 to 2021, there was a notable increase in cases. The country reported 4 to 5 cases annually during this period, compared to a record of 1 case per annum before 2018.

Leprosy cases in Botswana are found in the northwestern region, and mainly affects the Ngami, Okavango, and Chobe districts. With WHO guidance, contact tracing and post-exposure prophylaxis were done in the Ngami, Okavango, Chobe, Tutume and Mahalapye districts. The mission focused on index cases of leprosy patients diagnosed since 2010 living in these districts. The result was the establishment of a comprehensive list of leprosy index cases treated in the country from 2012 to 2023.

Capacity was built in the ToTs of healthcare workers on integrated leprosy case management and contact tracing of leprosy cases, as well as transmission interruption. An updated map of Botswana's leprosy situation was generated down to district level using the WHO Leprosy Elimination Monitoring Tool with a point prevalence of 0.06%.

Some ToTs and facilitators for the training, including Professor Mokni (far right), November 2023

WHO Officer conducting staff interviews, Ngami district, November 2023

A man who lost toes and fingers to leprosy


REPUBLIC OF BOTSWANA
Ministry of Health

From 2022 to 2023, Botswana continued its response to the COVID-19 pandemic and reinforced core competencies in IHR (2005) implementation across various fronts.

HEALTH
Security

Considering ongoing global health security events, like humanitarian crises, cyclones and disease outbreaks and pandemics, particularly in the WHO African Region and Botswana's neighbouring countries, the WCO is dedicated to supporting the MoH, key sectors, and partners.

The aim is to enhance capacity in preventing, preparing for, detecting, responding to, and recovering from outbreaks and emergencies as part of the International Health Regulations (IHRs) 2005, with the goal of safeguarding health and saving lives.

From 2022 to 2023, Botswana continued its response to the COVID-19 pandemic and reinforced core competencies in IHR (2005) implementation across various fronts.

ACHIEVEMENTS

COVID-19 Response

The year 2022 ended with a cumulative total of 329,464 confirmed COVID-19 cases and 2,787 mortalities. December 2022 reported a total of 1,305 cases and 2 mortalities. The year 2023 started with a low volume of cases, attributable to low testing rates over the festive season.

However, an increase in cases was observed shortly after, and linked to the festive season, which is considered a super-spreader event. This observation is based on previous trends. The rest of 2023 saw reports of sporadic cases of no public health concern, with testing levels remaining low.

Surveillance was switched to the monitoring of ILI/ARI to rapidly screen for COVID-19 across the country. The following diagrams summarise the 2022 and 2023 trends.

▸ COVID-19 Intra-Action Review

In April 2022, Botswana conducted the second COVID-19 intra-action review to document achievements, challenges and recommended corrective measures used to guide the integration of the response into routine services. In March 2023, WHO facilitated a workshop guiding the MoH on integrating COVID-19 guidelines into routine health services.

Figure 22: Botswana Covid-19 Epi-Curve, January 2022 - December 2023

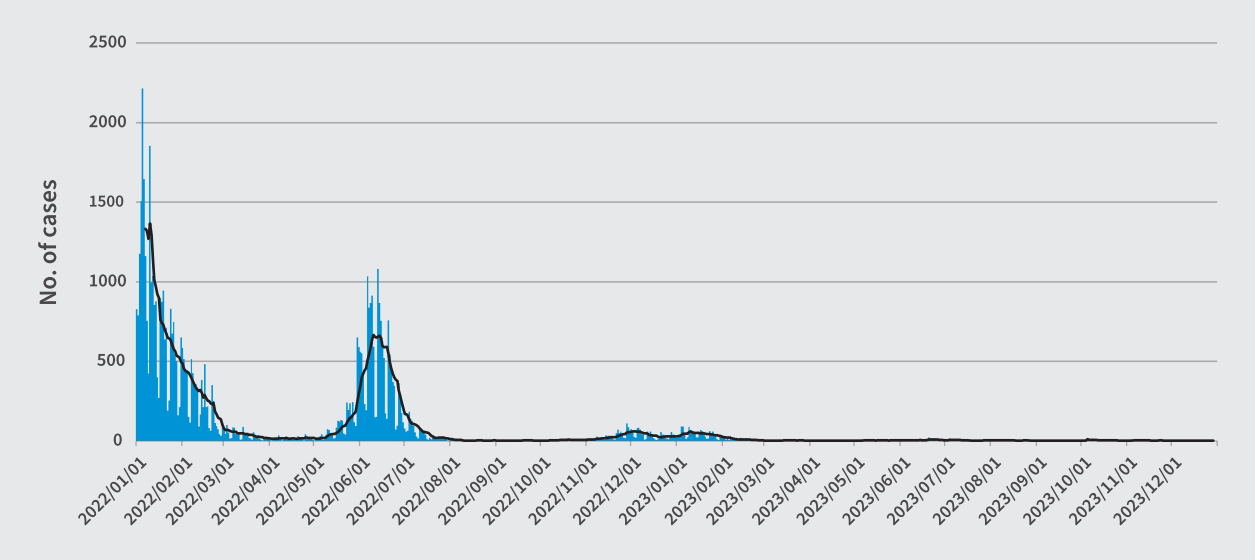
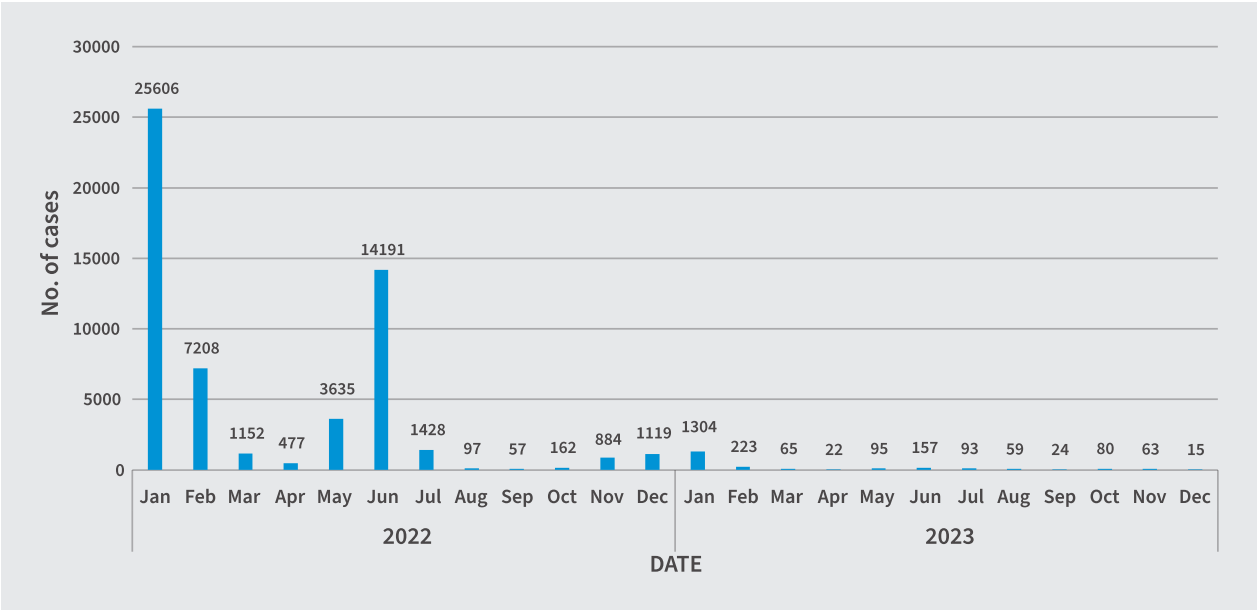


Figure 23: Botswana Covid-19 Cases Monthly Distribution, January 2022 - December 2023



The workshop brought together all COVID-19 Incident Management Teams at national and district levels, as well as implementation partners like Botswana Red Cross Society, ACHAP, USAID, CDC, UNICEF, and WHO. This was country-led, facilitated by national and subnational stakeholders to reflect on Botswana's COVID-19 response actions, as well as review progress and challenges in actions organised under the nine pillars of the response.

COVID-19 Community-Based Surveillance

Three of Botswana's districts were part of the COVID-19 Community-Based Surveillance Initiative pilot implementation. The implementation involved adaptation of the training package, training the national coordinating team on the tools, and training district and community healthcare workers on study methodology and tools. WCO supported the bulk of processes while the national coordination team undertook supportive supervision.

Participants at the SARS-COV-2 Variants of concern screening workshop. Palapye, August 2022

The country documented successes in a report and the recommendations and learnings from the pilot were used in the initiative's nationwide rollout in 2023.

COVID-19 Response – Laboratory Strengthening

With support from WHO, influenza testing reagents were procured to capacitate and enable the NHL to implement influenza virus testing. In addition, a Quant Studio 5 RT Polymerase Chain Reaction Analyzer was procured and installed to strengthen the National Laboratory's molecular testing capacity and ensure early disease detection.

