

WHO Botswana Country Office



World Health
Organization
Botswana

BIENNIAL REPORT

2024–2025



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Organization

Botswana

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Abbreviations and acronyms

AEFI	Adverse event following immunization	HBV	Hepatitis B virus
ANC	Antenatal care	HII	High impact intervention
ART	Antiretroviral therapy	HIV	Human immunodeficiency virus
AVW	African Vaccination Week	HIVDR	HIV drug resistance
BETP	Botswana Economic Transformation Plan	HNAP	Health National Adaptation Plan
BMS	Business Management System	HPWG	Health Partners Working Group
BNTF	Botswana National Tuberculosis Programme	IA2030	Immunization Agenda 2030
BoMRA	Botswana Medicines Regulatory Authority	ICCC	Inter-Country Certification Committee
BOTSNITAG	Botswana National Immunization Technical Advisory Group	IDP	Institutional Development Plan
BPAL	Bedaquiline, pretomanid, and linezolid	IHR	International health regulations
BPHI	Botswana Public Health Institute	IPC	Infection prevention and control
BRIMS	BoMRA Regulatory Information Management System	IPMS	Integrated Patient Management System
CBO	Community-based organisation	IPV	Inactivated poliovirus vaccine
CHW	Community health worker	IRS	Indoor residual spraying
CIP	Coalition of Interested Parties	JEE	Joint external evaluation
CT	Clinical Trial's Oversight	LI	Licensing establishment
CVD	Cardiovascular disease	LLIN	Long-lasting insecticidal net
cVDPV2	Circulating vaccine-derived poliovirus type 2	LT	Laboratory testing
DHMT	District Health Management Team	MA	Registration and marketing authorization
DR-TB	Drug resistant TB	MC	Market surveillance and control
DST	Drug susceptibility testing	MDA	Mass drug administration
ECSACON	Eastern, Central, and Southern Africa College of Nursing	MDR-TB	Multidrug-resistant tuberculosis
EMIS	Education management information system	ML3	Maturity Level 3
EMTCT	Elimination of mother-to-child transmission	MoH	Ministry of Health
EPI	Expanded programme on immunization	N4G	Nutrition for growth
EPI@50	Fiftieth anniversary of the expanded programme on immunization	NAHPA	National AIDS and Health Promotion Agency
GAMA	Global action for measurement of adolescent health	NAPHS	National Action Plan for Health Security
GBT	Global benchmarking tool	NBTS	National Blood Transfusion Service
GDF	Global drug facility	NCD	Non-communicable disease
GLC	Green Light Committee	NHEROP	National Health Emergency Response Operations Plan
GPSAP	Global Polio Surveillance Action Plan	NHI	National Health Insurance
GPW14	General Programme of Work	NIS	National Immunization Strategy
HAI	Health associated infection	NMSP	National Malaria Strategic Plan
		NSC	National Steering Committee
		NTD	Neglected tropical disease
		NVC	National Measles Verification Committee
		OIC	Officer-in-Charge
		PBM	Patient blood management
		PEPFAR	President's Emergency Plan for AIDS Relief

PF	Pandemic Fund	SIA	Supplementary Immunization Activity
PHC	Primary health care	SOP	standard operating procedures
PHEOC	Public Health Emergency Operations Centre	SRH	Sexual and reproductive health
PIP	Pandemic influenza preparedness	STH	soil-transmitted helminths
PMH	Princess Marina Hospital	TB	Tuberculosis
PPR	pandemic prevention, preparedness, and response	ToT	Training of Trainers
PRSEAH	Preventing and Responding to Sexual Exploitation, Abuse and Harassment	TWG	Technical working group
QMS	Quality Management System	UHC	Universal Health Coverage
RBM	Roll Back Malaria	UHCP	Universal Health Coverage Partnership
RCCE	Risk Communication and Community Engagement	UN	United Nations
RI	Regulatory Inspection	UNCT	United Nations Country Team
RMNCAH	Reproductive maternal, newborn child and adolescent health	UNFPA	United Nations Population Fund
RMNCAHA+N	Reproductive, Maternal, New-born, Child, and Adolescent Health and Ageing plus Nutrition	UNICEF	United Nations International Children's Emergency Fund
RS	National Regulatory System	US CDC	United States Centre for Disease Control
RVC	Regional Verification Committee	V&A	Vulnerability and adaptation
SADC	Southern African Development Community	VL	Vigilance
SB	Statistics Botswana	VPD	Vaccine-preventable diseases
SDG	Sustainable development goal	WCO	World Health Organization Country Office
		WHO	World Health Organization
		WHO/AFRO	World Health Organization/Africa Regional Office
		WHOCC	WHO Collaborating Centre
		WR	WHO Representative

Foreword

Botswana's 2024/25 biennium health journey has been one of resilience, partnership, and purposeful reform. Together with the Ministry of Health (MoH), national institutions, UN agencies, civil society, academia, the private sector, and communities, we sustained critical gains while confronting new shocks, including the 2025 national health emergency triggered by essential health commodity shortages. That moment tested our systems but reaffirmed a shared conviction: health is a societal responsibility. Our collective actions (rapid coordination, partner mobilization, and practical problem solving) helped protect continuity of care and strengthened our foundations for future shocks.

The biennium also brought milestones that speak to Botswana's leadership and the power of evidence-based policy. In May 2025, Botswana became the first country in the world to attain Gold Tier on the Path to Elimination of Mother to Child Transmission of HIV; an achievement decade in the making and an inspiration for the region. This formal recognition at the seventy-eighth World Health Assembly underscores that sustained political commitment, robust data systems, and integrated rights-based services form the foundation for saving lives.

Across programmes, the country took decisive steps to close immunity gaps and protect children. Botswana introduced a second dose of inactivated poliovirus vaccine (IPV) into the routine schedule in 2024, strengthened vaccine safety surveillance with VigiFlow/VigiMobile, and used African Vaccination Week to take services directly to underserved communities in the Tsabong District, including Kokotsha village. These actions exemplify equity in practice.

Health system reforms advanced in parallel. The Botswana Medicines Regulatory Authority (BoMRA) conducted an assisted self-benchmarking to accelerate progress towards WHO Maturity Level 3 (ML3); a comprehensive assessment of blood transfusion services that set a roadmap for safer, more reliable blood systems; and the Joint External Evaluation (JEE) 2024 catalysed the development of the National Action Plan for Health Security (NAPHS) and related operational readiness tools.



With steadfast partnership and a focus on impact, we will build a healthier, safer, and more equitable future for every person in Botswana.

We strengthened collaboration under One Health, with ministers and senior government leadership affirming high level commitment to institutionalize a national approach that addresses threats at the human–animal–environment health interface. This momentum has been mirrored regionally through the Pandemic Fund investment for climate-driven disease threats, where Botswana is part of a major multi-country grant to strengthen surveillance, laboratories, and workforce capacities.

Simultaneously, the country confronted climate-sensitive health risks head-on. Completion of the Climate Change Health Vulnerability and Adaptation Assessment and

development of the Health National Adaptation Plan (HNAP) positioned health at the centre of climate adaptation, linking early warning, vector surveillance, and resilient service delivery to protect the most vulnerable.

This report honours all those who made progress possible, from frontline health workers and district health teams to national planners and partner organizations. It also recognises the unfinished agenda. Routine immunization must recover $\geq 90\%$ coverage across all antigens, maternal and newborn health demands sustained investment, procurement and supply chains need modernization and reliable financing, and the legislative enablers for institutions like the Botswana Public Health Institute (BPHI) require swift action.

Going forward, our priorities remain re-orienting the health system to primary health care (PHC), advancing universal health coverage (UHC) through health financing reforms (including national health insurance), accelerating digital transformation, and fully implementing our health security and climate health agendas. These goals align with National Development Plan 12 (NDP-12), the Botswana Economic Transformation Plan (BETP), and the World Health Organisation (WHO)'s General Programme of Work 14 (GPW 14). With steadfast partnership and a focus on impact, we will build a healthier, safer, and more equitable future for every person in Botswana.

Dr. Fabian Ndenzako

WHO Representative to Botswana and SADC



2024–2025 AT A GLANCE

Botswana's 2024/25 biennium health journey has been one of resilience, partnership, and purposeful reform.



95%

coverage for antenatal care, HIV testing, and ART among pregnant and breastfeeding women

1st

IN THE WORLD

Botswana achieved Gold Tier status for the elimination of mother-to-child transmission of HIV in 2025, the first country globally to do so



2311 MALARIA CASES



2024–2025 upsurge

- 100 severe
- 8 deaths

TUBERCULOSIS (TB) 200–250



TB incidence:

- 200–250 cases per 100,000
- 50% of TB patients are co-infected with HIV



LEPROSY ZERO new cases

LEVEL 3



Botswana Medicines Regulatory Authority (BoMRA) Licensing Establishment met all criteria for WHO Maturity Level 3



35 years

at the University of Botswana School of Nursing as a WHO Collaborating Centre

Advancing nursing and midwifery development across Sub-Saharan Africa since 1990



USD 13.5 million

WHO Botswana allocated Budget for 2024-2025

45

healthcare workers trained in infection prevention and control (IPC) strategies through a five-day Training of Trainers workshop



91
Partner engagements



NCDs account for 46% of all deaths in Botswana



96%

of the national blood supply are from voluntary donations



100%

of donated blood undergoes screening including NAT

330,000

people receiving antiretroviral therapy



34

2024

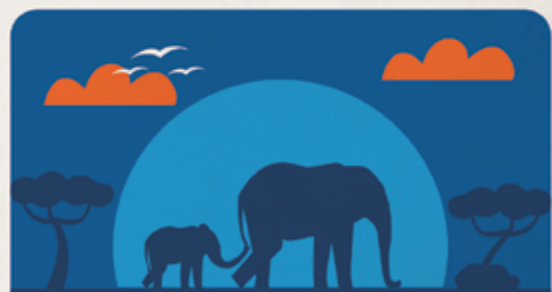
Bilateral meetings

106

2025



Botswana has achieved the UNAIDS 95-95-95 targets



CLIMATE & HEALTH

Botswana identified as highly vulnerable to climate change

Botswana achieves Gold Tier on the Path to Elimination of Mother-to-Child Transmission of HIV

During the plenary session of the Seventy-eighth World Health Assembly in May 2025, the WHO Director-General awarded Botswana Gold Tier status on the Path to Elimination of Mother-to-Child Transmission (EMTCT) of HIV as a Public Health Problem.

