World Health Organization

Country Cooperation Strategy *at a glance*

Botswana

Map

WHO region	Africa
World Bank income group	Upper –Middle income
CURRENT HEALTH INDICATORS	
Total population in thousands (2012)[1]	2,024
% Population under 15 (2012)[2]	33.75
% Population over 60 (2012)[2]	5.63
Life expectancy at birth (2012)[3] Total, Male, Female	66 (Male) 62 (Both sexes) 70 (Female)
Neonatal mortality rate (per 1000 live births (2015)[n]	21.9 (10-63) (Both sexes)
Under-5 mortality rate per 1000 live births (2013)[n]	28.0 (22-97) (Both Sexes)
Maternal mortality ratio per 100 000 live births (2014)[n]	127/100 000 live birth (2015)
% DPT3 Immunization coverage among 1-year olds (2015)[n]	87
% Births attended by skilled health workers (2010)[n]	99.1
Density of physicians (per 1, 000 population) (2004)	0.336
Density of nurses and midwives (per 1 000 population) (2006)	2.844
Total expenditure on health as % of GDP (2012)[n]	5.1
General government expenditure on health as % of total government expenditure (2012)[n]	8.7
Private expenditure on health as % of total expenditure on health (2012)[n]	39.2
Adult (15+) literacy rate (70.1)[n] Total	84.5
Population using improved drinking-water sources (%) (2012)[n]	99 (Rural) 93 (Urban) 97(Total)
Population using improved sanitation facilities (%) (2012)[n]	64 (Total) 78(Urban) 42 (Rural)
Poverty headcount ratio at $1.25 a day (PPP) (% of population) (2009)	18.2
Gender-related Development Index rank out of 102 out of 148 countries (2012)	102
Human Development Index rank 106 out of 188-countries (2014)[n]	119

Sources of data:
[1] Global Health Observatory 2017
http://apps.who.int/gho/data/node.cco
MDG Country Performance Report (2013)
Statistics Botswana 2014)

HEALTH SITUATION

Botswana's census conducted in 2011 showed an increase in life expectancy from 55.6 years in 2001 to 68 years in 2011. Successes recorded in universal coverage with ARVs and PMTCT for HIV/AIDS, largely funded through the Government of Botswana's own resources, partly account for the increase in life expectancy. HIV prevalence has since, slightly increased from 17.6 in 2008 to 18.5 in (2013), with adjusted incidence reducing from 1.5 in 2008 to 1.35 in 2013. TB remains a problem in spite of sustained reduction in notification rates (325/10 0000(2011) reduced to 271/100 000(2013) and improved treatment outcomes. Challenges remain such as rising MDR-TB (2.5%) and development and high TB/HIV co-infection which currently stand at 60%. Notable progress in reducing the malaria burden, both in incidence and malaria attributed deaths have been made. Malaria deaths reduced from 22 in 2014 (CFR of 16/1000) confirmed malaria cases to 8 in 2017 (CFR of 5/1000) confirmed malaria cases. However, malaria confirmed cases increased from 1316 in 2014 (incidence rate: 0.16/1000 population) to 1812 in 2017 with incidence rate of 0.75/1000 population).

The country has a dual epidemic of both communicable and non-communicable diseases. The Global Youth Tobacco survey (2008) showed tobacco use prevalence of 14.3%. A new FCTC compliant law is being finalised and a 30% levy has been imposed. The STEPS survey (2007) showed the prevalence of hypertension as 33.1% and overweight at 38.6%. The 2014 STEPS will provide current data. As part of a set of comprehensive measures to control NCDs and manage their risk factors, the country has imposed alcohol and tobacco levies that provide some funding for prevention programmes. Botswana was at the verge of reaching MDG 4 target with an IMR of 17/1000 live births. While efforts are being made to strengthen the health system, maternal and neonatal mortality reduction remain a challenge, with women still dying from preventable causes. Focus on the social determinants of health and overall health systems needs to be strengthened. Concerning IHR implementation, core capacity assessment has revealed some gaps which the country is currently addressing.

HEALTH POLICIES AND SYSTEMS

Botswana's overall development is guided by Vision 2036 developed and published in 2016. with health goals set in the National Development Plan 11 (2016-2023). The current vision as well the NDP 11, have taken on board integration of the Sustainable Development Goals. The Integrated Health Services Plan (2010-2020) and the revised National Health Policy (2011) are still the flagship documents of the Ministry of Health. The National Health Policy was reviewed to address the prevailing health status, organization of the health sector and to make social health determinants a central theme for health development. SDGs are already part of national programming. More than 90% of the population live within 8km of a health facility. An essential health services package was defined in 2010 based on cost-effective interventions. The package aims to provide equitable access for both rural and urban populations. Ministry of Health and wellness remains the major provider of health services with a smaller private sector input. The Government of Botswana, while largely funding its own health services, has acknowledged the need to look at alternative forms of health financing as well as improving efficiencies in order to get the most benefits on the investment made in the health sector. Quantities and skills mix of the human resources for health (HRH) remains an issue. The medical school augments the local production and development of HRH. In the bid to strengthen health systems, Ministry of Health and wellness has undertaken the restructuring process, so WHO provided technical support to Ministry of Health and wellness (MoHw) to operationalize the cabinet approved functional structure. As part of operationalization of restructuring MOHw is decentralising with empowerment of DHMTs and Community health systems. MOHw put emphasis on promotion of preventive services as part of PHC revitalization.