Cholera Preparedness and Readiness

With support from WHO Nairobi Hub, Botswana received cholera investigation kits, which were strategically distributed in high-risk districts with points of entry facilities. Staff in these districts were then trained on cholera rapid diagnostic testing, specimen collection and transportation, and microscopy culture and sensitivity for cholera identification.

Joint district visits with the Director of Health Laboratory Services were undertaken to selected district laboratories to assess the possibility of integrating COVID-19 testing in all laboratories. This involved establishing the availability of equipment, reagents, the status of quality assurance, and IPC. The assessment also investigated issues of biosafety and biosecurity and workforce capacity and skills.

Furthermore, WHO supported the SARS-COV-2 VOC/ILI surveillance site visits and assessments to provide data to guide decision-making in site selection for the first phase of surveillance implementation. To strengthen the NHL Biosafety and Biosecurity level, the laboratory was supported to assess access control installation. The country will, in the near future, be assisted in installing access control.

A Materials Transfer Agreement Plan for the National Health Laboratory was developed. This will provide a controlled use and sharing of laboratory specimens and associated data to standardise laboratory operational systems.

WHO supported strengthening laboratory data management by engaging a monitoring and evaluation officer. This improved data sharing with WHO and improved accuracy and timely reporting of COVID-19 cases.

In 2023, WHO facilitated the printing of the Botswana NHL Strategic Plan document and conducted a successful dissemination and launch by the honourable Minister of Health.

▸ COVID-19 Case Management Capacity Building

Strong case management remains a cornerstone in response to any public health emergency (PHE), including humanitarian emergencies. Learnings from the COVID-19 pandemic highlight the importance of a country having a strong emergency response system, like a well-trained workforce. It was widely appreciated that healthcare workers in Botswana had a gap in terms of approach to emergencies, therefore it was vital to empower them with knowledge that improved their skills and standardised their approach to emergency situations through training Basic Emergency Care (BEC). As a result, 5 cohorts were trained, resulting in accredited providers in 8 Botswana districts. This resulted in 127 trained providers, 24 registered trainers and 6 master trainers.

Most emergencies are unique and require a specialised, systematic response, which can improve health outcomes and the burden of disease. Appropriate emergency response requires knowledgeable and experienced personnel. Patient care systems need to be integrated and standardised to maintain quality of care and ease of information sharing between facilities; it is essential to develop a network between emergency care facilities to improve accountability and patient outcomes.

Dr. Ndeke (BEC Facilitator) outlines the difference between adult and child airway management.

Dr. Francis demonstrates paediatric airway manoeuvres during the Ngami District BEC Training (October 2022).

Basic Emergency Care Training

The WHO/International Committee of the Red Cross BEC course presents a critical opportunity for Botswana to enhance its emergency care capabilities and improve the quality of care delivered to patients. This course, tailored to equip healthcare providers with essential skills in managing undifferentiated patients, is particularly pertinent in a country like Botswana, where the vast terrain and considerable distances between health posts and referral facilities pose significant challenges to timely access to emergency care.

By integrating the BEC course into Botswana's healthcare system, the MoH benefits from improved quality of emergency care and strengthened emergency response capacity. Feedback from trained providers has shown that dissemination of BEC training enhances patient outcomes. This efficient course benefits the adult population, as well as maternal and paediatric patients.

BEC has been successfully rolled out in 10 health districts with the successful accreditation of 181 BEC providers. A total of 68 BEC facilitators have been inducted in the various districts and are expected to continue capacity building at district and facility levels. Botswana has graduated 10 BEC master trainers who oversee training to assure quality and affirm accreditation.

Dr. Francis, Dr. Ntenegi, Dr. Mathambo, Dr. Lekang, Dr. Mokgwathi are some of Botswana's BEC Master Trainers delivering BEC ToT Training in Francistown (June 2023).

BEC Master Trainer Dr. Brenda Misore (far right) guiding participants on paediatric manoeuvres at the Ngami District BEC Training (October 2022).

Skill demonstrations by BEC Participants during the Mahalapye-Kgatleng Districts training (December 2022).

Dr. Lekang (BEC Country Coordinator) demonstrating airway management during the Greater Gaborone and Francistown Districts BEC ToT Training (June 2023).

BEC Training Faculty and Participants at the Mahalaye and Kgatleng Districts BEC Training (December 2022).

Award ceremony following the Phikwe Palapye Districts BEC Provider Training (December 2022).

Participants selected for BEC ToT training from the Ghanzi District (October 2022).

The team of facilitators at the first EMT induction training in Palapye (February 2023): Dr. Mukhanana and Dr. Solms-Coetzee (Namibia EMT), Dr. Madidimalo (WHO Botswana), Dr. Martinez (EMT Regional Training Centre), Dr. Kauta (Namibia EMT) and Dr. Ntenegi (WHO Botswana).

National Emergency Medical Team

The Botswana MoH embarked on a pivotal initiative aimed at improving the nation's emergency response capabilities. With the support of the WCO, 2 Emergency Medical Team (EMT) member induction training sessions were conducted, with the primary objective of preparing healthcare workers to form Botswana's inaugural EMT. These vigorous sessions (held in February and October 2023) produced 80 accredited EMT members, who are skilled healthcare workers equipped to respond to disasters.

This initiative marked a significant stride towards achieving international classification for Botswana's EMT. The Government of Botswana has demonstrated unwavering commitment and continuous support for the implementation of the National EMT initiative across all its pillars. This commitment underscores Botswana's determination to prioritize the safety and well-being of its citizens and contribute meaningfully to regional and emergency preparedness efforts.

A 10-step roadmap has been developed under the guidance of AFRO and AFRO Emergency Hub. This tool will guide implementers on essential steps to be completed to obtain international classification. Following the EMT implementers meeting in November 2023, it was decided to develop a Type 1 Fixed EMT. This decision was made considering the capacity of the local workforce and common incidents that occur in Botswana.

Botswana EMT members after completion of the week-long induction training in Palapye (February 2023).

Botswana EMT members during access negotiation simulation exercises in Palapye (February 2023).

WHO Emergency Care Systems Assessment – Emergency Care Toolkits

The WHO Emergency Care System Assessment (ECSA) is a comprehensive tool developed by WHO to evaluate and strengthen emergency care systems in member states. This tool provides a structured framework for assessing various components of emergency care delivery, including infrastructure, human resources, equipment, protocols, and quality of care.

Botswana has made a strategic decision to adopt the ECSA Emergency Care Toolkits (ECTs) for use in its public healthcare facilities. These tools have been developed based on international best practice and promote systematic management of patients in healthcare facilities. Adoption of these tools allows for standardisation of emergency care practices, resulting in improved patient outcomes, and enhanced emergency response.

To facilitate the adoption and integration of the ECSA ECT, 4 healthcare workers received training on the toolkit. The introduction of the ECSA ECT aligns with Botswana's existing initiatives in emergency care. Botswana has already introduced the EMT and BEC courses, both of which are elements of the ECSA. These tools will provide healthcare providers with standardised guidelines and decision-making algorithms for managing emergencies.

CHALLENGES

- Delays with nomination of participants (healthcare workers) to be trained.
- Limited pool of specialised healthcare workers available for training.
- Delays with sourcing of training materials.
- Training in emergency care requires a wide variety of simulation devices for demonstration purposes, with larger groups of participants requiring multiple stations. Shortages of demonstration materials greatly impacts the quality of training and accreditation.

NEXT STEPS

- Adherence to the developed EMTs roadmap on the path to Botswana EMT classification.
- Advocacy for funding to support the MoH in sourcing quality simulation devices to aid case management training.
- Continuous review of databases of accredited emergency care providers and national EMT members.
- Continuous healthcare worker capacitation with relevant materials and simulation exercises.
- Support of the introduction and rollout of the WHO ECSA ECT to the Botswana healthcare system.

Representatives from Botswana after completion of the week-long Inter-Regional ToTs on WHO ECT in Nairobi, Kenya (November 2022).

Dr. Ntenegi, Case Management Officer, WCO Botswana following a presentation on Medical Emergency and Trauma Checklist the Inter-Regional Training of Trainers on WHO Emergency Care Toolkit in Nairobi, Kenya (November 2022).

Strengthening implementation of International Health Regulations (2005)

By February 2023, with WHO technical support, Botswana successfully conducted two State Party Annual Assessment and reporting on IHR (2005) capacities. These assessments revealed progress and identified areas for improvement. Published on the global IHR monitoring platform, the report provides a foundation for prioritising activities to enhance capacity.

In collaboration with other partners, the CDC, George Town University, and WHO supported the first critical milestones of establishing **Botswana Public Health Institute (BPHI)**. As a member of the BPHI Reference Group and the Technical Group, WHO provided leadership and guidance in shaping the critical activities under each function of the BPHI, namely surveillance, PHE, workforce development, laboratory, and health research and development. WHO also contributed to and guided the drafting of the legal framework and the BPHI policy. In 2023, the support included revising policies, and developing work plans, legal instruments, guidelines, and standard operating procedures (SOPs). These efforts aimed to align the mandate of BPHI with current trends and the Public Health Act, and contributed to the strengthening of the operationalisation of the BPHI.