In 2021, Botswana made global headlines as the first country to achieve Silver Tier status on the Path to EMTCT of HIV. Building on this landmark achievement, Botswana has now become the first country in the world to attain Gold Tier status, meeting the rigorous targets set by WHO.

Gold Tier status reflects Botswana's success in reducing annual case rates of new paediatric HIV infections from fewer than 500 per 100 000 live births to below 250 per 100 000 live births, while simultaneously increasing service coverage across the prevention cascade from 90% to 95%



▲ Honourable Minister of Health, Dr. Stephen Modise receives a certificate from WHO Director-General Dr. Tedros Adhanom Ghebreyesus for achieving the Gold Tier on the Path to Elimination of Mother-to-Child Transmission of HIV as a Public Health Problem, during the Seventy-eighth World Health Assembly, May 2025. © WHO/Pierre Albouy

for antenatal care attendance, HIV testing, and treatment among pregnant women living with HIV.

This was achieved in just three years, through the dedicated efforts of the MoH, technical and implementing partners, healthcare workers, and community stakeholders. Since receiving Silver Tier validation, Botswana has continued to strengthen its response by revitalizing the primary healthcare system, integrating HIV services across all care levels, and enhancing the quality and reach of community-based health interventions.

Countries eligible for Path to Elimination recognition typically have a maternal HIV prevalence greater than 2%. To qualify for Bronze, Silver or Gold tier status, they must demonstrate high-quality, human rights-based service delivery for pregnant women and infants, robust data and laboratory systems, and strong community engagement mechanisms that support equitable access to care.

The Path to Elimination framework, introduced in 2017, recognises high-burden countries making considerable progress toward EMTCT. In 2023, WHO awarded Namibia Bronze Tier status for progress in EMTCT of HIV. Namibia also became the first country to receive Silver Tier status for EMTCT of hepatitis B virus (HBV).

These milestones reflect a growing commitment across the region to advance “triple elimination” (the integrated EMTCT of HIV, syphilis, and HBV) as a public health priority. WHO published the formal criteria for triple elimination validation in 2021, providing countries with a harmonized framework to strengthen service delivery for pregnant women and improve health outcomes for mothers and children.

Botswana’s Gold Tier achievement signals what is possible when national leadership, evidence-based strategies, and community partnerships converge in pursuit of a shared goal. It is a powerful example for countries in the region and globally working toward the elimination of paediatric HIV and ensuring healthier futures for all children.

Elimination framework introduced

2017

2021

WHO published triple elimination criteria

Botswana achieved silver tier status

2021

2023

Namibia achieved bronze tier status

Botswana achieved gold tier status

2025

PREVIOUS

annual paediatric HIV infection rate

<500

per 100,000 live births

CURRENT

annual paediatric HIV infection rate

<250

per 100,000 live births



WHO Botswana thanks its key development partners for their generous support of its activities in 2024 and 2025



Government of Canada

BONELA



Joint United Nations Programme on HIV/AIDS
UNAIDS
UNHCR-UNICEF-WFP-UNDP-UNFPA
UNODC-IO-UNESCO-WHO-WORLD BANK



Government of the Netherlands



The Global Fund
To Fight AIDS, Tuberculosis and Malaria



The Pandemic Fund
FOR A RESILIENT WORLD



Gates Philanthropy Partners





1

Universal health coverage

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 at every stage contribute to the delivery of integrated PHC. WHO supports the updating and implementing of guidelines to improve the quality of reproductive, maternal, child, and adolescent health. This includes expanding immunization programmes by scaling up high impact childhood interventions and responding to the needs of older persons. Strengthening health system areas such as governance, human resources, financing, quality, and safety, as well as promoting access to safe and effective quality health products are essential in achieving UHC.

ACHIEVEMENTS



A. HEALTH SECTOR POLICIES, STRATEGIES AND GOVERNANCE

I. Regulatory capacity for safe, effective and quality-assured medical products

a. BoMRA demonstrates measurable progress in strengthening regulatory systems in pursuit of WHO Maturity Level 3

A strong national regulatory system is the backbone of any effective health system. It ensures that medicines, vaccines, and health products circulating in a country are safe, efficacious, and of assured quality. The Botswana Medicines Regulatory Authority (BoMRA), established in 2018 is accelerating efforts to strengthen its regulatory functions and move toward achieving WHO ML3, the global benchmark of a stable, well-functioning regulatory authority. Botswana requested WHO support to benchmark its regulatory system, prompting a series of preparatory and assessment missions in the 2024/25 biennium.

In July 2024, WHO conducted a pre-visit to BoMRA to clarify the benchmarking process using the WHO Global Benchmarking Tool (GBT) and prepare BoMRA for the full assessment. The mission discussed the requirements for applying the WHO GBT, key regulatory functions to be assessed, updating of the existing Institutional Development Plan (IDP) and planning for the full benchmarking mission. The WHO team also provided orientation on the Coalition of Interested Parties (CIP), a recently established network aimed at strengthening global regulatory systems through cooperation, reliance, and capacity development.

During the pre-visit, WHO experts met with the MoH, the Medicines Regulatory Board, the Expanded Programme on Immunization (EPI), the Clinical Trials Research Ethics Committee, and other regulatory partners, ensuring that the forthcoming benchmarking would be comprehensive.

In August 2025, BoMRA undertook a comprehensive self-benchmarking exercise with WHO support. This intensive five-day assessment reviewed all regulatory functions using the WHO GBT, scoring each sub-indicator, identifying strengths and gaps, and updating the IDP. The regulatory functions covered included National Regulatory System (RS), Regulatory Inspection (RI), Registration and Marketing Authorization (MA), Laboratory Testing (LT), Licensing Establishment (LI), Vigilance (VL), Clinical Trial's Oversight (CT) and Market Surveillance and Control (MC).



▲ BoMRA Team undertaking a self-benchmarking exercise with WHO support. Gaborone, August 2025



▲ BoMRA Takes Major Step Towards WHO Maturity Level 3 with Assisted Self-Benchmarking

b. Major outcomes of the self-benchmarking exercise

1. BoMRA's commitment and strong technical capacity were highlighted, with notable advancements across all regulatory functions since the authority became operational in 2018. All **core functions have now been fully implemented**, demonstrating significant institutional development and steady progress in strengthening Botswana's RS.
2. **LI**, responsible for licensing pharmaceutical establishments, **met all criteria for ML3**; a **major achievement** and indication of BoMRA's increasing regulatory capability.
3. **The BoMRA Regulatory Information Management System (BRIMS)**, a web-based platform designed to automate and streamline regulatory processes for medical products, is poised to **significantly enhance efficiency, transparency, and traceability** across regulatory processes.

Other functions scored at Maturity Level 1 due to an external bottleneck; the pending Medicines and Related Substances Bill, 2025. This Bill is expected to be tabled before Parliament in the first quarter of 2026, and is essential for full implementation of regulatory functions and advancement to ML3.

c. Priority actions for achieving ML3

Priority actions critical to fast-tracking Botswana's attainment of ML3 include:



Enactment of the Medicines and Related Substances Act, 2025

This is the central enabler for advancing maturity levels across all regulatory functions.



Addressing the MA backlog

Workload has increased without corresponding staffing growth, leading to delays. Additional human resources and operational efficiencies will be necessary.



Full implementation of BRIMS

Digital transformation will strengthen data management, streamline regulatory processes, and support reliance pathways.



Updating the Quality Management System

ML3 requires a fully functional QMS and supports continuous improvement across regulatory functions.



Adequate financial and human resource mobilization

Sustainable financing and staffing levels aligned with workload are essential to maintain and improve regulatory performance.

The self-benchmarking exercise provided a clearer understanding of BoMRA's regulatory maturity and the work required to reach ML3. Strengthening Botswana's regulatory system will improve public safety through reliable market surveillance and pharmacovigilance, reduce substandard and falsified medicines, accelerate approval of new health technologies, strengthen local manufacturing capacity, and enable participation in regional regulatory reliance mechanisms. Achieving WHO ML3 will be a transformative milestone for Botswana, enhancing public trust in the healthcare system and aligning the country with global health standards.



▲ BoMRA takes major step towards WHO Maturity Level 3 with assisted self-benchmarking

II. Access to safe and quality assured blood products


Ensuring a safe, sufficient and well-governed blood supply is a cornerstone of any resilient health system. In Botswana, blood transfusion services play a vital role in managing trauma, surgical needs, maternal emergencies, chronic anaemia, and conditions such as sickle cell disease. From 7–11 July 2025, the MoH collaborated with WHO to conduct a comprehensive assessment aimed at strengthening the National Blood Transfusion Service (NBTS). This mission brought together experts from WHO/AFRO and WHO Botswana to evaluate system performance, identify gaps, and propose a roadmap toward a more efficient, safe and sustainable blood system.


One of Botswana’s most significant achievements is its high rate of voluntary non-remunerated blood donation, which accounted for 96% of the national blood supply in 2023. This aligns with global best practice and reflects strong community trust in the health system. Additionally, all donated blood undergoes screening (including nucleic acid testing (NAT) for transfusion transmissible infections, maintaining high safety standards. Strategic partnerships have enhanced the system’s reach and capacity. Organizations such as the Botswana Red Cross Society, Pledge 25, Blood Donor Associations, US CDC, PEPFAR, and

WHO support donor mobilization, capacity development and quality improvement.

