



World Health  
Organization

Botswana

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# QUARTERLY NEWSLETTER

Promoting health • Keeping the world safe • Serving the vulnerable



## FOREWORD



Dear Partners, Colleagues, and Friends of Public Health in Botswana,

The first quarter of 2026 marked a strong start for WHO Botswana, defined by deepened partnerships, innovation, and strategic investments in health system resilience. Through continued collaboration with government, development partners, and the United Nations system, WHO advanced national priorities that position health as a catalyst for equitable and sustainable societal progress.

During the quarter, Botswana took important steps in advancing the Botswana Economic Transformation Programme (BETP) and implementation of the National Development Plan 12 (NDP 12), both of which place health at the centre of the country's economic and social transformation agenda. WHO welcomes and supports this direction, recognising that a healthy population and resilient health systems are foundational to productivity, inclusive growth, and long-term prosperity.

WHO's technical support continues to align closely with BETP and NDP 12 priorities, including strengthening primary health care, advancing universal health coverage, health workforce development, digital health, innovative health financing, and public health preparedness in advancing universal health coverage. These reforms are essential to building an efficient, people-centred, and financially sustainable health system that supports Botswana's ambition to become a high-income nation.

As Botswana moves forward with implementation of BETP and transitions into NDP 12, WHO remains committed to working with national stakeholders to ensure that health investments deliver lasting impact—protecting population health, strengthening resilience, and contributing meaningfully to the country's economic transformation.

Dr. Fabian Ndenzako  
WHO Country Representative

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## WHO strengthens engagement with Pandemic Fund delivery partners to advance One Health surveillance in Botswana

During the first quarter of 2026, the WHO Country Team engaged in bilateral meetings with all five Delivery Partners supporting implementation of the Pandemic Fund grant in Botswana. The engagements form part of WHO’s role as Implementing Entity for the project, “Strengthening One Health Disease Surveillance and Response in Southern Africa – A Strategy Against Climate-Driven Disease Outbreaks.”

Led by the WHO Representative to Botswana, Dr Fabian Ndenzako, the structured engagements focused on enhancing coordination, accountability, and performance across partner-implemented activities aligned with national and regional One Health priorities.

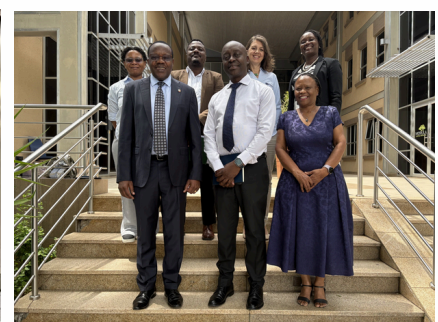
WHO held individual discussions with each delivery partner to review progress against approved workplans, assess implementation readiness, and identify opportunities to strengthen collaboration. Partners shared key achievements, ongoing activities, and operational challenges affecting timelines, enabling joint problem analysis and agreement on practical mitigation measures.

Beyond oversight, the engagements emphasized partnership building, coordination across sectors, and maximising synergies within the One Health framework. Agreements were reached on corrective actions, strengthened coordination mechanisms, and targeted technical support to accelerate delivery of expected results.

The strengthened collaboration supports Botswana’s efforts to build integrated, climate-resilient surveillance systems capable of earlier detection and response to emerging public health threats. Through the Pandemic Fund investment, Botswana is also contributing to regional One Health surveillance and preparedness efforts across Southern Africa.



**“The One Health approach requires coordinated action across sectors, institutions, and disciplines.”**



In Botswana, the multi-country **Pandemic Fund** project is being implemented in partnership with the following **delivery partners**:

1. Botswana Red Cross Society (BRCS)
2. Botswana Institute for Technology Research and Innovation (BITRI)
3. African Comprehensive HIV/AIDS Partnerships (ACHAP)
4. Botswana University of Maryland School of Medicine Health Initiative (BUMMHI)
5. Botswana Network on Ethics, Law and HIV/AIDS (BONELA)



## Strengthening coordination through the Pandemic Fund Technical Working Group

On 17 March 2026, the WHO Country Office hosted the Pandemic Fund National Technical Working Group (TWG) meeting in Gaborone, bringing together the **Botswana Public Health Institute** (BPHI), relevant government ministries, and all five Delivery Partners supporting implementation in Botswana. The TWG provided a structured platform to review progress across key project components, including community-based surveillance, workforce development, digital surveillance systems, emergency leadership, and preparedness activities. Partners shared updates on achievements and challenges, enabling collective problem-solving and agreement on practical mitigation measures.