As the convener of **One Health in Botswana**, the MoH was supported to organise a successful one-day stakeholder sensitisation meeting in June 2022. This meeting brought together the leadership of the MoH, Ministry of Agriculture, Ministry of Environment and UN Agency Heads (WHO, Food and Agricultural Organization (FAO), World Organization for Animal Health (WOAH), and UN Environment Programme (UNEP)) to discuss a way forward in establishing and operationalising Botswana's One Health platform.

The One Health approach fosters collaboration between human, environmental and animal health. The team was oriented on the One Health approach and global strategic frameworks. The next steps included, among others, development of a costed One Health Strategic Plan (2022–2027) for Botswana, establishing a One Health Technical Committee in Botswana and developing a draft action plan.

Botswana conducted a Joint External Evaluation self assessment on IHR capacities in 2023. Participants were multi-sectoral TWG and partners BPHI, Ministry of Agriculture, FAO, WOAH and WHO. The purpose was to internally measure capabilities on specific core capacities and progress made on each for preventing, detecting, and rapidly responding to public health threats, naturally occurring, deliberate or accidental and to ascertain whether there have been improvements on previous **Joint External Evaluation** scores for 2017.

The internal assessment identified the most urgent needs in Botswana's health security system and need to prioritise and enhance preparedness, operational readiness, and response. Its findings will be used to update the **National Action Plan for Health Security (NAPHS)**. WHO initiated in 2022 the review of the NAPHS by convening an IHR technical working group. The updated NAPHS will include a 5-year NAPHS monitoring framework and a costed annual NAPHS operational plan based on prioritisation of activities that can be achieved in the shortest period.

In April 2023, Botswana, supported by WHO, conducted a workshop using the **Strategic Tool for Assessing Risk (STAR) for health emergency planning.** The workshop systematically identified hazards and assessed their risks for use in the planning of health emergency management. The STAR report is currently being used for the development and updating of the National Emergency Response Operational Plan and hazard-specific contingency plans.

Dr Katse, MoH, facilitating one of the Strategic Tool for Assessing Risks (STAR) sessions.

STAR workshop participants with senior officials: Seated second from right Dr Tshepo Machacha (Deputy Permanent Secretary MoH), Dr Josephine Namboze (WR), and Dr Pamela Smith Lawrence (Director Health Services).

Figure 24: Botswana Risk Matrix

IMPACT →	Very unlikely	Unlikely	Likely	Very Likely	Almost certain
Critical				▸ Antimicrobial resistant microorganisms	
Severe		▸ Earthquake	▸ ILIs/SARI ▸ Cholera/ Acute watery diarrhea	▸ Ebola virus disease	
Moderate		▸ Anthrax	▸ Chemical agents ▸ Measles/Rubella	▸ Transportation accidents	▸ Under 5 diarrhoea
Minor			▸ Poliomyelitis ▸ Drought	▸ Fire ▸ Flood	
Negligible					

LIKELIHOOD →

Source: STAR 2023

One output of the workshop was information on the seasonality of some of the hazards (see Figure 25).

Figure 25: Seasonality of Hazards

Specific Hazard	Risk Level	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Antimicrobial resisting microorganisms	Very high												
Under 5 Diarrhoea	High												
Transportation accidents	High												
ILIs/SARI	High												
Cholera/Acute Watery Diarrhoea	High												
Ebola virus disease	High												
Fire	Moderate												
Chemical agents	Moderate												
Measles/Rubella	Moderate												
Earthquake	Moderate												
Flood	Moderate												
Poliomyelitis	Low												
Anthrax	Low												
Drought	Low												

As part of emergency preparation and operational readiness, the national and district health teams were convened to perform **cholera risk assessments and contingency planning** following a reported surge in cases in neighbouring countries.

Technical response pillars, partners, and stakeholders were convened to conduct a workshop to develop a cholera contingency plan under the nine pillars of cholera response. Additionally, a cholera readiness checklist was completed to identify gaps and to guide the development of an activity plan for implementation, prevention, and control.

Regarding **strengthening surveillance,** WHO supported the roll-out of **the third Generation IDSR Technical Guidelines** (which has significantly improved performance indicators) to all 27 health districts. Notable improvements include enhanced timeliness and completeness of reporting, updated graphs, tables, charts, and improved response to outbreaks at district level. From November to December, 10 health districts rolled out training covering thirty health facilities and 126 health workers.

The MoH, with WHO support, organised a training workshop (19-23 June 2023) to address the identified gaps in **disease surveillance reporting** with a focus on data management and analytics. The training aimed to strengthen capacity in data analysis, visualisation, and GIS mapping in IDSR to improve detection and response to public health emergencies. The surveillance system detected a surge in mumps cases, particularly in the Goodhope and Greater Gaborone regions. WHO provided guidance in the development of a mumps contingency plan, surveillance tools, and training for districts to enhance preparedness, prevention, and control.

To ensure that Botswana is part of the **epidemic intelligence from open sources initiative (EIOS)** initiative and to collaborate with other member states for the improvement of public health intelligence for early disease outbreak detection, WHO supported the training of twenty-seven participants from various ministries, including the MoH, Ministry of the Environment, Ministry of Agriculture, and WHO. Thereafter, Botswana was included in the AFRO Region EIOS community of Practice. The country has already started developing and implementing the EIOS dashboard and routine media monitoring for priority public health diseases and conditions.

Participants of the Epidemic Intelligence from Open Sources (EIOS) Training

Joyce Nguna from WHO Regional Office for Africa assists participants

IMPLEMENTATION OF THE Emergency Preparedness and Response Flagship Initiatives

The WHO Emergency Preparedness and Response Flagship Initiatives seek to ensure health security in the African Region and build upon existing infrastructure to establish a well-organised partner support system that augments national capacity when needed by incorporating lessons learned from COVID-19, Ebola, and other health emergencies.

The three flagship projects are: Promoting Resilience of Systems for Emergencies (PROSE), Transforming African Surveillance Systems (TASS), and Strengthening and Utilizing Response Groups for Emergencies (SURGE). Ensuring that Botswana has sufficient human and material resources, efficient communication capabilities, cohesive coordination mechanisms, and strengthened surveillance systems, the country embraced the implementation of the **SURGE** and **TASS** initiatives.

SURGE has four pillars: workforce development, response readiness and coordination, operations and logistical support, and risk communications and community engagement. SURGE was embraced by partners, UN Botswana, and NGOs and with support from WHO, the country committed to the implementation of activities in SURGE work plan under the four pillars. Tracking of SURGE work was done through a monthly tracker tool and reported to AFRO. This started with a high-level event organised to launch the SURGE and TASS initiatives. During this event, the Honourable Minister of Health (on behalf of the government of Botswana) and a WHO Country Representative signed the MOU.

SURGE Workforce Development

Initial mapping of the national workforce capacity for emergency response resulted in the selection of seventy national experts from various government sectors. These experts were trained to strengthen Botswana's ability to respond to, and recover from, health emergencies. These individuals are now included in the AFRO database for roster of experts and are ready for deployment within 24-48 hours in-country or in other countries in the region.

The SURGE members communication platform was initiated to ensure regular engagement on emergencies and outbreaks in the region. Botswana's Government showed high-level commitment and continuous support on the implementation of the SURGE initiative across its four pillars.

The signing of the agreement between w and WHO for the implementation of the SURGE initiative in Botswana (August 2022).

Through the SURGE initiative, eight vehicles were donated to the Government of Botswana to support response to outbreaks and emergencies.

Operationalisation of African Health Volunteers Corps (AVoHC)-SURGE Initiative in Botswana

AVoHC-SURGE Botswana team members were deployed to investigate and respond to disease outbreaks reported in the country, including polio, measles, malaria, and mumps. Some members were also deployed by AFRO and GOARN to respond to a cholera outbreak in Malawi and Kenya, and a diphtheria outbreak in Nigeria and other countries.

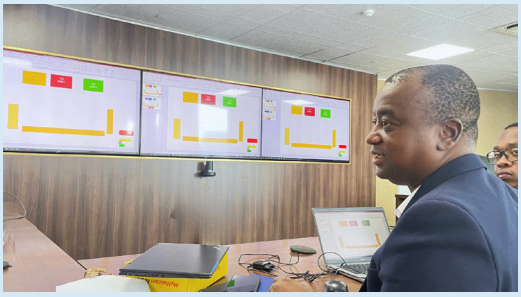
Joshua Tim, AVoHC-SURGE team member during his deployment in Malawi to provide support during the cholera outbreak of March 2023.

In November 2023, the Botswana AVoHC-SURGE team showcased the initiative during the 3rd edition of the Conference on Public Health in Africa (CPHIA) in Lusaka, Zambia.