In health facilities, pre-transfusion testing follows standard operating procedures (SOPs) and external quality assessment schemes. The introduction of Botswana’s electronic Integrated Patient Management System (IPMS) has improved traceability and reporting in several facilities. Data from the country’s blood services also contributes to the Global Database for Blood Safety, reinforcing international benchmarking and knowledge sharing.

One of Botswana’s most significant achievements is its high rate of voluntary blood donation reflecting strong community trust in the health system.

 **96%**
of blood supply
from voluntary
donations

 **100%**
of donated
blood screened,
including NAT



▲ WHO team with NBTS management

a. Persistent challenges requiring systemic reform

The mission identified several structural and operational gaps that require urgent attention. Blood transfusion services coordination remains fragmented, the National Blood Policy (2018) is still in draft form and lacks an accompanying strategic plan, and a national advisory body for oversight is absent. Many blood centres operate with aging equipment, insufficient cold-chain systems, and manual component preparation processes. Procurement bottlenecks result in periodic stockouts of reagents and consumables. Critical shortages exist across donor recruitment, laboratory operations, quality management, and data systems. Staff require further training in quality assurance, automation, and regulatory standards.

While IPMS is expanding, Botswana lacks a unified national blood information system. Data from hospitals are inconsistently transmitted to NBTS, limiting real-time

monitoring and evidence-based decision-making. Guidelines for clinical transfusion require updates to reflect modern Patient Blood Management (PBM) principles. Hemovigilance systems are weak, and most hospitals do not have functioning transfusion committees, leading to under reporting transfusion reactions and gaps in quality oversight.

b. Strategic recommendations for strengthening the blood system

The assessment outlined a comprehensive set of reforms prioritizing governance, regulation, quality systems, infrastructure, human resources, and data management:

Governance and policy:

- Finalize and disseminate the revised National Blood Policy.
- Establish a National Blood Advisory Group.
- Strengthen NBTS organizational structure with clear roles and accountability.

Regulation and quality assurance

- Fast-track enactment of the Medicines and Related Substances Bill.
- Support inclusion of blood and blood products to the Essential Medicines List.
- Support accreditation of blood establishments through the Africa Society for Blood Transfusion (AfSBT) or other recognized bodies.

Infrastructure and service delivery

- Invest in automated component production technologies and modern cold-chain systems.
- Develop a national plasma strategy.
- Strengthen procurement systems to minimize stockouts.

Human resources

- Recruit specialized personnel across technical and managerial functions.
- Implement continuous professional development on ISO standards, automation, quality systems, and regulatory compliance.

Information systems, monitoring and evaluation

- Develop a national blood information system integrated into the broader health information ecosystem.
- Standardize indicators and build dashboards for national monitoring.
- Establish strong data feedback mechanisms for hospitals and districts.

Clinical use and safety

- Update clinical transfusion guidelines with PBM principles.
- Establish hospital transfusion committees nationwide.
- Develop a national hemovigilance system with standardized reporting tools.

A clear multi-year roadmap outlining strategic objectives, priority actions, resources, stakeholders, and timelines was proposed. While progress has been substantial, the path forward requires deliberate reforms, sustained investment, and strengthened partnerships. By implementing the roadmap, Botswana can build a modern blood system capable of meeting both routine healthcare demands and emergency needs, saving more lives and improving population health outcomes.

III. Strengthening health workforce through WHO Collaborating Center

WHO Representative (WR), Dr. Fabian Ndenzako, paid a courtesy visit to the University of Botswana School of Nursing, a longstanding WHO Collaborating Centre (WHOCC) for Nursing and Midwifery Development since 1990. The WR's visit celebrated the centre's achievements, reviewed ongoing work, and explored future opportunities for strengthening Botswana's health workforce.

Deliberations were held with senior leadership including Professor Magowe, Dean of the Faculty of Health Sciences; Professor Phaladze, Deputy Dean; Dr. Samuel Matula, Head of the School of Nursing; Ms. Mosidi Mokotedi, Coordinator of WHOCC; and other faculty members. In her opening remarks, Professor Magowe reflected on the rich history and evolution of the Faculty of Health Sciences, comprising the School of Nursing, School of Allied Health Professions, Pharmacy, and Public Health, and reaffirmed the School of Nursing's mission to produce well-rounded, highly skilled nursing and midwifery professionals for Botswana, Africa, and beyond.

Established in 1978, the School of Nursing is the faculty's oldest institution, with a mandate to ensure that undergraduate and postgraduate programmes meet international standards. Its curricula are grounded in evidence-based research, supported by advanced academic programmes including master's degrees (the most recent being a Master of Nursing in Gerontology and Palliative Care) and a PhD programme that will be launched soon.



▲ WHO Country Representative, Dr. Fabian Ndenzako, with Dean of the Faculty of Health Sciences, Professor Nthabiseng Phaladze



▲ WHO Botswana leadership with University of Botswana School of Nursing leadership

WHOCC focused on strengthening nursing contributions to reducing the burden of non-communicable diseases, improving maternal and newborn health, and promoting health across the life course.

The School of Nursing’s contribution extends far beyond national borders. Since being designated as a WHOCC in 1990, it has served Sub-Saharan Africa, playing a pivotal role in strengthening nursing and midwifery education, regulation, and practice. The school pioneered a home-based care model that has been shared across countries and contributed to introducing nursing education in higher learning institutions throughout the East, Central, and Southern Africa (ECSA) region, including Botswana, Lesotho, and Eswatini. The centre has also supported the establishment of national nursing councils, standardization of curricula, and implementation of regulatory frameworks in several countries.

Its extensive partnerships with the University of Pennsylvania, Rutgers University, Michigan University, the Cancer Association, and various NGOs, have mobilized resources for key initiatives such as the Adolescent Health and HIV/AIDS Project, and regional nursing leadership programmes. As an active member of networks like the Consortium for Higher Education for Nursing and Midwifery in Africa (CHENMA) and the Eastern, Central, and Southern Africa College of Nursing (ECSACON), the school continues to play a strategic leadership role in shaping the future of nursing in Africa.

From 2018 to 2022, WHOCC focused on strengthening nursing contributions to reducing the burden of non-communicable diseases (NCDs), improving maternal and newborn health, and promoting health across the life course. It also worked with multiple partners, including other WHOCCs, civil society, and professional bodies, to generate research on NCDs, maternal health, and adolescent health.

Under the current WHOCC designation period (March 2022–February 2026), the School’s Terms of Reference focus on three areas:

1. Conducting collaborative research on the impact of COVID-19 on the nursing and midwifery workforce.
2. Strengthening nursing and midwifery leadership in line with WHO Strategic Directions for Nursing and Midwifery (2021–2025).
3. Promoting rehabilitative and palliative services in revitalized PHC systems.

Considerable progress has been made across all areas. Research on the impact of COVID-19 has produced three collaborative publications, while needs assessments have identified leadership training gaps. Comparative analysis of national and international leadership programmes, including materials from GNWHOCCNM in the South Pacific and the Kamuzu University of Health Sciences, helped shape a leadership training workshop, with a pilot-test report already completed. In the area of palliative and rehabilitative care, extensive needs assessments informed the development of a new Oncology and Palliative Nursing Curriculum.



Implementation has faced delays due to the prolonged COVID-19 response and funding constraints. Nonetheless, partnerships, community engagement, and the global WHOCC network continue to offer strong opportunities for collaboration and resource mobilization.

Dr. Ndenzako commended the School of Nursing for its 35 years of service as a WHOCC and contribution to health research, emphasizing that its work generates high-quality evidence essential for informed WHO policy development. A comprehensive documentation of the 35-year journey, detailing achievements, innovations, and lessons learned would benefit many institutions across the region. Acknowledging global shifts in health financing and the increasing competition for resources, he urged the centre to strengthen partnerships and diversify funding sources. He also reaffirmed WHO's full and unwavering commitment to supporting this WHOCC in the effective execution of its mandate.

Dr. Sebege emphasized the importance of continued collaboration between WHO and the University of Botswana, highlighting the mutual benefits of sustained partnership in advancing national and regional health priorities. The visit concluded with a renewed sense of purpose, shared appreciation of past achievements, and a strong commitment to strengthening nursing and midwifery education, leadership, and service delivery in Botswana and beyond.

IV. Advancing the safety of patients and healthcare workers

a. Commemorating patient safety: A call to awareness and action

Botswana joined the global community in marking World Patient Safety Day 2024 under the theme "Improving Diagnosis for Patient Safety" and the slogan "Get it Right, Make it Safe". The commemoration highlighted the importance of timely and accurate diagnosis in preventing patient harm and strengthening the national health system.

Ahead of the day, the MoH sensitized district health teams and healthcare workers on diagnostic safety and equipped them with key messages for community awareness. Instead of organizing a large public event, the Ministry held a media briefing to ensure wider outreach through

national media platforms. Senior officials, including Dr. Mareko Ramotsababa, addressed the session and outlined the country's major health challenges and ongoing efforts to improve diagnostic practices and overall healthcare delivery.

Dr. Ramotsababa reaffirmed the MoH's commitment to advancing diagnostic accuracy, describing patient safety as a fundamental human right. He highlighted key interventions such as strengthening patient evaluations, adopting advanced diagnostic technologies, and improving systems for reporting and addressing diagnostic errors. He also encouraged patients to participate actively in their care and urged policymakers to support patient safety initiatives through adequate resources and strong standards.

WHO commended Botswana's commitment to patient safety and stressed the global burden of preventable medical errors, with diagnostic issues contributing significantly to morbidity and mortality. She emphasized aligning national efforts with the Global Patient Safety Action Plan 2021–2030 and highlighted ongoing WHO-supported initiatives in Botswana, such as the Stepwise Laboratory Improvement Process Towards Accreditation (SLIPTA) and the regional microbiology quality assessment programme. These efforts aim to strengthen laboratory services and improve diagnostic accuracy.

Media houses actively participated in the briefing through a question-and-answer session, during which they posed various inquiries to the MoH and received detailed responses.