Discussions emphasized the importance of strong multisectoral coordination, alignment with national systems, and realistic sequencing of activities to support effective and timely delivery. Particular attention was given to workforce capacity constraints, financial and reporting timelines, and the need to embed Pandemic Fund activities within existing surveillance and response structures to ensure sustainability.

WHO reaffirmed its role as Implementing Entity, providing technical, fiduciary, and coordination support, while BPHI highlighted progress in strengthening national ownership and improving the quality of partner deliverables. The TWG agreed to maintain regular coordination meetings to sustain momentum and accelerate implementation.



## Community-Based Surveillance strengthens early detection

The **Botswana Red Cross Society** (BRCS) has been designated to support the Botswana Public Health Institute (BPHI) in implementing the Community-Based Surveillance (CBS) component under Botswana's national contribution to the multi-country Pandemic Fund project. In the first quarter of 2025, CBS was rolled out in Botswana's North-West District to strengthen frontline surveillance capacity in a high-risk ecological setting. To ensure a strong foundation for implementation, the district benefited from early multisectoral training on the One Health approach and the Integrated Disease Surveillance and Response (IDSR) Community-Based Surveillance module, conducted ahead of Community Health Worker training and full CBS rollout. Requested by district leadership, the training brought together participants from veterinary services, wildlife, environment, meteorology, the Okavango Research Institute (ORI), and the health sector, reinforcing coordination across human, animal, and environmental health disciplines. This capacity-building effort was supported by WHO and BPHI, with technical expertise from the Ministry of Lands and Agriculture and the Ministry of Local Government and Traditional Affairs, ensuring alignment with national surveillance systems. CBS is now supporting earlier detection of priority conditions, strengthening reporting pathways, and improving community engagement in disease prevention and response. By embedding CBS within a One Health framework, Botswana is enhancing local preparedness while contributing to regional disease intelligence and health security.



## WHO hands over digital e-Learning hub to Ministry of Health

In February 2026, WHO Botswana officially handed over two fully equipped e-Learning Hubs to the Ministry of Health, marking a major achievement for digital health and workforce development. The ceremony, held at MoH Headquarters, was presided over by WHO Representative Dr. Fabian Ndenzako and received by the Minister of Health, Hon. Dr. Stephen Modise. The hubs—supported by WHO AFRO and **Project ECHO**—enable real-time virtual training, clinical mentorship, rapid dissemination of guidelines, and strengthened disease surveillance capacities across districts. Early training of IT officers, field epidemiologists, surveillance officers, and BPHI staff ensured immediate operational readiness. Minister Modise emphasized that the hubs represent a transformative step toward equitable, high-quality training nationwide, while Dr. Ndenzako reaffirmed WHO’s commitment to building a connected, resilient health system capable of responding to emerging threats.

**“Digital learning platforms are critical to maintaining a skilled, agile, and well-prepared workforce.” – Hon. Dr. Stephen Modise**



## Strengthening medicines safety through regional regulatory laboratory training

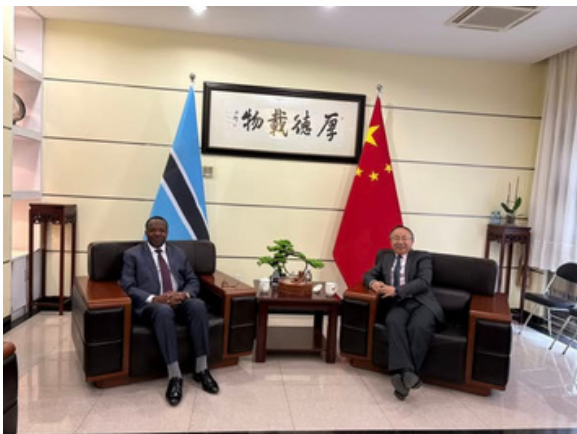
In response to global alerts on the contamination of oral liquid medicines with ethylene glycol (EG) and diethylene glycol (DEG), WHO supported a regional capacity-building intervention to strengthen medicines quality surveillance in Africa.