At a special side event during the WHO Regional Committee for Africa in August 2023, Botswana AVoHC-SURGE members showcased the flagship programme, highlighting its effectiveness in responding to internal and international emergencies.

eLearning Hub for emergencies

For the continuation of these exercises, with AFRO's technical support, Botswana established a digital learning platform for emergencies. The platform facilitates continuous capacity building of SURGE Members on emergency preparedness and response and connects with AFRO and other countries worldwide.



Public Health Emergency Operations Centre Simulation Exercise

WHO AFRO organised a facilitated simulation exercise for all 47 countries. A total of 41 Botswana SURGE members participated in the exercise.

Workshop on Operations Support, Logistics, and Asset Management for Emergency Preparedness and Response

In response to the increasing frequency and complexity of natural disasters, an AFRO/Nairobi OSL team of SURGE Members organised a workshop for district and national officers on operations support, logistics management, and asset management. The training emphasised optimising asset use during emergency preparedness and response.

CHALLENGES

- Slow uptake of core interventions due to critical shortages of human resources, coupled with high attrition under PHE Management, BPHI, and IDSR-TASS Programs.
- Lack of a suitable physical location for the PHE Operations Center (PHEOC), resulting in establishment delays.
- Draft of emergency plans, procedures, and SOPs not signed off and disseminated, impacting grassroots-level emergency management.
- Lack of a clear EPR programme structure in the MoH, leading to weak coordination and role clarity.
- Slow implementation of priority activities outlined in the NAPHS due to lack of ownership from the MoH. No one was designated the NAPHS implementation officer.

NEXT STEPS

The following steps are crucial for the continuous improvement of Botswana's emergency management capabilities:

- Advocate with MoH leadership for the prompt identification of a suitable space for the establishment of A PHEOC, essential for effective coordination of public health emergencies.
- Advocate for the creation of staff positions for programmes under health emergencies to align with required skill sets.
- Continue capacity building in all aspects of emergency management to address gaps identified by E-SPAR, STAR, and JEE assessments. This is vital in ensuring Botswana has the capacity and capability needed to prevent, prepare, detect, and respond to emergencies.

Conclusion and recommendations

Recommendations for improving emergency responsiveness:

- Formulate a clear strategy on how to improve current DHIS 2 server capacity and train end-users (using e-training where possible).
- Conduct regular simulation exercises for rapid response teams to maintain knowledge and skills, test systems and exercise procedures for priority risks in line with the national/district risk assessments.
- Introduce e-IDSRs a real-time reporting tool in the country to improve timeliness at all levels.

Botswana continued implementing a national multi-sectoral strategy for the prevention and control of NCDs.

HEALTHIER Populations

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. During the biennium, Botswana continued implementing a national multi-sectoral strategy for the prevention and control of NCDs (2018-2023), with a focus on reducing the burden of NCDs and their modifiable risk factors through evidence-based and cost-effective approaches and partnerships.

ACHIEVEMENTS

WCO provided technical support to the MoH and the National Health and Social Development Thematic Working Group in the development of national health priorities for the NDP 12. In addition, an informal national think tank for **Health Promotion and Social Determinants of Health** was established from a multi-sectoral team that attended a regional social determinants of health meeting in Mombasa, Kenya. The team comprised representatives from the MoH, National AIDS and Health Promotion Agency, UB, Society of Road Safety Ambassadors and WHO. During this meeting, a Social Determinants of Health Agenda was proposed and its implementation was advocated for.

Key health days were successfully commemorated and coordinated with key stakeholders and hosted by different communities. Botswana's first World **Palliative Care Day commemoration** was held in 2022 in Francistown with support from the MoH, and in collaboration with WHO Botswana. Present at the occasion was the Honourable Assistant Minister of Health (Mr. Lelatisitswe Setlhomo), a Member of Parliament (Mr. Winter Mmolotsi), Deputy Chair of the City Council, and from the UN family, WHO.

World AIDS Day Commemorations were held in 2022 and 2023. Since the height of the epidemic in the 1990s, Botswana has been committed to joining the global community in this annual commemoration. The districts normally selected for commemoration are those that have made significant achievements and learned valuable lessons that need to be shared with the rest of the country. The UNAIDS champion for this day is Her Excellency, the first lady of Botswana, Mrs. Neo Jane Masisi, who was also recently nominated as the Youth Ambassador for UNAIDs.

Botswana concluded a pilot project on testing the global standards for the **Health Promoting School Initiative**. Three schools from strategically selected areas of the country implemented the standards and the experiences and lessons learned were shared with WHO. The selection ensured a fair urban vs rural and public vs private coverage.

The following schools were selected:

- Bothakga Primary School (public) in the town of Lobatse.
- Mahupu Combined School (public, junior and senior secondary) in rural Takatokwane.
- Mophato (private primary and secondary schools) in Francistown.

World Palliative Care Day
2022

World AIDS Day Commemorations
2022 & 2023

World Patient Safety Day
2022 & 2023

The revised **School Health Policy** was also finalised and submitted to authorities for approval.

Regarding **Road Safety**, Botswana completed and submitted its contribution to the Global Status Report on Road Safety. Guidance was provided on how to accede to or ratify the two selected UN Road Safety Conventions. Further guidance was provided to selected multi-stakeholder forum on road safety, two of which were convened by private sector stakeholders. Following the restructuring of the Ministry of Transport into two ministries, a consultant has been engaged to coordinate development of the national Road Safety Plan 2030 based on the Global Road Safety Plan 2021-2030.

Technical guidance with input from WHO regional and headquarters levels was provided to the MoH and Attorney General's Chambers to finalise the **Tobacco Regulations** and bring the Tobacco Control Act of 2021 into effect. WHO also provided guidance on the development of a Cabinet Memo for and on processes of ratification of the Protocol on Illicit Trade in Tobacco Products. The MoH was also guided on producing Botswana's contribution to the Global Status Report on Tobacco Control. At the end of 2023, preparations were advanced for the Global Youth Tobacco Survey in collaboration with AFRO and the CDC. Twelve NGOs were funded by the Tobacco Levy Fund for advocacy and awareness creation.

A High Court Judge, a Magistrate and two lawyers were appointed to focus on tobacco industry interference and the law. The intention was to ensure capacity for when the industry litigates against government on tobacco control. The tobacco levy committee was also trained on identifying links between tobacco, NCDs and the broader social impact as they consider proposals for funding and provide oversight on utilisation of levy funds. Botswana was supported to attend the AFRO pre-COP10 and pre-MOP3 preparations and engage with broader tobacco control issues, including a public education campaign through civil society organisations.

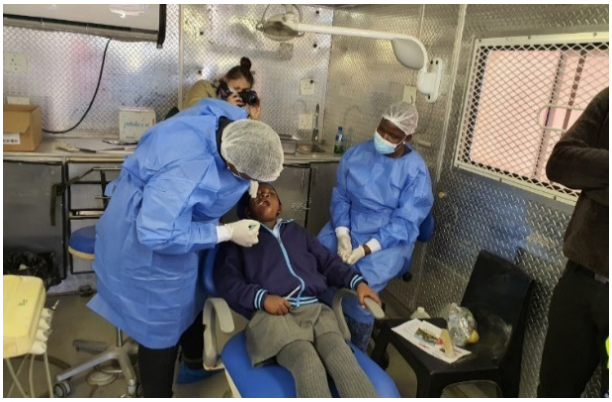
During the biennium, Botswana's first-ever **Oral Health Policy** and Implementation Framework were developed and are pending approval by authorities. Multi-stakeholder consultations (in collaboration with WHO AFRO) were held and a plan was developed to phase-out mercury in dental materials.

Addressing **nutrition** involved finalising the plan for Accelerated Action on Obesity and initiating implementation of strategic actions (especially evidence gathering and collation on the sugar-sweetened beverages tax) to advocate for improvements in the scope of the legal instrument, size of the tax and utilisation of the funds. At the same time, parliament secured approval to build recreational parks using the health tax funds.

Botswana also successfully applied for the CODEX Trust Fund and will be using the funds to strengthen national capacity on CODEX and broader food safety issues.

Part of the presentation by one of the pilot districts on Global Standards for Health Promoting Schools.

WCO OIC, Dr Juliet Bataringaya, lighting the candle for the Minister of Transport, Hon. Eric Molale, in remembrance of victims of road traffic accidents in 2023.



A learner having her teeth checked in a mobile dental clinic during World Health Day commemorations.

Strategic tools like the National Food-based Dietary Guidelines, National Food Fortification Strategy and others were also developed. All these were achieved with support from WHO AFRO and headquarters.

Successful NGOs received funding from the **Alcohol Levy Fund** for advocacy and awareness creation using conventional in-person, multi-media, and social media approaches. A cohort of substance use therapists was trained and licensed to help address the growing burden of drug and alcohol abuse. Preparations are underway for a national conference on substance abuse (with a particular focus on drug abuse).