COOPERATION FOR HEALTH

Efforts are on-going under the leadership of Ministry of Health and wellness and WHO to facilitate current efforts to improve collaboration and coordination of partners in the health sector. Annual sector reviews were adopted and it is important to support these endeavours. The Botswana Health Partners Forum has been established to discuss better ways to support the health sector and strengthen harmonization and alignment of partner support. Stakeholders are the Ministry of Health and wellness, including National AIDS Coordination Agency (NACA), Local Government, bilaterals such as the US government through USAID, PEPFAR and CDC, multilaterals such as the UN family, local and international NGOs, academia, public and private medical aid societies, among others. WHO received two awards for leadership in road safety. The UN system is Delivering as One through the UNSDF (2016-2021) which has been extended to 2016 to align with the NDP11. New Framework(UNSDF 2017-2021)which has been developed and will guide UN Delivering as One in pursuit of ensuring Botswana achieve the sustainable Development Goals.

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WHO CCS STRATEGIC AGENDA (2014 - 2020)	
Strategic Priorities	**CCS Focus Areas for WHO Cooperation**
STRATEGIC PRIORITY 1: Reduce the burden of communicable diseases	• Strengthen HIV/AIDS response through provision of normative guidance on legislative, policy and implementation of quality services, surveillance, monitoring and evaluation; prevention and control of hepatitis', STIs , and other co-morbidities. • Strengthened detection and treatment of both drug susceptible and resistant TB through new rapid diagnostic methods, integrating other co-morbidities with emphasis on key affected populations. • Updated policies, guidelines and strategies to improve access to recommended malaria medicines and diagnostics:, improved surveillance monitoring and evaluation system, Vector control; capacity building for programme management, cross-border collaboration and Advocacy communication & social mobilisation. • Strengthened implementation of the Global Vaccine Action Plan (2011-2020) by promoting equitable access to quality vaccines, monitoring and evaluation of adopted global immunization initiatives. • Strengthened capacity for the elimination of neglected tropical diseases (NTDs) by 2020. focusing on preventive chemotherapy, intensified case management disease surveillance.
STRATEGIC PRIORITY 2: Reduce the burden of non-communicable diseases	• Enhanced national capacity and inter-sectoral action for prevention, early detection and management of NCDs and to address determinants of NCDs in line with Global Action Plan for NCD 2013-2020. • Scaled up response to mental health, alcohol and substance a buse and injury prevention. • Improved national capacity to address nutrition challenges in a multi-sectoral way; strengthened policy, guidelines and strategies to address food and nutrition throughout the life course; strengthened surveillance, monitoring and evaluation.
STRATEGIC PRIORITY 3: Reducing morbidity and mortality and promotion of health through the life-course while addressing determinants of health	• Improved maternal, new-born, child and adolescent reproductive health while promoting active and healthy ages through evidence-based policies, guidelines and strategies. • Strengthened capacity for programme planning, organization, implementation of quality RMNCAH interventions. • Strengthened health promotion, disease prevention, universal health coverage and entrench Health in All policies while addressing the broader social determinants of health. • Strengthened policies strategies and, guidelines to address environmental risks to health, climate change including, improved information systems and mapping.
STRATEGIC PRIORITY 4: Supporting the strengthening of health systems with a focus on the organization of integrated service delivery and financing to achieve universal health coverage	• Long-term sustainable and equitable financing of health through development of health financing strategy; monitoring health expenditure trends (NHA and NASA) and capacity building on economics and budget analysis to attain universal health coverage. • Integrated health management information systems able to generate analyse, and evaluate information for evidenced based policy formulation and planning across the six pillars of the health system. • Strengthened national capacity for pharmacovigilance and drug regulatory mechanisms. • Improved HRH production, development, retention and distribution to attain universal health coverage.
STRATEGIC PRIORITY 5: Supporting the preparedness, surveillance and effective response to disease outbreaks	• Strengthened national capacity to implement the polio eradication and endgame strategic Plan through sensitive polio surveillance, polio virus containment and certification, introduction of inactivated polio vaccine (IPV) and oral polio vaccine (OPV) withdrawal and promoting; polio legacy planning. • Strengthened country's capacity to respond to disasters, disease outbreaks and other acute public health emergencies including the implementation of the international health regulations and effective surveillance and preparedness.

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