The MoH reiterated its commitment to the Global Patient Safety Action Plan 2021–2030 and called for collective action among healthcare providers, policymakers, and patients. Botswana's proactive measures position the country as a regional leader in advancing diagnostic safety and reducing preventable diseases.

b. Promotion of hand hygiene as a cornerstone of prevention of health associated infections

WHO supported national efforts to promote the critical importance of hand hygiene through a joint commemoration hosted by the MoH and Princess Marina Hospital (PMH), the country's largest tertiary care facility.



▲ World Hygiene Day 2025

PMH joined healthcare institutions worldwide in honouring World Hand Hygiene Day, reaffirming its leadership in infection prevention and patient safety. Guided by the 2026 theme, “It might be gloves. It’s always hand hygiene,” the event emphasized the indispensable role of proper hand cleaning in all healthcare settings.

The day began with an energetic fitness walk that brought together hospital staff and community members. This activity symbolized unity and collective responsibility, and reinforced the broader public health message that healthy lifestyles and preventive behaviours are key to reducing disease and improving wellbeing.

During the main programme, WHO Officer and IPC Technical Advisor, Ms. Boingotlo Ramontshonyana, delivered the keynote address. She reaffirmed that hand hygiene remains one of the simplest, most effective, and most cost-efficient interventions for preventing healthcare associated infections. While acknowledging the protective value of gloves, she emphasized that gloves must never replace proper hand hygiene. Ms. Ramontshonyana also highlighted persistently low global compliance rates, particularly in intensive care units, and drew attention to the environmental burden associated with excessive glove use, which became especially evident during global health emergencies such as the COVID-19 pandemic.

She called on healthcare workers to consistently apply WHO’s “5 Moments for Hand Hygiene”, underscoring their proven role in reducing infections. These five critical moments: before touching a patient, before a procedure, after a procedure or body fluid exposure, after touching a patient, and after touching patient surroundings, were reinforced as essential daily practices that every health professional must uphold.

Representing PMH, Matron Tumisang Lesetedi echoed these messages and urged staff to champion hand hygiene as a core cultural norm in the hospital. She encouraged healthcare workers to lead by example in clinical settings, as well as homes, communities, and schools, promoting hand hygiene as a simple yet lifesaving responsibility.

Both speakers emphasized the need to integrate hand hygiene compliance into national infection prevention and control (IPC) strategies. They reaffirmed Botswana’s commitment to ensuring that all reference hospitals meet WHO monitoring standards by 2026, an important milestone highlighting the country’s ongoing progress in strengthening IPC systems.

The event concluded with a unified reminder: clean hands save lives. Hand hygiene is not only a professional duty but also a daily action that protects patients, communities, and healthcare workers, improving the overall safety and quality of care.

KEY ACHIEVEMENTS



National and institutional progress

- Strengthened alignment with WHO global campaigns, showcasing Botswana's commitment to international IPC standards.
- Reinforcement of the 2026 national target to ensure all reference hospitals meet WHO hand hygiene monitoring requirements.

Leadership and awareness

- Delivery of a high impact keynote address by WHO technical leadership, amplifying national IPC priorities.
- Strong collaboration between WHO, the MoH, and PMH, demonstrating effective multi-stakeholder engagement in public health promotion.

Behavioural change and advocacy

- Potential increased awareness among healthcare workers and the public on the 5 Moments for Hand Hygiene.
- Clear messaging on the limitations of glove use and the environmental impact of inappropriate glove reliance.
- Promotion of hand hygiene as a personal, professional, and community responsibility.

Community engagement

A successful fitness walk bringing together hospital staff and community members, fostering unity and public participation in health promotion.

Institutional ownership

PMH leadership commitment, with Matron Lesetedi encouraging staff to embed hand hygiene in the hospital's culture and beyond.



Strengthening infection prevention and control

Training of healthcare workers on infection prevention and control strategies

The MoH, with WHO support, conducted a five-day Training of Trainers (ToT) on IPC in Francistown to strengthen district level capacity. The training aimed to reinforce key IPC principles while providing a platform for participants to share experiences, challenges, and best practices. Forty-five healthcare workers were trained through a combination of presentations, interactive discussions, and group exercises.

In his opening remarks, Mr. Rampa Mosweu underscored the critical importance of IPC in preventing disease transmission, particularly in the context of ongoing outbreaks such as rotavirus, cholera, and COVID-19. He emphasized that strong IPC practices are essential for reducing HAIs and safeguarding patients and healthcare workers.

The training covered core IPC components, including modes of disease transmission, IPC leadership and programme establishment, education and training, HAI surveillance, WHO multimodal improvement strategy, and wash and waste management. These topics were designed to promote consistent IPC standards across all districts and facilities.

District presentations revealed that while IPC activities are underway nationwide, implementation remains uneven. Hospitals, particularly private facilities, demonstrated higher levels of compliance than other settings.



▲ Participants at the five-day Training of Trainers on IPC

Key challenges identified included the absence of formally appointed IPC focal persons and committees, weak coordination mechanisms, inconsistent application of IPC standards, and the lack of systematic HAI surveillance.

By the end of the workshop, districts had developed IPC improvement plans for presentation to management. Participants also committed to cascading the training to frontline healthcare workers to strengthen and sustain IPC practices across all levels of service delivery.



Districts **developed IPC improvement plans** to strengthen practices



45 healthcare workers trained



Participants **committed to cascading training** to frontline workers

ACHIEVEMENTS



c. Printing and dissemination of IPC guidelines



Following the successful technical support provided by WHO for the development of the national IPC Guidelines (which were finalized by the end of 2023), WHO further extended its assistance through dedicated financial support for the printing of the guidelines. This ensured that high-quality, professionally produced copies were available for use across all levels of the health system.

WHO also supported the nationwide dissemination of the guidelines. As part of this effort, IPC focal persons from districts and hospitals were oriented on the updated content and practical application of the guidelines. The purpose of this orientation was to enhance their own capacity and equip them with the knowledge and tools needed to cascade the guidance to the rest of the healthcare workforce. This cascade approach is critical for ensuring that frontline healthcare workers, who play a leading role in preventing HAIs, fully understand and consistently implement standardized IPC practices.

Through these combined efforts, WHO's support has contributed significantly to strengthening IPC programming, improving health system preparedness, and promoting safer care environments throughout the country.



▲ IPC focal points oriented on practical application of the National Infection Prevention and Control Guidelines

CHALLENGES



Botswana's progress toward UHC is hindered by persistent health system challenges. Despite strong government spending on health, the financing structure is inequitable, inefficient, and fragmented. PHC remains underfunded, with 80–90% of the health budget consumed by curative services, leaving inadequate resources for prevention and health promotion, which are essential for UHC attainment.

The external funding disruption affected HIV/AIDS services while the financial and structural constraints led to severe medicine shortages, which highlight inefficiencies in supply chain management and disrupt continuity of care. Governance gaps, resource constraints, and structural inefficiencies slow Botswana's path toward achieving comprehensive, affordable, and equitable health services for all.

NEXT STEPS



The Government of Botswana has launched the National Development Plan 12 (NDP-12) and the Botswana Economic Transformation Plan (BETP). In line with NDP12, BETP and GPW14, WHO will support reorienting health systems to a PHC approach to enhance equity, inclusiveness, cost-effectiveness and efficiency across the continuum of care, from prevention to palliation. As part of building a resilient health system, Botswana has embarked on the introduction of the National Health Insurance (NHI) scheme. The NHI represents a pivotal step toward financial sustainability and equitable access, offering an opportunity to streamline fragmented financing arrangements.

In addition to health financing reform, the government will reform the procurement and supply chain, modernize infrastructure, improve efficiency through health system digitization, improve health information systems for real time decision making, and invest in PHC as the cornerstone of service delivery.

B. ESSENTIAL QUALITY HEALTH SERVICES

I. Expanded Programme on Immunization

The MoH is committed to enhancing the overall quality of immunization services by reinforcing the surveillance, monitoring, and reporting of vaccine preventable diseases (VPDs). This effort aligns with the strategic objectives outlined in the Immunization Agenda 2030 and Global Vaccine Action Plan (GPSAP 2025–2026), which emphasizes equitable access to vaccines, strong immunization systems, and effective disease prevention.

Over the past two years, routine immunization coverage has consistently fallen below the recommended benchmark of 90% for all antigens (see Figure 1 below). This downward trend is concerning, as it increases the risk of disease outbreaks that could be prevented through timely vaccination.

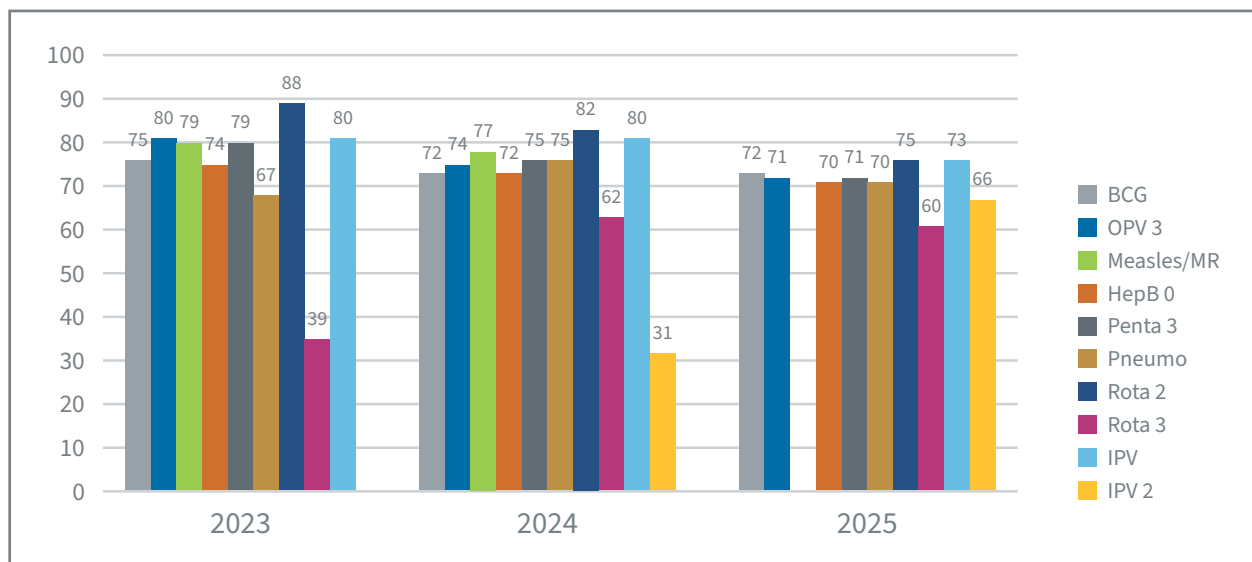
Several factors contribute to this decline in coverage. At district level, incomplete or delayed reporting compromises the ability to obtain accurate and timely data for decision making. Documentation gaps further hinder the tracking of vaccinated individuals and proper

monitoring of vaccine uptake. Additionally, challenges in vaccine supply chain management, such as improper forecasting, inadequate cold chain maintenance, and interruptions in distribution, have resulted in periodic stock shortages at health facilities. These shortages directly affect service delivery and access to vaccines.