The all-hazard **Risk Communication and Community Engagement (RCCE)** Strategic Plan and SOPs were finalised and validated by stakeholders. They await final approval by authorities and subsequent printing and dissemination. The documents were developed through the SURGE initiative. A cholera preparedness RCCE plan was developed in addition to ongoing public education campaigns, in response to a surge in cholera cases in neighbouring countries. WHO and UNICEF supported and guided government efforts during the polio campaign.

The **NCDs** Investment Case has been finalised and is awaiting launch and dissemination. Botswana hosted the first meeting on testing the concept of a tool to help countries meaningfully and ethically engage the private sector in NCD prevention and control. This was facilitated by a team from the Global NCD Platform, led by its Director Dr Svetlana Akselrod.

The **Mental Health Act** was approved by Parliament in 2023. A new Mental Health Advisory Board was elected to provide guidance and oversight on mental health issues. Preparations for a **Mental Health** investment case are ongoing.

WR Dr Namboze (2nd right) addressing parents at the start of the polio vaccination campaign in Kasane. With her are the Kasane Council Chairperson (seated), District Commissioner, DHMT Head and District Matron (to her left).

Public education with a government vehicle public announcement system donated by WHO.

Hon. Minister of Health Dr Edwin Dikoloti (red tie), WR Dr J. Namboze (red and black), Global NCD Platform Director Dr Svetlana Akselrod (red top), Dr Katia De Pinho Campos (to her right) and senior MoH staff.

CHALLENGES

Slow pace of implementation and unplanned/emergent activities like the polio campaign that engaged staff for several months.

NEXT STEPS

Agree on selected key deliverables, including concluding ongoing activities, and ramp up good practices and lessons learnt from this biennium. Examples include upscaling Global Standards for Health promoting schools from lessons picked from the successful pilot, strengthening nutrition and food safety leveraging the successful application for money from the CODEX fund, and implementation of the accelerated STOP Obesity plan. This will include getting the All-Hazard RCCE Strategic plan and SOP approved for emergencies. Awareness campaigns will continue, as will capacity building activities. Focus will be on entrenching an All of Government and All of Society approach to promoting and protecting health and wellbeing.

Reliable, timely, affordable and accessible data with a focus on equity and gender are fundamental to effective monitoring and decision making.

MORE EFFECTIVE AND Efficient WHO

I. Health Data and Innovation

Reliable, timely, affordable and accessible data with a focus on equity and gender are fundamental to effective monitoring and decision making. WHO supports strengthening country information systems for health, including civil registration and vital statistics, promoting digital and innovative approaches to improve health information systems, and building sustainable institutional country capacity. Interventions include building research and innovation capacity to enable the scaling up and integration of innovations into health systems and strengthening monitoring of progress towards the Sustainable Development Goals, 13th General Programme of Work, and UHC.

ACHIEVEMENTS

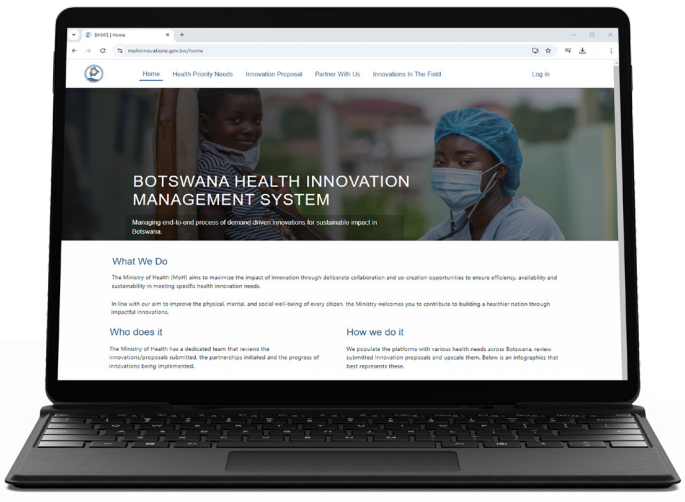
Botswana Health Innovation Management System

In line with resolution AFR/RC70/R3 on scaling up innovations in the WHO African Region, the MoH requested WHO to support development and implementation of an integrated innovation management platform, now referred to as the Botswana Health Innovation Management System (BHIMS). The objective was to establish an end-to-end approach on how innovations are managed at country level through an integrated e-health platform that facilitates identifying, scaling up of prioritised innovations and monitoring impact and scale-up.

The role of the platform would be to facilitate harnessing and fostering the development of health innovations that can be sustainably scaled up to respond to the health needs of the country. The MoH established a core team under the Department of Health Service Monitoring Evaluation and Quality Assurance. The core team worked with the technical experts from WHO to plan for a country mission from 24 February to 4 March 2022 during which the following was accomplished:

- Comprehensive stakeholder mapping and consultation
- Design of the innovation system cycle and e-Workflow
- Documentation and review of system roles and permissions
- Assessment of user experience, usability of platform, documentation, and resolution of errors
- Development of monitoring and evaluation framework
- Review of the relevant submission forms (needs creation, innovation proposal submission, and partnership declaration forms)
- Establishment of preferred architecture for media and file storage on the platform

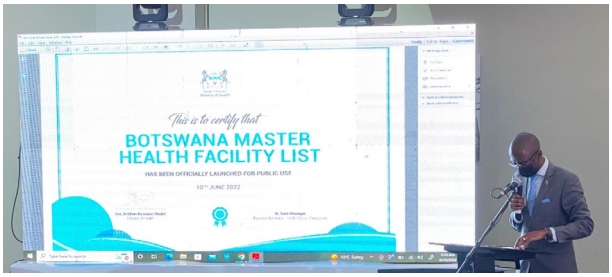
System users were identified and trained. Through the platform, the MoH will be able to highlight priority health needs or challenges that need innovative solutions, systematically evaluate innovations that could address these health challenges, identify and align suitable partners to support the innovations, and systematically monitor the various innovations that are being scaled up at country level.



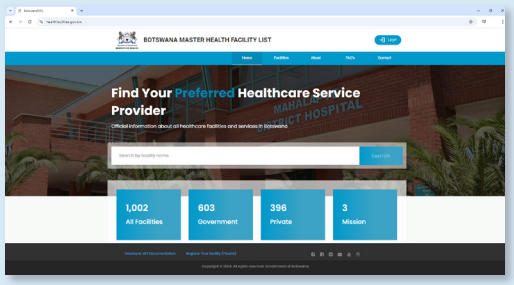
The BHIMS is expected to drive greater impact through coordinated actions, build a transparent innovation pipeline, align partners and innovators around priorities, foster strong collaboration with innovation funders and a mature innovation pipeline, support transition to scale for successful pilots/innovations, provide knowledge for policy and decision making, provide robust analytics for monitoring and evaluation of innovations and support the development of an evidence-driven country innovation strategy. The BHIMS will be launched in 2024.

Botswana Health Master Facility List Launched

The MoH officially launched the online directory of health facilities for public use on 10 June 2022. The Botswana web-based master facility list (MFL) is the primary source of information on Botswana's health facilities, including public and private, operational, yet-to-be-operational, and non-operational. The MFL includes data elements like name, type, location, health services, operational hours, number, and cadre of staff. It will improve the visibility of all local health facilities and their respective services.



It is envisaged that the MFL will be used for disease surveillance, supply chain management, and health management information systems, among others.



The landing page of the web-based Botswana Health Master Facility List

In addition, the MFL will facilitate the exchange of information, implementation of common facility standards, and support monitoring of infrastructure and services across the health system.

The MoH partnered with the Botswana Institute for Technology, Research and Innovation (BITRI), a parastatal under the Ministry of Tertiary Education, Research, Science and Technology to develop the PEPFAR-funded MFL. Other collaborating partners include WHO, CDC, UNICEF, Statistics Botswana and the Department of Mapping and Land Surveys. Plans are underway to align the Botswana MFL to the Global Health Facility Database.

Strengthening COVID-19 Vaccination Data Quality

As part of the COVID-19 vaccination data quality improvement, WHO supported the MoH in undertaking several activities, including technical meetings for data review, analysis, incorporation of Phase 4 and boosters in the COVID-19 vaccination reports, as well as conducting COVID-19 vaccination data verification in all 27 DHMTs.

The process involved a physical comparison of all vaccination reports received at the national level with data backups/documentation available in the districts. The exercise included reviewing registers and DHIS 2 reports, accounting for discrepancies identified, and addressing data quality gaps. The overall objective was to improve COVID-19 vaccination (uptake and coverage) data quality in all DHMTs.

COVID-19 vaccination data verification aimed to:

1. Verify the MoH's daily report data against daily district reports.
2. Verify all numbers of antigens received, administered, and wasted by districts against what was issued by the central medical stores.
3. Confirm the accuracy of vaccination data in all DHMTs.
4. Assess and minimise human and system errors in COVID-19 vaccination data management.
5. Establish district data management successes and challenges.