From 10–12 March 2026, WHO conducted a regional hybrid training on the detection of EG and DEG using Thin-Layer Chromatography (TLC), hosted by the **Botswana Medicines Regulatory Authority (BOMRA)** at its quality control laboratory in Gaborone. The training brought together regulatory experts from Botswana, the Republic of Congo, The Gambia, Namibia, and Sierra Leone, combining hands-on laboratory demonstrations with virtual participation. The training focused on the use of TLC as a low-cost, portable, and robust screening method, aligned with the International Pharmacopoeia’s tiered testing approach. Participants were guided through practical laboratory procedures, including sample preparation, use of reference standards, plate development, result interpretation, and quality assurance principles required for reliable testing.

Delivered by WHO Headquarters and WHO AFRO with support from the **Paul Ehrlich Institute (PEI)**, Germany, the training enabled effective use of TLC equipment and reference materials previously donated to participating countries. The hybrid format promoted real-time observation, interactive discussion, and peer-to-peer learning across national regulatory authorities. By strengthening laboratory capacity and promoting regional knowledge exchange, the training supports early detection of contaminated medical products, enhances post-market surveillance, and contributes to protecting populations from preventable harm caused by substandard and falsified medicines.



## Strengthening Health Collaboration with the People's Republic of China



On 13 March, WHO Country Representative, Dr Fabian Ndenzako, met with His Excellency Fan Yong, Ambassador of the People's Republic of China to Botswana, to reinforce collaboration in support of Botswana's national health priorities.

The meeting focused on strengthening ongoing cooperation between China, Botswana, and WHO, building on a long-standing partnership that supports health system strengthening, public health programmes, and improved health outcomes.

WHO expressed appreciation for the continued partnership with the Government of China and reaffirmed its commitment to working closely with the Ministry of Health, Botswana, and the Chinese Embassy in Botswana to advance shared goals for improved health and well-being for all people in Botswana.

## WHO and UNAIDS reinforce partnership to advance health priorities in Botswana



The WHO Botswana Country Representative, Dr Fabian Ndenzako, hosted the newly appointed UNAIDS Country Director, Mrs Kai Zhou, for an introductory meeting aimed at strengthening collaboration between the two agencies.

Discussions highlighted continued joint efforts to support Botswana's HIV response, promote universal health coverage (UHC), and advance national health priorities through coordinated and complementary action. The engagement reaffirmed the importance of strong inter-agency collaboration in delivering people-centred, equitable health services.

WHO Botswana looks forward to renewed cooperation with UNAIDS, working together with national stakeholders, including the Ministry of Health and the Ministry of Local Government and Traditional Affairs, to improve health outcomes and advance Health for All in Botswana.

## Strengthening tobacco control enforcement and cessation to protect public health

Botswana takes important steps to strengthen tobacco control and protect public health through reinforced law enforcement and expanded cessation support. WHO in collaboration with the Ministry of Health, Botswana, successfully conducted a training for law enforcement officers from multiple sectors to support effective implementation of the **WHO Framework Convention on Tobacco Control (FCTC)**, Botswana's new **Tobacco Control Law**, and its accompanying regulations.

The training brought together law enforcers from various institutions to enhance understanding of their roles and responsibilities in enforcing tobacco control legislation. Participants discussed practical approaches to improving compliance, addressing implementation challenges, and strengthening coordinated, multisectoral action to reduce tobacco use across communities.

Complementing enforcement efforts, WHO support has enabled the introduction of new Tobacco Cessation Guidelines for health service providers. These guidelines strengthen the capacity of the health system to help people quit tobacco use and adopt healthier lifestyles, reinforcing prevention and treatment as core pillars of tobacco control.

This milestone reflects strong collaboration between government, civil society, and private-sector partners, including the Ministry of Local Government and Traditional Affairs and the **Anti Tobacco Network (ATN)**, all working together to reduce tobacco-related harm. An united enforcement and service delivery approach is essential to protect communities, especially young people, from the harms of tobacco.

Botswana continues to advance comprehensive tobacco control efforts, demonstrating that strong laws, effective enforcement, and accessible cessation services are key to achieving Health for All and building a healthier nation.