Insufficient supervision and mentorship of frontline healthcare workers have weakened the consistency and quality of immunization practices. Data related challenges, including inaccuracies, inconsistencies, and limited validation mechanisms also play a significant role in the low reported immunization rates. Poor data quality affects monitoring and planning, but may also obscure the true magnitude of immunization gaps.

These challenges highlight the need for targeted interventions that strengthen health system performance, improve data quality, and ensure uninterrupted availability of vaccines, contributing to increased coverage and better protection for the population.

Figure 1: Botswana routine immunization coverage per antigen (2023–2025)



a. Development of the National Immunization Strategy (2025–2030)

During the 2024/25 biennium, Botswana achieved a major milestone in strengthening its immunization programme with the successful development of the National Immunization Strategy (NIS) 2025–2030. This was spearheaded by the MoH’s Child Health Division EPI Unit, with critical support from WHO, UNICEF and key stakeholders. The strategy aims to ensure robust protection against VPDs throughout the life course in alignment with regional and global immunization priorities, such as the Immunization Agenda 2030.

Mobile outreach services are being expanded to reach underserved and remote populations.

Reflecting on the previous Comprehensive Multi-Year Plan (CMYP) 2018–2022, significant milestones were achieved, including introducing new vaccines into the national schedule. Nevertheless, challenges such as funding constraints, low immunization coverages and data management limitations were encountered. Challenges persist in reaching zero dose and under immunized populations, particularly in remote and marginalized communities, with coverage below the 90% target for the past three years.

Lessons learned from this period have informed the development of the NIS 2025–2030, emphasizing the need for sustainable financing, innovative service delivery models, and strengthened health systems. The NIS underscores Botswana’s commitment to equitable, high-quality immunization services, aiming for impactful outcomes such as improved governance and accountability, expanding service delivery, data-driven improvements, optimized vaccine management, and community engagement.

One of the key NIS innovations is the adoption of life course immunization. This approach ensures that individuals receive appropriate vaccines at every stage of life, addressing diseases that affect different age groups. Mobile outreach services are being expanded to reach underserved and remote populations in an aim to reduce geographical and accessibility barriers.



▲ National Immunization Strategy Technical Working Group



New vaccines

introduced into the national immunization schedule



Challenges

- Funding constraints
- Data management limitations
- Low immunization coverages



Coverage < 90% target

Vaccinating remote, marginalized communities remains a major challenge

The NIS also proposes exploring innovative financing mechanisms, such as public-private partnerships and leveraging donor funding. Strengthening partner support is crucial to secure the necessary resources. The MoH, supported by UNICEF, costed the NIS to solidify budget requirements and identify funding sources. Advocacy and resource mobilization efforts will engage policymakers, donors, and international partners to garner support and secure funding commitments.

Strengthening multi-sectoral collaboration involves partnering with other sectors such as education and social services to integrate immunization efforts into broader public health initiatives. NIS is a national movement toward a healthier future, embodying Botswana’s dedication to health equity and disease prevention. As the world continues to face emerging health challenges, Botswana’s proactive approach serves as an inspiration, emphasizing that collective effort and innovative strategies can significantly improve public health.

b. Africa Vaccination Week EPI@50

In 2024, Botswana marked the 50th anniversary of the EPI (EPI@50) with a high impact African Vaccination Week (AVW), transforming the commemoration into a nationwide push to boost immunization and essential child health services. Through coordinated national and district level activities, the MoH intensified social mobilization, reached zero dose and missed children, strengthened diarrhoea case management, and showcased five decades of immunization achievements.

Despite limited funding, districts successfully conducted community outreach, supportive supervision in four low performing districts, media engagement, and widespread promotion of high impact interventions (HIIs) such as Vitamin A supplementation, ORS/zinc for diarrhoea, breastfeeding promotion, and routine immunization. The campaign harnessed radio, print, and social media to drive public awareness and demand for services.

The EPI@50 commemoration celebrated Botswana's immunization milestones and reignited momentum to protect every child, everywhere, through resilient, equitable, and integrated primary healthcare.

During the 2025 AVW, Botswana delivered a powerful equity milestone, taking lifesaving services directly to remote communities in the Tsabong District. Despite minimal planning, health teams rapidly mobilized to Kokotsha village (which has low coverage and high vulnerability), successfully delivering integrated immunization and child health services across seven facilities.

Strong community turnout, resilient health worker response, and functional cold chain systems showcased the district's readiness to reach underserved populations. This high impact outreach closed immunity gaps and strengthened trust in the health system, laying a solid foundation for upcoming child health campaigns.



▲ Professor Oathokwa Nkomazana, Permanent Secretary at the Ministry of Health, speaking at a media briefing in Gaborone on 24 April 2024, to commemorate EPI@50



▲ Dr. Joan Matji, UNICEF Representative to Botswana



▲ Dr. Tebogo Madidimalo, delivering WHO remarks



▲ AVW commemoration in Kokotsha Village



c. Botswana's milestone in polio eradication: Second IPV dose rolled out nationwide

Polio remains a critical global public health concern, particularly with the resurgence of circulating vaccine-derived poliovirus type 2 (cVDPV2). In Botswana, the detection of cVDPV2 in environmental surveillance in 2022 and 2023 highlighted vulnerabilities in population immunity. In response, the Botswana National Immunization Technical Advisory Group (BOTSNIATAG) conducted a rigorous review of scientific evidence, concluding that introducing a second IPV dose would increase immunity among children under two years of age.

BOTSNIATAG provided crucial scientific leadership, reviewing global evidence, contextualizing SAGE recommendations, and guiding the national policy decision adopted in June 2024. Their rapid appraisal and endorsement ensured that Botswana's policy was evidence-based, timely, and aligned with global polio eradication strategies.

Following the deliberations conducted by NITAG in collaboration with MoH and WHO, Botswana has taken a decisive step towards eliminating poliovirus by introducing a second dose of the IPV into the routine immunization schedule across all districts in June 2024.

IPV2 was successfully integrated into the routine immunization programme in line with the National Immunization Schedule. With WHO's technical support, tools and guidelines were updated, health workers trained, and monitoring systems (including DHIS2 and VigiFlow) strengthened. Early uptake rose from 31.2% at launch to 66% by early 2025, with all districts now reporting IPV2.

This coordinated effort has significantly bolstered Botswana's immunity against polio, enhanced system readiness, and reinforced public trust in vaccines.



cVDPV2 detected in Botswana environmental **surveillance** in 2022 and 2023, highlighting immunity gaps



Second dose of IPV introduced nationwide in June 2024 to boost immunity in children under two



Early uptake of IPV2 rose from **31.2%** at launch to **66% by early 2025**, now reported in all districts



Botswana's policy response was evidence-based, timely, and aligned with global polio eradication strategies



▲ Introduction of second dose of IPV

II. Vaccine preventable diseases surveillance

a. Polio eradication initiatives

The Ministry develops strategies to improve surveillance systems in line with the Global Polio Surveillance Action Plan (GPSAP) 2022–2024 which aims to increase the speed of poliovirus detection, improve surveillance quality at the subnational level, foster the integration of polio surveillance with surveillance for other epidemic-prone VPDs, and mainstream gender equality in surveillance activities and programming as a key enabling factor.

In line with the GPSAP objectives, the Ministry prioritized improvements in three key areas:

- 1. Increasing the speed of poliovirus detection** by strengthening case investigation processes, improving specimen collection and transport systems, and optimizing laboratory workflows to shorten turnaround times.
- 2. Enhancing surveillance quality at the subnational level**, with emphasis on capacity building, supportive supervision, and the use of performance indicators to identify and address gaps in traditionally underserved or high-risk districts.
- 3. Fostering greater integration of polio surveillance** with surveillance for other epidemic prone VPDs, including measles, rubella, and neonatal tetanus. This integrated approach seeks to maximize efficiency, leverage shared resources, and create a more resilient surveillance infrastructure capable of responding to multiple threats simultaneously.

Strengthened VPD surveillance remained crucial throughout the biennium for ensuring rapid detection of any poliovirus importation or emergence of vaccine derived polioviruses, as well as timely identification of VPD outbreaks. Early detection enables prompt, evidence-based response measures, including targeted immunization activities, case management, and risk communication, thereby minimizing the potential for widespread transmission.

The continued investment in surveillance capacity has positioned Botswana to better anticipate, detect, and respond to VPD threats, while contributing to the global mandate of polio eradication and sustained control of other preventable diseases.