Health Data Communication Bootcamp with OECD and Statistics Botswana, December 2022

The exercise reviewed vaccination data from 26 March 2021 to 31 July 2022. Five indicators were verified: vaccination uptake by dose regimen, vaccination coverage, vaccine administration by type, vaccine wastage by type of vaccine, and AEFIs by outcome/severity. Teams consisting of 4 members each (team lead, logistics, child health, and M&E) from different units (MoH, DHMTs, central medical stores, child health programs and COVID-19 Logistics) were assembled.

Before fieldwork, teams were oriented on verification processes. Feedback was used to refine the field processes and practices. The field exercise was undertaken from 8-26 August 2022. The exercise revealed that districts were more likely to under-report than over-report. Indicators were, on average, under-reported by 5-6% (Table 2). The detailed report shows disaggregation by district and indicator.

As part of the COVID-19 vaccination rollout, districts implemented various innovative mechanisms to scale up COVID-19 vaccination, encourage rapid vaccine uptake, and submit daily vaccination reports to the MoH. During the verification process it was noted that some facilities did not send their vaccination summaries to a central location for consolidation, which affected data quality.

There were some gaps in disaggregation by age group and a weakness in reconciling summaries uploaded into DHIS 2 and records submitted to DHMTs. Data handling and quality were also compromised in the process of transitioning data entry from temporary staff (whose contracts were ending) to new data clerks engaged by implementing partners. Regarding vaccine wastage, the results of the data verification show that Johnson & Johnson had more wastage compared to other vaccine types whereas Sinovac has the lowest wastage (Table 3).

Table 2: Results of the Verification Exercise by Indicator

Indicator	MoH Reported	Verified	Verification factor
Number of people fully vaccinated	1,371,067	1,449,216	106%
Number of people who received at least one dose of two-dose regimen	1,012,567	1,065,902	105%
Number of people who received the second dose of a two-dose regimen	883,086	932,505	106%
Number of people who received one dose of a single-dose regimen	487,981	516,711	106%

Table 3: Total Wastage by Vaccine Type

Region/District	AstraZeneca	Sinovac	Pfizer	Moderna	Janssen
Bobirwa	26	62	228	880	26
Boteti	40	320	558	670	0
Charleshill	200	0	0	760	0
Chobe	108	13	2,181	941	121
Francistown	249	1,072	2,836	1,372	749
Gaborone	1,079	433	3,139	19,478	1,276
Ghanzi	670	0	0	220	885
Goodhope	128	59	793	974,5	580
Jwaneng	155	90	573	520,5	167
Kanye	0	0	0	0	0
Kgalagadi North	88	116	515	171	256
Kgalagadi South	916	3	6,561	513	158
Kgatleng	1,230	1,393	2,740	12,43	20,973
Kweneng East	19,846	894	4,464	605	1,183
Kweneng West	4,409	1,005	3,400	4,531	2,999
Lobatse	258	24	94	117	3
Mabutsane	93	17	72	150	690
Mahalapye	1,324	101	904	708	588
Moshupa	0	0	0	0	0
Ngamiland	394	285	1,194	1,820	195
Northeast	919	266	1,361	1,020	4,719
Okavango	220	0	450	1,960	5,510
Palapye	810	298	2,456	1,011	8,654
Selibe Phikwe	0	0	2,418	0	0
Serowe	480	83	396	150	8,685
South East	179	120	440	474	254
Tutume	1,125	129	1,676	2146	217
GRAND TOTAL	**34,946**	**6,783**	**39,449**	**42,435**	**58,888**

Health Data Communication Bootcamp with OECD and Statistics Botswana, December 2022

The challenges noted in logistics data management included a lack of feedback mechanism (no reverse logistics and reports, returns) between the M&E, pharmacy and central medical store to manage vaccine data; a weakness in monitoring of vaccine consumption data and wastages at DHMT pharmacy; poorly coordinated and documented re-distribution of vaccines; poor record keeping (delivery notes not signed, missing bin cards and delivery notes); and lack of vaccine wastage reported in all DHMTs. Other challenges included shortage of transport, workforce and IT equipment, multiple reporting systems, late reporting and report non-submission. A second verification exercise is recommended after 6 months to follow up with districts on progress in addressing the challenges identified in the first exercise.

CHALLENGES

Overall, challenges related to health information systems involve the existence of various data collection and storage platforms across the country, and across the levels of care (IPMS, PIM, DHIS2, OpenMRS, etc.), which require harmonisation. The sector is experiencing a shortage of human resources in health facilities at various levels of the health system, including health information systems, and monitoring and evaluation. Unreliable internet affects real-time data transmission and fast decision making.

NEXT STEPS

- Optimise the DHIS2 platform following procurement of new servers to boost system capacity. User training will be presented and dashboards will be created for regular monitoring of health system performance.
- The BHIMS was launched in the first quarter of 2023. This system is the integrated e-health platform through which innovations are managed end-to-end. BHIMS will facilitate identifying, scaling up of prioritised innovations and monitoring impact and scale up.
- Build capacity of health workers in medical certification of cause of death, verbal autopsy, transition from ICD10 to ICD11 and update of the Civil Registration and Vital Statistics Strategy to improve quality of morbidity and mortality statistics.
- Support the MoH in the development of the Telemedicine Policy to guide the use of technology in improving health outcomes.

II. The Country Support Unit

Human resources

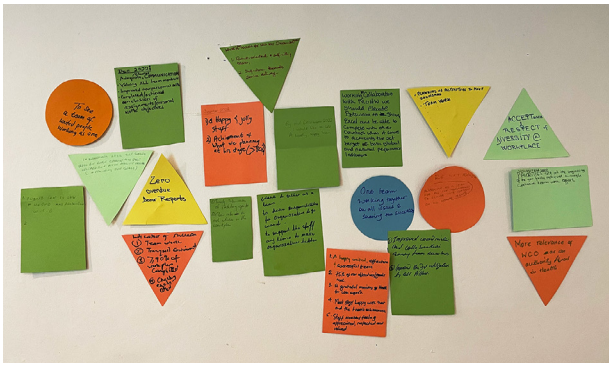
From 2022-2023, the WCO continued the functional review implementation. The recruitment of three resources were initiated and included: ICT and Asset Assistant, Senior Management Officer (SMO) Assistant, and EPI/RMNCAH National Officer. By the end of 2023, only the first two positions were filled, while recruitment for the latter was still in progress.

Ms. Onalenna Rammekwa joined the office in 2022, assuming the role of Operations Officer. On 1 February 2023, an International Communication Officer was onboarded on a one-year contract. This resource was recruited through the UN Volunteer Programme (UNV), with support from AFRO.

The WCO Botswana staff complement consisted of four international professional positions (P3 grade and above), four National Programme Officers, and four general services (G grade) staff members. In addition, 150 consultants and 28 temporary staff provided service continuity and contributed to the delivery of planned activities and responses to emerging health emergencies.

At the end of 2023, the WCO separated with two long-term staff members, Ms. Julia Phadi (retirement), and Mr. Nhamo Mapuranga (redundant role).

WCO Botswana Staff Retreat Big Valley, March 2023



Vision board by WCO staff during the annual all staff retreat in 2022

The temporary complement for the communication activities highlighted the gap in this important area of work for the WCO and indicates the need for recruitment of a substantive Communications Officer during the 2024-2025 biennium.

Staff retreat in Jwaneng, February 2022.

Funding

During the PB2022-23, the allocated budget for the WCO was USD15.9 million, while USD11.4 million (72%) was available. By the end of the biennium, 90% (USD10.3 million) of the available funding was utilised. Of the Award Budget, 99% was used.

Table 4 illustrates the budget performance by programme during the 2022-23 biennial. This does not include the cost of the 155 consultants received during this period, of which five local and 150 international consultants and staff from other WCOs.

In addition to the available resources at the budget centre, there was a total cost of USD353,346 as incoming missions that were largely focused on providing technical support to various programmes. Table 5 illustrates the number of missions received and costs associated with each according to the programmes supported.

Table 4: Funding Utilisation (2022-2023)

PB2022-2023 Budget Summary							
Programme	Allocated Programme Budget	Available Funding	Award Budget	Utilisation	Award Budget Utilised (%)	Available Funding Utilised (%)	Funding Available from Allocated Budget (%)
1 UHC	4,864,841	4,668,084	3,305,399	3,302,665	100	71	96
2 WHE	924,657	448,243	591,846	543,919	92	121	48
3 HWB	616,078	71,900	128,900	128,392	100	179	12
4 EFF	3,377,854	982,913	2,041,304	2,041,128	100	208	29
10 POL	1,810,000	1,688,173	1,620,311	1,620,220	100	96	93
13 OCR	4,018,622	3,415,315	2,582,042	2,530,951	98	74	85
50 PARTNER	262,000	115,043	115,043	108,628	94	94	44
GRAND TOTAL	**15,874,052**	**11,389,671**	**10,384,845**	**10,275,904**	**99**	**90**	**72**

Table 5: Summary of In-Kind Consultants (2022-2023)

Programme	Cost (USD)	Number of consultants/staff
UHC	7,867.71	15
NCDs	45,828.29	83
Health emergencies and response	276,834.00	83
Country support	23,366.00	14
TOTAL	**353,346.00**	**155**

Financial Management

During the 2022-2023 biennium, the WCO instituted weekly finance monitoring meetings to focus on the early, appropriate, and timely use of funds, payments, review of encumbrances report, and review of all corrective actions to be taken in resource management. This approach focused on how funds are used in line with plans and re-programmed funds from the slow-utilising programmes to resolve issues related to report submission and fund liquidation, which improved the WCO fund utilisation rate and other KPIs. The payment review process focused on resolving queries related to outstanding payments, if any, and the continuous improvement on payment turn-around time.