## Strengthening sustainability of eMTCT gains through the Technical Working Group

Botswana has achieved the WHO Gold Tier Award for eliminating mother-to-child transmission of HIV (eMTCT) as a public health problem, marking a major national milestone and reinforcing the country's leadership in advancing maternal and child health. Sustaining this historic achievement requires continued multisectoral collaboration, high-quality service delivery, strong data systems, and community-centred approaches that protect the health and rights of women and children. In support of this effort, WHO Botswana worked closely with the Ministry of Health to convene the eMTCT Technical Working Group Review Meeting, bringing together programme leads from HIV, syphilis and hepatitis programmes, laboratory services, data management, and human rights and community engagement. The meeting provided a platform to assess progress and strengthen sustainability actions, with a focus on: Progress against validation and sustainability benchmarks; Data quality and national performance indicators; Laboratory system strengthening; Human rights and community engagement actions; and Cross-cutting service delivery gaps and priority next steps.

The review reaffirmed the importance of integrated, people-centred services and continuous quality improvement to sustain elimination gains and prevent new infections.

Together, WHO and national partners remain committed to advancing Botswana's leadership in eMTCT, safeguarding public health achievements, and ensuring that women, children, and families continue to benefit from equitable, high-quality health services.



## Advancing Universal Health Coverage through National Health Insurance in Botswana

WHO Botswana participated in the National Health Insurance (NHI) Policy Validation Meeting held in Gaborone, where national stakeholders convened to review and validate Botswana's draft policy, a critical step toward strengthening health financing and advancing Universal Health Coverage (UHC). During the meeting, the WHO Country Representative, Dr Fabian Ndenzako, delivered opening remarks on "Towards Universal Health Coverage: The Case for National Health Insurance." He underscored that NHI represents a key pathway to achieving Botswana's long-term UHC ambitions. Dr Ndenzako highlighted that NHI can support Botswana's progress toward increasing its UHC index, through more equitable and sustainable health financing. He emphasized that pooling resources and strengthening strategic purchasing are essential to improving equity, efficiency, and quality of health services. The remarks further noted that NHI has the potential to reduce catastrophic health expenditure, protect households from financial hardship, and ensure fair access to essential health services regardless of socioeconomic status. Successful implementation, however, will require phased reforms, strong stewardship, digital innovation, and continuous measurement of quality and financial protection outcomes. WHO, together with the United Nations Resident Coordination Office, reaffirmed its commitment to supporting the Government of Botswana in advancing a resilient, equitable, and sustainable health financing system, as the country progresses toward Health for All.



## Botswana validates updated national TB management guidelines

Botswana has taken an important step forward in strengthening its tuberculosis (TB) response with the successful validation of the updated National TB Management Guidelines.

Led by the National Tuberculosis Programme, the revised guidelines were developed through an inclusive, evidence-based process drawing on the latest WHO consolidated TB guidelines. The revision aimed to ensure that Botswana’s national guidance remains aligned with global best practices while being fully responsive to the country’s epidemiological and health-system context.

The development process involved a series of structured technical working group sessions and wide stakeholder consultations. Participants systematically reviewed the scientific evidence, assessed feasibility, and contextualised recommendations to national realities. This work culminated in a national validation meeting conducted in line with WHO-endorsed guideline development standards, ensuring technical accuracy, coherence, and implementability.

Several chapters generated particularly rich discussion during the validation exercise, including TB screening algorithms, diagnosis and management of TB in children, and the adoption of shorter, WHO-recommended treatment and preventive therapy regimens.



These deliberations strengthened consensus on key programmatic shifts and reinforced the commitment to people-centred, high-quality TB care.

The validated guidelines are now ready for final management review and formal endorsement, paving the way for rollout and implementation across the health system. Once adopted, they will support improved TB prevention, early diagnosis, effective treatment, and better outcomes for people affected by TB in Botswana.

## Strengthening quality improvement in healthcare services in Greater Gaborone

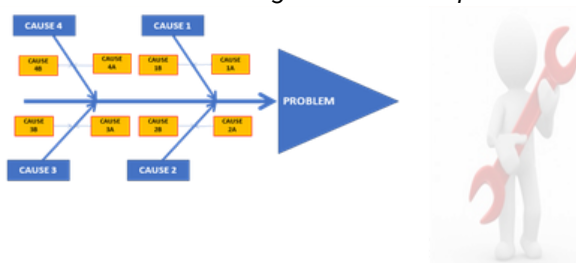
WHO Country Office, in collaboration with the Ministry of Health Quality Assurance Department, successfully conducted a Quality Improvement (QI) training for 25 quality focal persons from health facilities across the Greater Gaborone City Council District. The training aimed to strengthen practical capacity for improving the quality of healthcare services through the use of robust quality improvement tools and methodologies. Participants explored how QI approaches can be applied to real-life patient care situations to identify service delivery gaps, enhance patient outcomes, and promote continuous improvement across health facilities.