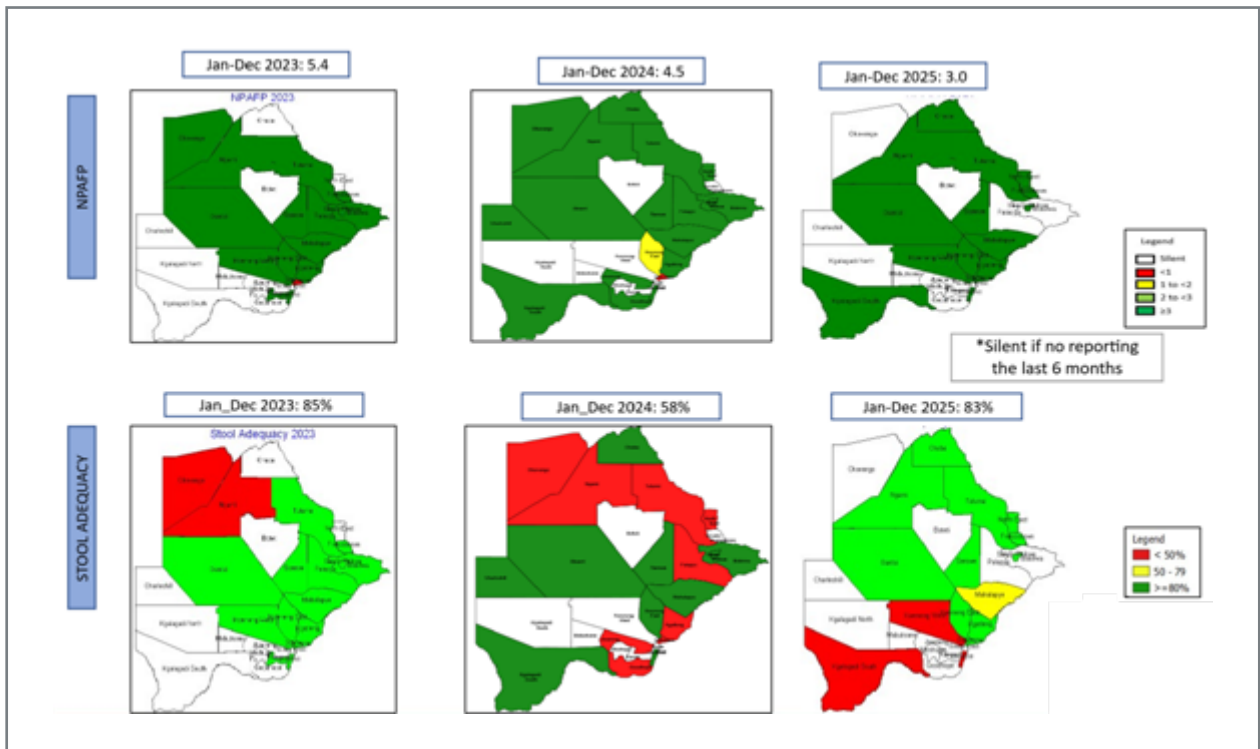
Acute flaccid paralysis surveillance performance indicators

Acute flaccid paralysis (AFP) surveillance remains a cornerstone of Botswana’s strategy to detect and respond to poliovirus transmission, particularly as the country sustains its polio-free status. In recent years, the MoH has continued to strengthen AFP surveillance through intensified case detection, improved reporting networks, regular health worker sensitization, and enhanced coordination with district surveillance teams. These efforts aim to ensure timely identification, investigation, and laboratory confirmation of AFP cases, enabling early detection of potential poliovirus circulation. The strengthened surveillance system supports national polio preparedness and reinforces the broader framework for detecting other neurological and vaccine-preventable diseases.

Environmental surveillance

The MoH continues to strengthen VPD surveillance by enhancing environmental surveillance as a key early warning mechanism. Currently, eight functional environmental surveillance sites are operational across the country. These sites are routinely monitored and sampled to ensure the timely detection of polioviruses and other potential public health threats, even in the absence of clinical cases. This enables rapid public health action, targeted interventions, and improved preparedness for potential outbreaks.

Figure 2: AFP surveillance performance by district (2023–2025)



The continued investment in surveillance capacity has positioned Botswana to better anticipate, detect, and respond to VPD threats

Figure 3: Botswana Environmental Surveillance performance 2024

Sitename	Sitecode	STATUS	# Samples received in the lab	Samples with results	% Samples with results	EVPositive	EV Isolation rate	Average # days samples arrive the lab	% samples arrived in the lab in <= 3days	% samples arrived in the lab in <= 7days	% Samples arrived in lab in good
LETSHOLATHEBE	ENV-BOT-NGA-NGA-LWP	ACTIVE	20	20	100.00%	12	60.00%	2	85.00%	100.00%	100.00%
KASANE WASTEWATER TREATMENT PLANT	ENV-BOT-CHO-KAS-KTP	ACTIVE	16	16	100.00%	13	81.25%	2	87.50%	100.00%	100.00%
SHAKAWE WASTE WATER PLANT	ENV-BOT-OKA-SHA-SWP	ACTIVE	22	22	100.00%	18	81.82%	2	86.36%	100.00%	100.00%
GLEN VALLEY WASTE WATER TREATMENT PLANT	ENV-BOT-GAB-GAB-GLV	ACTIVE	24	24	100.00%	20	83.33%	1	100.00%	100.00%	100.00%
JWANENG WASTEWATER STABILIZATION PONDS	ENV-BOT-JWA-JWA-JWP	ACTIVE	13	13	100.00%	11	84.62%	2	92.31%	100.00%	100.00%
PALAPYE WASTEWATER TREATMENT WORKS	ENV-BOT-SEP-SEP-PAL	ACTIVE	21	21	100.00%	19	90.48%	2	90.48%	95.24%	100.00%
GANTSI WASTE WATER STABILIZATION PONDS	ENV-BOT-GAN-GAN-GWP	ACTIVE	17	17	100.00%	16	94.12%	2	82.35%	100.00%	100.00%
MAMBO WASTEWATER TREATMENT WORKS	ENV-BOT-FRA-FRA-MAM	ACTIVE	21	21	100.00%	21	100.00%	2	80.95%	90.48%	100.00%

Figure 4: Botswana Environmental Surveillance performance 2025

Sitename	Sitecode	STATUS	# Samples received in the lab	Samples with results	% Samples with results	EVPositive	EV Isolation rate	Average # days samples arrive the lab	% samples arrived in the lab in <= 3days	% samples arrived in the lab in <= 7days	% Samples arrived in lab in good
GANTSI WASTE WATER STABILIZATION PONDS	ENV-BOT-GAN-GAN-GWP	ACTIVE	8	8	100.00%	6	75.00%	2	75.00%	100.00%	100.00%
GLEN VALLEY WASTE WATER TREATMENT PLANT	ENV-BOT-GAB-GAB-GLV	ACTIVE	8	8	100.00%	6	75.00%	1	100.00%	100.00%	100.00%
JWANENG WASTEWATER STABILIZATION PONDS	ENV-BOT-JWA-JWA-JWP	ACTIVE	11	11	100.00%	5	45.45%	2	90.91%	90.91%	100.00%
KASANE WASTEWATER TREATMENT PLANT	ENV-BOT-CHO-KAS-KTP	ACTIVE	5	5	100.00%	4	80.00%	2	100.00%	100.00%	100.00%
LETSHOLATHEBE	ENV-BOT-NGA-NGA-LWP	ACTIVE	9	9	100.00%	6	66.67%	2	66.67%	88.89%	100.00%
MAMBO WASTEWATER TREATMENT WORKS	ENV-BOT-FRA-FRA-MAM	ACTIVE	12	12	100.00%	10 *	83.33%	3	75.00%	91.67%	100.00%
PALAPYE WASTEWATER TREATMENT WORKS	ENV-BOT-SEP-SEP-PAL	ACTIVE	12	12	100.00%	10	83.33%	2	83.33%	91.67%	100.00%
SHAKAWE WASTE WATER TREATMENT PLANT	ENV-BOT-OKA-SHA-SWP	ACTIVE	8	8	100.00%	2	25.00%	2	87.50%	87.50%	100.00%

Strengthening regional action on polio eradication and vaccine preventable diseases

Botswana hosted the Twenty-fifth Inter-Country Certification Committee (ICCC) meeting from 9 to 11 December 2025 in Jwaneng, bringing together health leaders and technical experts from Botswana, Eswatini, Lesotho, Namibia and South Africa. The meeting reaffirmed the region's collective commitment to sustaining polio free status while strengthening protection against VPDs in the context of high population mobility and evolving public health risks.

This meeting provided a platform for member states to review progress since the previous ICCC meeting held in Maseru (Lesotho), align regional priorities with global polio eradication efforts, and advance implementation of the Immunization Agenda 2030 (IA2030). Discussions focused on accelerating strategies to reach zero dose and under immunized children, improving routine immunization coverage, strengthening surveillance and outbreak preparedness, and enhancing cross border collaboration.

Participants received global and regional technical updates from WHO, including a comprehensive briefing on poliovirus containment. The update highlighted intensified global efforts to strengthen laboratory biosafety and described Africa's ongoing transition to a more robust laboratory certification system aligned with international standards. While considerable progress has been achieved, countries acknowledged the continued risk posed by cVDPV and other VPDs, underscoring the importance of maintaining high population immunity, sensitive surveillance systems, and rapid outbreak response capacity.



▲ Delegates from five countries engage in discussions on strengthening routine immunization and closing zero-dose gaps during the 25th ICCC meeting hosted by Botswana in Jwaneng

The meeting reaffirmed the importance of regional solidarity, strengthened surveillance, resilient routine immunization services, and multisectoral collaboration in safeguarding Southern Africa's achievements. By bringing together country teams to collectively reflect, assess risks and chart a way forward, the meeting reinforced the region's shared goal of ensuring that every child, regardless of location or circumstance, receives life-saving vaccines and remains protected against polio and other preventable diseases.