During the biennium, the WCO implemented digital payment systems through mobile money service providers. Specifically, 12-month contracts were entered into with Mascom through their My Zaka service and Orange Botswana through the Orange Money service.

Digital payments improved the financial efficiency of the WCO, as they allowed payments to be made to the unbackable service providers, increased the geographical reach of payments, and improved overall payment turnaround time as high volumes of payments could be processed at a time. The digital payment platform also greatly supported the roll-out of the National Polio Vaccination campaign in 2023.

ICT and Asset Management

From 2022-2023, the WCO purchased four vehicles to increase their fleet to ten vehicles. The cars were earmarked to support district activities and the 73rd session of the Africa Regional Committee, as well as emergency relief efforts.

The office supported the implementation of the MoH's eLearning Hub and the installation of the DIHS2 server at the Department of Information Services. The WCO successfully completed the 2022 and 2023 asset verification processes and identified obsolete assets to be donated and sold off in 2024.

Procurement, Administration and Travel Management

The WCO developed and implemented its first procurement plan in 2023 and implemented the procurement compliance review recommendations. The procurement of all goods and services was subjected to review by the Local Procurement Committee. During the RC73, the procurement function supported all logistics associated with the receipt of incoming consignments for the WCO and the RC73 planning activities.

The procurement and administration function, with support from the WHO regional office, completed an office clean-up by disposing of obsolete reports and archiving those still in use. Throughout the biennium, the procured services were in the form of conference facility and consultancy services for capacity building initiatives, policy reviews and strategy development.

Table 6: Summary of Donations (2022-2023)

Description	Quantity	Amount (USD)
Medical kits and malaria medicines	270	20,634.00
Multi-purpose tent	4	8,323.00
Polio immunisation permanent markers	1,000	1,652.80
Rotavirus test kits	4	818.20
KMEDTESM1 drugs	3	2,373.30
Rotavirus test kits	96	818.20
Cholera test kit	5	10.00
COVID-19 test kits	400	80.00
Praziquantel medicine for schistosomiasis (cartons)	118	92,760.02
Surge response vehicles	8	180,971.37
TOTAL		**308,440.89**

Additionally, the WCO procured three vehicles, laptops, laboratory equipment, pharmaceuticals, and simulation equipment for specific programmes. The WCO also received donations to complement the ERP efforts worth USD308, 440.89 (see Table 6).

Compliance Review

In 2022, the WCO underwent a compliance review, which identified procurement, financial management, and risk management as areas of improvement. Specifically, the review process flagged the need to improve record keeping of all office proceedings and meetings. The WCO was also advised to improve procurement processes by developing and implementing an annual procurement plan, establishing a database of prequalified suppliers, and ensuring that suppliers are evaluated at the end of every contract.

In terms of financial management, the WCO was advised to reduce the use of petty cash to cover office expenses and to use the DI and DFC payments for preauthorised expenses only. In terms of risk management, the WCO was required to implement all UNDSS recommendations, strengthen the warden system, and appoint a compliance and risk management committee.

The compliance review process made 27 recommendations. By the end of 2023, eight (30%) had been fully implemented, 14 (52%) were in progress, and five (18%) had not yet started.

Table 7: Recommendation Implementation

No.	Recommendation	Status
1	OO Induction	Completed
2	Documentation of meetings	Ongoing
3	OO's occupation office	Completed
4	Appointment of local Compliance and Risk Management Committee	Completed
5	Completion of Risk Management curriculum	Ongoing
6	Review of Risk Register	Not started
7	Procurement capacity building	Ongoing
8	Procurement Planning	Ongoing
9	OMT and LTA development	Ongoing
10	Finance segregation of duties	Ongoing
11	Comprehensive review and approve Imprest documents	Ongoing
12	Certification of the DI reports	Ongoing
13	Verification of DI payments	Ongoing
14	Certification of DI payments	Ongoing
15	Monitoring of HR rules during recruitment	Ongoing
16	Medical clearances for all SSA's	Completed
17	Update of current HR files	Ongoing
18	Staff Development and Learning plan	Not started
19	Update the Asset Register	Completed
20	ICT backups	Not started
21	Implementation of UNDSS recommendations	Not started
22	Strengthening warden system	Completed
23	Establish a Fleet and Fuel Management system	Completed
24	Establish travel plans for the office	Ongoing
25	Disposal of old vehicles	Not started
26	Briefing for the Ministry of Health on WHO processes	Not started
27	Outstanding donor report	Completed

WHO Botswana PMTCT Programme briefing, Tutume

Managerial key performance indicators

At the end of the biennium, the WCO was ranked 19 out of 47 African countries for their implementation of WHO's KPIs, a decline from the position 8 ranking achieved in the 2020-2021 biennium. The WCO had successfully completed 53% of the KPIs, while the timely closure of awards, liquidation of DI funds and the lack of long-term agreements with suppliers for reduced procurement lead time saw the WCO underperform. Table 8 illustrates the country's composite ranking.

At the end of the biennium, the WCO had a 93% compliance rate for the completion of all performance management plans for staff and a 59% compliance rate for travel requirements.

A Red Cross Botswana volunteer using a PSA device during an outreach campaign in the community, February 2023

Table 8: KPI Status for the Selected and Previous Quarters

Quarter	2023 Q4			2023 Q4	
BC	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Botswana					
AFM-AWARD_CLO					
AFM-BANK_ACT					
AFM-BANK_ITEM					
AFM-DFC_AUTH					
AFM-DI_IMP					
AFM-ENC_IMP					
AFM-PAY_INV					
AFM-WP_OLD					
APS-OPS_LTA					
HRT-PMDS_EXEC					
ITM-SD-SLA					

- Internal meetings and briefings with donors are used to follow up on grant implementation. The WCO is intentional in its efforts to strengthen existing partnerships and cultivate an environment to expand and diversify the contributor landscape and collaborations.

Partnerships and Resource Mobilisation

Collaboration with stakeholders in the health and other sectors is critical for the successful implementation of WCO programmes and operations. Recognition of specific contributors to WHO and partnerships with other development programme implementers in achieving the organisation's overarching objectives, as set out in the *Triple Billion* targets is a constant.

The upper-middle-income country status makes the pool of bilateral contributors rather limited in Botswana's development sector. In this context, the partnerships concentrate on increasing community empowerment, as well as the active involvement of the private sector, civil society, academia, local government authorities, and effective development partner coordination.

Partner priorities can shift to meet changing health needs and concerns. Likewise, our partner recognition activities evolve to meet new demands and opportunities. Ongoing engagement highlights the collaborations developed in consultation with the relevant partners and will be regularly updated to reflect recent developments and achievements.

Under the MoH and WHO leadership, efforts are ongoing to improve collaboration and coordination amongst health sector partners. As such, annual sector reviews were adopted to support these endeavours.

With a traditional and close relationship between human and animal health sectors, Botswana embraces the cross-sectoral approach guided by the One Health framework. Through the One Health approach, multiple sectors, disciplines, and communities at varying levels of society work together to foster well-being and tackle threats to health and ecosystems while addressing the collective need for clean water, energy, air, safe and nutritious food, action on climate change, and sustainable development.

Other opportunities that were started but not adequately concluded, included increasing advocacy with MoH on the use of the UNV in specific areas and exploration of South-South partnerships, especially in addressing specialty care needs in the country.

The WHO Botswana web page and social media channels (X and Facebook) are important channels for external communication to ensure partner recognition. These channels showcase the impact of contributions and creates awareness of health sector areas that require future intervention.

A **Botswana Health Partners Forum** was established to discuss better ways to support the health sector and strengthen the harmonisation and alignment of partner support. Jointly convened by the MoH and WHO, the stakeholders, including the NAHPA, local Governments, bilateral and multi-lateral organisations, local and international NGOs, academia, and public and private medical aid societies, met twice during the reported period (in May 2022 and November 2023). Important to note is that the concept of the forum (as agreed between MoH and WHO) sets biannual meetings, the latest two of which prioritised presenting sector success stories over identifying gaps and specific needs for intervention with coordinated support from relevant partners.