During the sessions, participants were introduced to a range of QI tools grouped into three key areas. These included tools for displaying and analysing data, such as run charts and histograms, which enable teams to track performance trends over time. Emphasis was also placed on root-cause analysis tools, including process mapping, fishbone diagrams, the Five Whys technique, and driver diagrams, to help health workers move beyond surface problems and address underlying system issues. In addition, prioritisation tools such as Pareto charts, decision matrices, and multivoting were used to support informed decision-making in resource-constrained settings.

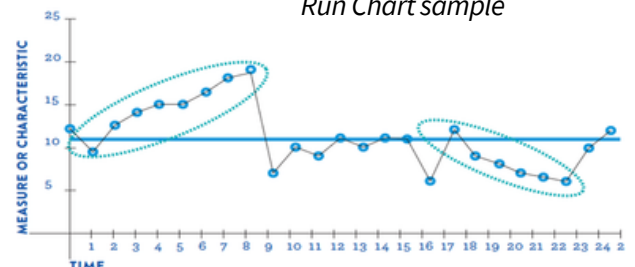
The interactive nature of the training—combining presentations, group work, and practical examples—supported peer learning and collaborative problem solving. By equipping healthcare workers with these practical skills, the training marked an important step toward building a culture of continuous quality improvement in the Greater Gaborone District.

The initiative underscores the continued partnership between WHO and the Ministry of Health in advancing high-quality, patient-centred healthcare services in Botswana.

*Fish-bone diagnostic tool sample*



*Run Chart sample*



## Botswana gears up for upcoming polio vaccination campaign

Botswana is advancing critical preparatory work for the upcoming Polio Supplementary Immunization Activities (SIAs) as part of a coordinated effort to prevent the spread of circulating vaccine-derived poliovirus (cVDPV) in the sub-region. In the first quarter of 2026, working closely with the Ministry of Health, the Ministry of Local Government and Traditional Affairs, UNICEF and all Global Polio Eradication Initiative (GPEI) partners, WHO has led a comprehensive readiness process to ensure a high-quality and effective campaign.

Recent surveillance data and epidemiological risk assessments highlighted continued vulnerability to poliovirus transmission, particularly in border and high-risk districts with frequent population movement across neighboring countries. In response, Botswana committed to synchronized SIAs alongside countries in the sub-region, reinforcing a shared responsibility to interrupt transmission and safeguard children.

WHO played a central coordination and convening role, supporting national efforts to translate risk analysis into action. This included the development of joint operational and human-resource surge budgets, as well as support to districts to develop detailed microplans, with special attention to hard-to-reach and mobile populations. These planning processes are essential to ensure no child is missed during implementation.

A strong and prepared workforce underpins a successful polio campaign. As part of readiness activities, WHO supported capacity-building initiatives at national and district levels, including:

- Training of National Supervisors to oversee implementation and quality assurance.
- Training of District Trainers of Trainers (ToTs), with cascading sessions for frontline vaccination teams and social mobilizers.
- Targeted training for pharmacists on vaccine management and distribution at district level.
- Dedicated sessions for social mobilization supervisors, clarifying roles and responsibilities.
- Focused training on vaccine safety, led by the Incident Manager, to reinforce confidence and best practices during implementation.

These efforts ensure a standardized understanding of SIA protocols, strong surveillance alertness, and effective community engagement.

To further enhance preparedness, WHO facilitated additional support to bolster polio surveillance capacity, ensuring timely detection, reporting, and response. Regular situational reports have enabled partners to monitor readiness, identify gaps, and maintain accountability across all levels.

All preparatory activities are geared toward the successful implementation of two rounds of SIAs using the Novel Oral Polio Vaccine (nOPV) starting in May. With vaccines and essential supplies already in country and funding support provided through GPEI via WHO and UNICEF, Botswana is well positioned to deliver a high-quality campaign. Through strong leadership, multisectoral collaboration, and data-driven planning, Botswana continues to demonstrate its commitment to protecting children from polio and contributing to the goal of global polio eradication.



**POLIO** GLOBAL  
ERADICATION  
INITIATIVE



# PARTNERS APPRECIATION





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