Priority Recommendations for 2026 National and Regional Action

- ✓ **Intensifying efforts to identify and vaccinate zero dose and under immunized children**, particularly in border districts, remote communities and informal settlements.
- ✓ **Strengthening AFP and environmental surveillance systems**, ensuring all countries meet and sustain certification level standards.
- ✓ **Enhancing cross border collaboration**, including coordinated vaccination activities, joint supervision, and harmonized surveillance reporting.
- ✓ **Accelerating recovery of routine immunization services** through targeted outreach, improved defaulter tracing, and stronger community engagement.
- ✓ **Ensuring adequate national resources and political commitment** to sustain immunization and surveillance gains.



b. Measles elimination



Strengthened national measles elimination verification processes through WHO technical support

During the biennium, considerable progress was made in advancing Botswana's measles elimination agenda, with comprehensive and sustained technical support from WHO playing a vital role. The Secretariat's contribution enabled the National Measles Verification Committee (NVC) to successfully compile, validate, and submit the country's updated measles elimination verification documentation to the Regional Verification Committee (RVC), in full alignment with WHO/AFRO's verification framework. This achievement represents a major milestone in strengthening national evidence systems and positioning the country for future formal certification of measles elimination.

WHO's support added strategic value across three core domains: technical leadership, data strengthening, and multisectoral coordination. Through ongoing mentorship and expert guidance, WHO ensured that the NVC applied the five WHO required lines of evidence (epidemiology, surveillance performance, immunization coverage, molecular virology, and programme sustainability) with technical rigor and adherence to regional standards. This ensured that Botswana's elimination dossier followed the structured methodology outlined in WHO/AFRO verification guidelines and met the documentation expectations of the RVC.

A major component of the Secretariat's assistance focused on data quality improvement, which is foundational for credible verification. WHO provided hands on support to reconcile routine MCV1/MCV2 administrative coverage, supplementary immunization activity (SIA) achievements, and case-based surveillance data. This process was critical for resolving inconsistencies, improving analytical

robustness, and enhancing the overall reliability of the submitted evidence.

Given the post COVID-19 declines observed in routine immunization coverage, the NVC and national programmes were supported with targeted remedial actions to strengthen system performance. WHO facilitated microplanning in low performing districts, conducted rapid measles risk assessments, supported the implementation of mop up vaccination where immunity gaps were identified, and delivered refresher training on case investigation, specimen collection, and transportation. These interventions contributed directly to improvements in non-measles febrile rash discard rates and overall surveillance sensitivity.

As part of the dossier refinement process, WHO also guided the country in articulating compelling evidence of sustained interruption of endemic measles transmission, including the absence of compatible transmission chains over multiple years. Simultaneously, WHO supported the transparent documentation of remaining programmatic risks, such as subnational immunity gaps, and the development of mitigation measures for implementation in 2026–2027.

Through this blend of technical guidance, strengthened analytics, coordinated partner engagement, and evidence-based risk mitigation, WHO made a substantial contribution to Botswana's progress toward meeting regional measles elimination verification requirements. This achievement strengthens the country's position on the pathway to eventual formal certification and reinforces national capacity to sustain high immunization and surveillance performance moving forward.

Figure 5: Measles trends 2013–2024

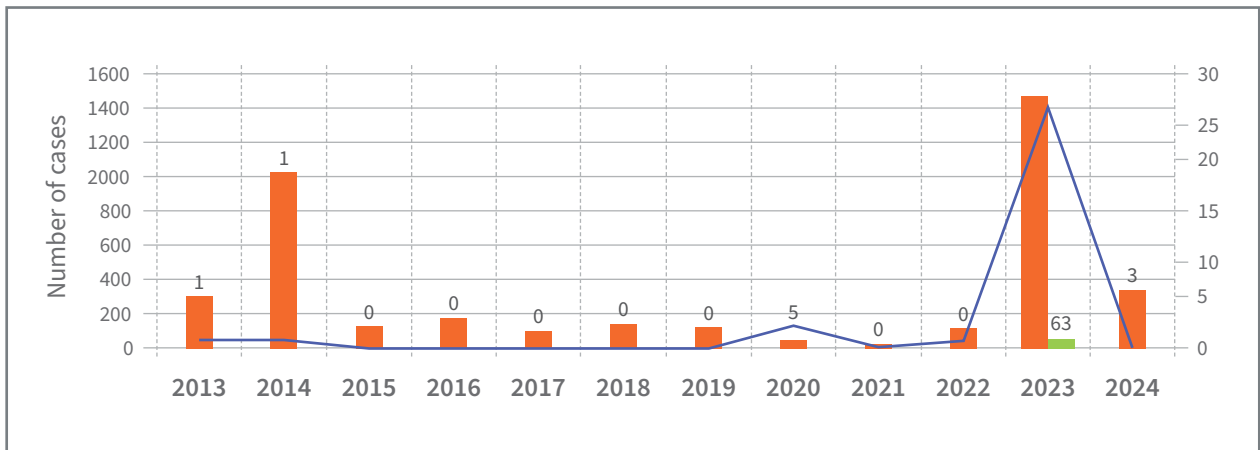


Figure 6: MCV1 and MCV2 coverage, Botswana, WHO-UNICEF coverage estimates

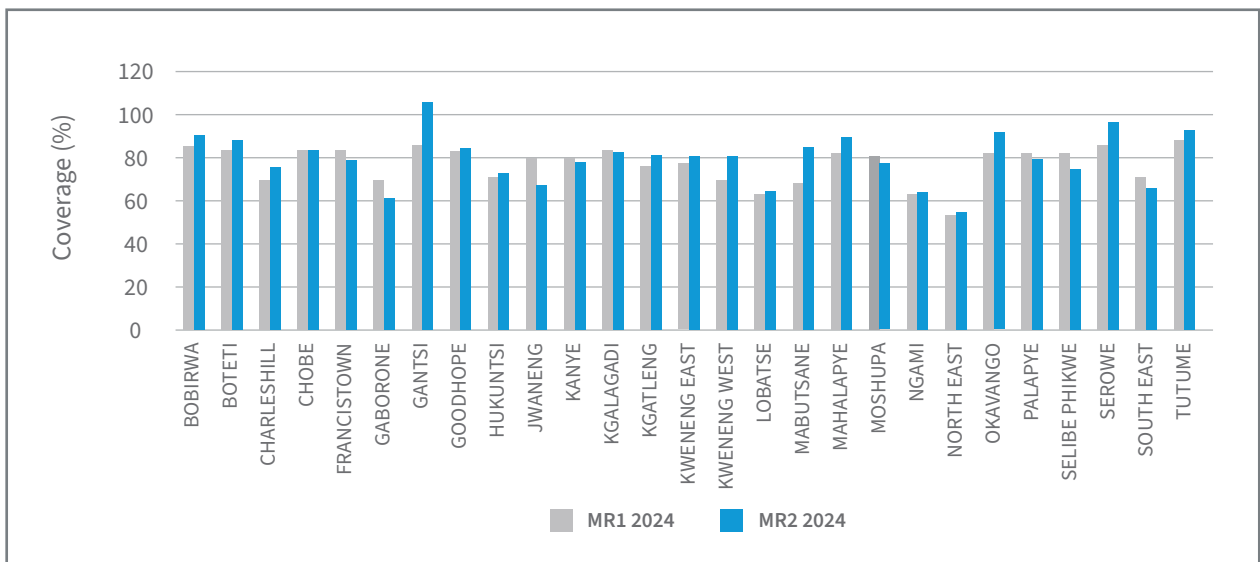
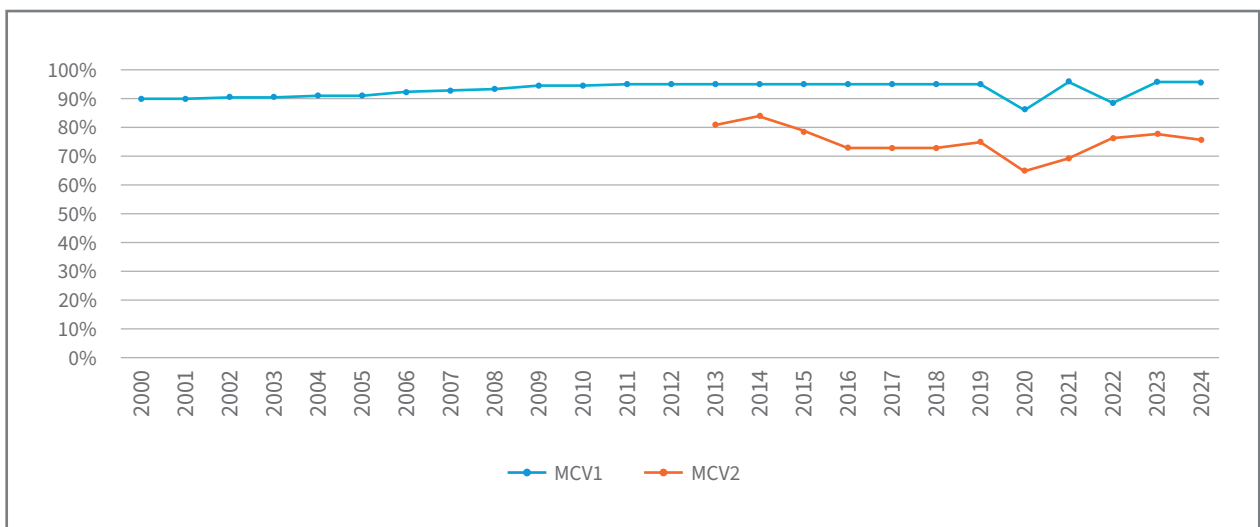


Figure 7: 2024 Measles vaccine coverage by district



III. Strengthening vaccine safety surveillance

a. Adverse event following immunization committee engagement and field supervision

During the reporting period, the adverse event following immunization (AEFI) Committee, supported by the MoH, WHO, and BoMRA, successfully strengthened national vaccine safety surveillance through a three-day engagement that combined committee capacity building, causality assessment, and district level supportive supervision.

A national AEFI Committee meeting brought together sixteen members and key partners, including a WR and the BoMRA CEO. The meeting provided refresher training, inducted new members, and reinforced the committee’s evolving mandate from COVID-19 vaccine monitoring to broader routine immunization safety oversight. Key priorities emphasized included enhancing investigation and reporting quality, improving communication with health workers and communities, and accelerating closure of pending AEFI cases.