Collaboration with Southern African Development Community

Participants at the member-states consultation meeting for the SADC Health Workforce Strategic Plan, June 2022

Since its adoption in 2019, the SADC Health Workforce Strategic Plan (2020-2030), *Investing in Skills and Job Creation for Health*, the **health workforce in SADC countries** has faced immense strain due to the COVID-19 pandemic and related health system challenges. The SADC Secretariat, with technical support from WHO, convened a member-state consultation process from 20-22 June 2022, to align the implementation of the strategic plan with the national context and consider mechanisms for monitoring the implementation of the regional and country-specific strategies across member states.

The meeting was attended by 14 of the 16 SADC member states in the region, namely Angola, Botswana, Comoros, Kingdom of Eswatini, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, United Republic of Tanzania, Zambia, and Zimbabwe. Representatives from Madagascar and the Democratic Republic of Congo were absent with apologies. The partners in attendance included the International Labour Organization and WHO (Botswana, AFRO and HQ). The meeting was officially opened by the head of delegation from Malawi (the current chair of the SADC) and facilitated by WHO and the SADC Secretariat. As a way forward, countries were tasked with finalising the roadmaps following in-country consultations. WHO would continue to provide technical support, and the SADC Secretariat would lead dissemination, advocacy, and coordination of the monitoring of the SADC Health Workforce Strategic Plan, 2020-2030. The next meeting is scheduled in 2024.

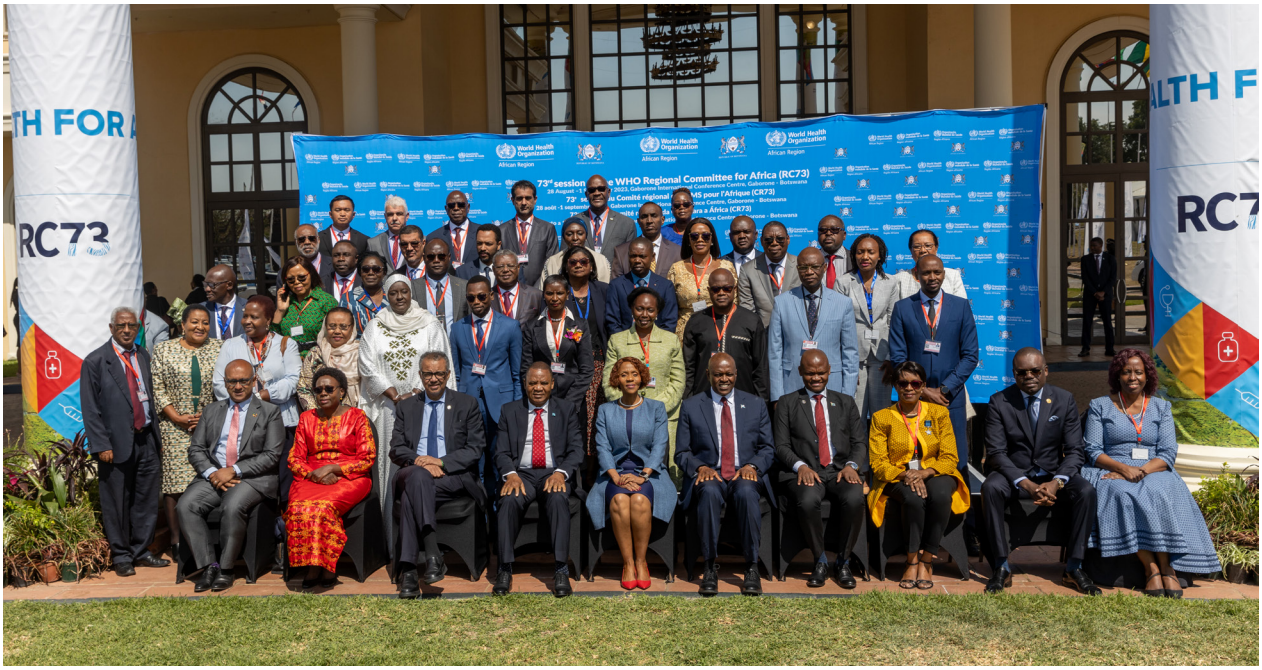
The Ministers of Health and partners responsible for HIV/AIDS, together with Senior Government Officials, were hosted in Kinshasa, DRC from 11-14 November 2022. This was the first meeting after the COVID-19 outbreak and focused mainly on combating the COVID-19 and other outbreaks in the region. It covered issues related to the ongoing response to COVID-19 and highlighted the challenges posed by other outbreaks.

The general recommendation was to prioritise **COVID-19 vaccination in SADC countries** with low coverage, especially of the primary series. Other issues were the HIV/AIDS pandemic and control of TB in the subregion, malaria control and elimination strategies, increasing challenges with malnutrition in the region (focusing on obesity) and looking at advocacy for increased funding to address these issues.

Between 25 and 29 November 2023, the Ministers for Health and those responsible for HIV/AIDs, together with senior Government officials and health partners in the SADC region, convened in Luanda, Angola to discuss progress on the region's health agenda. This forum convenes annually to reflect and allow SADC countries to learn from each other and develop common solutions to the health challenges that they are facing.

In 2023, the meeting focused mainly on **epidemic preparedness and response in the SADC region,** with a reflection on the outbreaks that have been occurring in the region, the status of HIV/AIDS pandemic, and the strategy that needs to be adopted to sustain the achievements towards elimination of the pandemic by 2030; the end malaria strategy and discussions on the value add on the adoption of malaria vaccines for high endemic countries; discussions on the high-level TB declarations and the relevant actions to be taken; updates on the harmonised regulatory system and pooled procurement; adoption of the RMNCAH score card for closer monitoring of the status in the region, and discussions on the nutrition challenges given the surge in NCDs in the region. UHC was proposed as a major item in subsequent meetings.

Other engagements with SADC have centered around the SADC Regional Strategic annual planned activities, some of which have been jointly shared by UNICEF, particularly those on nutrition and with UNFPA on SRHR and RMNCAH scorecards. The areas of pooled procurement have been discussed and will need to be followed up on to generate momentum and consensus.



The RC73, held in Gaborone from 28 August to 1 September 2023

Interactions in the UN Botswana

WHO continues to work very closely with other UN agencies. It supports the implementation of defined health priorities of the UN Sustainable Development Cooperation Framework (UNSDCF) 2022-2026. WHO participates in the following UNSDCF results groups: UN Operations Management Team; UN Communications; Monitoring, Evaluation, and Learning (MEL); Inter-Agency Team on Sexual Exploitation and Abuse (IAT-SEA); Cross-Cutting Thematic and Gender Theme Group; and Joint UN Team on AIDS.

WHO, FAO, UNEP, and WOAH work together under the One Health quadripartite for a cross-sectoral approach to health challenges faced by the country.

The RC73, held in Gaborone from 28 August to 1 September 2023, offered the WCO the unique opportunity to participate in WHO three-level engagement and intersectoral collaboration and coordination at the country level.

From left to right: Dr Josephine Namboze (WHO Country Representative), Dr Matshidiso Moeti (WHO Regional Director for Africa), Mr Zia Choudhury (UN Resident Coordinator in Botswana), and Helen Andreasson (Head of UN Resident Coordination Office in Botswana), April 2023.

The aim of the 4th WHO Country Cooperation Strategy for Botswana 2024-2027 is to ensure the greatest possible contribution to health and development outcomes.

WAY Forward

The WCO is finalising the 4th WHO Country Cooperation Strategy (CCS) for Botswana 2024-2027, which 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 NDP (2023-2025), the SDGs, the UNSDCF (2022-2026) for Botswana, and the WHO's GPW13. Five strategic priorities have been identified following a series of consultations with Botswana's MoH and other stakeholders. They are based on a critical analysis of the country's needs and the WHO's comparative advantage in addressing those needs.

The WCO will continue to strengthen its capacity in line with the functional review recommendations, as well as the recommendations from the 11th Global Management Meeting (2022). The recruitment of core predictable country presence positions will be initiated once funds are made available. In addition, the office will continue to explore and work with the UNV to mobilise human resources and reduce the turnaround time on recruitment and funding gaps. The strengthened WCO will be better placed to deliver on the aspirations of the 4th CCS 2024-2027.

Adapted to the national context, the office will continue to advocate and promote effective collaboration and partnerships among relevant stakeholders in health, coordinate the monitoring and evaluation of joint programmes undertaken with partners in Botswana, and mobilise the necessary and three-level aligned resources for the delivery of planned activities in the programme budget. Strengthening the engagement of non-state actors, including the private sector will be explored.

The WCO is hosted by the Motor Vehicle Accident Fund building, in the Fairgrounds area of Gaborone

Tracking and monitoring of WHO's contribution to health outcomes will be improved. The application of tools for financial and activity reporting to help improve financial management and programme budget workplan activity implementation will continue to be a priority. There will also be an increase in the in-house capacity building for staff to better understand WHO processes and reforms, as necessary. The capacity building will also be extended to MoH on WHO rules and procedures to improve service delivery and programme budget workplan activity implementation.

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