The committee developed actionable recommendations to improve functionality, including the need for visibility materials, digital tools, strengthened documentation, increased access to research resources, regular health worker refresher training, and improved coordination with child health and EPI committees.

The mission also conducted a district level supportive supervision visit to Palapye, led by WRs and district leadership. Engagements with local authorities, including



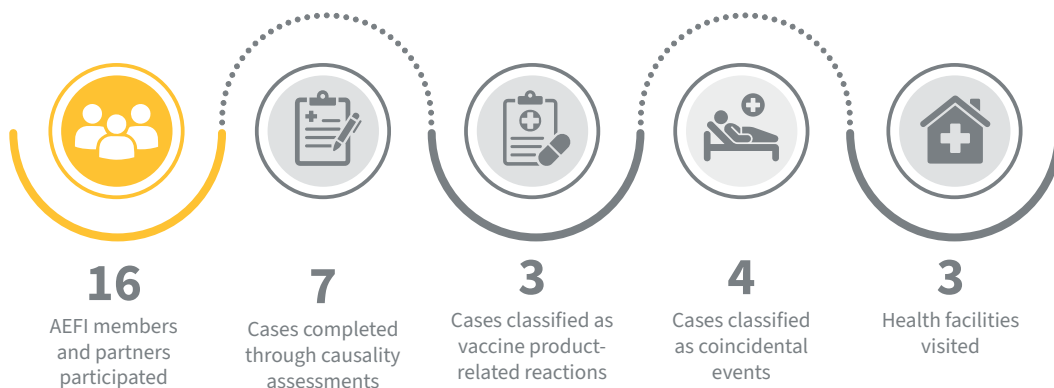
▲ AEFI Committee members and partners



▲ Participants during the national AEFI Committee meeting

The AEFI Committee completed causality assessments for seven cases, with three classified as vaccine product related reactions and four as coincidental, demonstrating continued functionality of the national safety surveillance system.

The meeting contributed to strengthening national vaccine safety monitoring, improving multisectoral engagement at district level, and identifying system gaps that will guide future investments in immunization safety and PHC.



b. Botswana boosts vaccine safety with VigiMobile and AEFI surveillance training

Botswana completed a national training programme on AEFI data management using the VigiFlow and VigiMobile systems. This training marked a significant step forward in enhancing the country's capacity to ensure the safety and efficacy of vaccines while fostering public confidence in immunization programmes. The training brought together participants from BoMRA, the MoH's EPI, WHO Country Office, and district EPI focal persons. Facilitated by experts from WHO's regional offices and the Uppsala Monitoring Centre, the programme showcased Botswana's commitment to adopting innovative tools and methodologies for vaccine safety.

The programme started with a ToTs session for national officers, which equipped participants with the knowledge and skills necessary to cascade the training to all twenty-seven districts in Botswana. District-level sessions focused on practical applications of VigiMobile and VigiFlow, reinforcing participants' understanding of vaccine safety surveillance and the crucial roles played by BoMRA and district AEFI committees.

These sessions provided hands-on experience in reporting and managing adverse events, ensuring participants were well prepared to use the tools. The introduction of VigiMobile has revolutionized Botswana's AEFI reporting system. This mobile application allows healthcare professionals to report adverse events even in remote areas with limited internet connectivity. Offline data entry,

synchronized with VigiFlow once connectivity is restored, ensures seamless and timely reporting.

Since its implementation, the system has already facilitated the reporting of thirty AEFI cases, improving the speed and accuracy of data collection while enabling prompt responses to safety concerns. The training also highlighted challenges that could hinder comprehensive AEFI surveillance, including limited awareness of BoMRA's role, gaps in district AEFI committee coverage (particularly in remote areas like Kgalagadi), and logistical constraints such as a lack of compatible devices and competing healthcare priorities.

To address these challenges, several key recommendations were proposed. Regular refresher training on AEFI and adverse drug reaction (ADR) surveillance will be essential to maintain high levels of competency among healthcare workers. Expanding access to VigiFlow for district-level focal persons is expected to enhance data management and reporting. Additionally, strengthened collaboration between BoMRA, the MoH, and district AEFI committees will ensure timely and effective responses to adverse events.

With sustained efforts and collaboration, Botswana is well-positioned to further strengthen its immunization programmes and safeguard public health through robust vaccine safety systems.



▲ National VigiFlow Training of Trainers Participants

IV. Reproductive maternal, newborn child and adolescent health

The MoH, in collaboration with the WHO and a wide network of strategic partners, continues to advance the implementation of the Reproductive, Maternal, New-born, Child, and Adolescent Health and Ageing plus Nutrition (RMNCAHA+N) programmes. This work is grounded in national priorities and aligned with the Global Strategy for Women's, Children's and Adolescents' Health 2016–2030, which provides a unifying framework for improving health and wellbeing across the life course.

Over the 2024/2025 biennium, the RMNCAHA+N programme has remained central to national efforts to strengthen PHC, reduce preventable morbidity and mortality, and close persistent equity gaps. The programme adopts a comprehensive and integrated approach, bringing together

evidence-based interventions that safeguard reproductive health, promote safe and healthy pregnancies, ensure quality care during childbirth, and support the optimal growth, development, and wellbeing of newborns, children, adolescents, and older persons.

Through multisectoral partnerships, the programme continues to address social, economic, and structural determinants that influence health outcomes, while expanding access to essential services, particularly for underserved and vulnerable populations. The RMNCAHA+N strategy emphasizes continuity of care across life stages, quality of service delivery, community engagement, and strengthening of health systems to ensure resilient and sustainable progress.

The progress documented in this biennium reflects ongoing dedication to improving the lives of women, children, adolescents, and families.

Collectively, these efforts contribute to Botswana's commitment to achieving the Sustainable Development Goals (SDGs), advancing UHC, and promoting equitable, people centred health services. The progress documented in this biennium reflects ongoing dedication to improving the lives of women, children, adolescents, and families, and reinforces the country's pledge to uphold health and well-being for all.



a. Development of a community health worker health promotion package on unintended pregnancies, contraception, and abortion

During the 2024/2025 biennium, the MoH, in collaboration with WHO and the United Nations Population Fund (UNFPA), successfully convened a national workshop aimed at strengthening Community Health Worker (CHW) capacity to address unintended pregnancies and broader sexual and reproductive health (SRH) concerns. The workshop brought together multidisciplinary participants from multiple districts, including midwives, doctors, community health nurses, health education officers, and health education assistants.

The initiative assessed existing CHW knowledge gaps and facilitated the creation of a tailored health promotion package covering unintended pregnancies, contraception, and abortion in the Botswana policy context. Key thematic areas included SRH literacy, person centred contraceptive counselling, legal and ethical considerations on abortion, stigma reduction, and effective communication approaches for adolescents, men, and marginalized groups.



The workshop further defined essential components for a standardized package, including flipcharts and brochures, mobile friendly educational materials, strengthened referral pathways, and simple monitoring tools to track CHW outreach and community feedback. Through collaborative dialogue, participants identified key systemic barriers, such as stigma, limited training opportunities, inconsistent supervision, and resource constraints while also outlining practical strategies to enhance CHW roles in SRH promotion.

Clear recommendations were generated for capacity building, supportive supervision, community engagement, policy clarification, and continuous monitoring and evaluation. The activity established a strong foundation for improving CHW competencies, supporting community level SRH interventions, and advancing Botswana's efforts to reduce unintended pregnancies and improve reproductive health outcomes.

b. Strengthening integration of health and wellbeing indicators in the Education Management Information System

In partnership with UNESCO, the MoH, and the Ministry of Child Welfare and Basic Education successfully convened a national stakeholder workshop to review and update the Global Core Indicators embedded in the Education Management Information System (EMIS). These indicators, originally integrated in 2014 and monitored through the Annual School Census, form a critical base for school health and wellbeing programming.

The workshop achieved a major milestone by assessing the relevance of existing indicators and identifying priority areas requiring alignment with emerging national and global commitments. Stakeholders recommended the inclusion of new indicators addressing SRH rights, mental health, comprehensive sexuality education (CSE), menstrual health, and gender-based violence reporting. The exercise strengthened cross sector collaboration and enabled education and health authorities to improve data quality, support evidence-based planning, and ensure more responsive school health policies.

This achievement lays the groundwork for a more robust, comprehensive EMIS framework that better reflects contemporary health and education priorities and supports Botswana’s alignment with the SDGs, ESA Commitment, Global Action for Measurement of Adolescent Health (GAMA), and adolescent wellbeing indicators.



▲ National stakeholders review and update the Global Core Indicators embedded in the Education Management Information System



▲ Stakeholders at the EMIS workshop

RECOMMENDED INCLUSION OF NEW INDICATORS



Sexual and reproductive health rights



Mental health



Comprehensive sexuality education



Menstrual health



Gender-based violence reporting

c. World Health Day focus on maternal mortality reduction

In April 2025, Botswana, with WHO support, successfully commemorated World Health Day under the global theme “Healthy Beginnings, Hopeful Futures”. The commemoration amplified national dialogue on maternal and newborn health, aligning Botswana with global and regional calls to accelerate progress on women and children’s health rights in line with WHA Resolution 77.5 and the SDGs.

The event brought together a wide constituency, including the MoH, WHO, UN agencies, academia, civil society, development partners, and community representatives. It served as a major national platform to spotlight persistent challenges affecting maternal and newborn

health, particularly in the context of decreasing global health financing for Africa.

WHO delivered remarks emphasizing the urgent need to safeguard the health rights of women and children and to increase investments in essential maternal and newborn health interventions. The Assistant Minister of Health echoed these sentiments, reaffirming government commitment to strengthening the health system, expanding quality maternal services, and promoting long-term wellbeing for women and newborns. Other speakers reinforced the importance of early antenatal registration, skilled birth attendance, and resilient health systems capable of delivering equitable and high-quality care.



The event successfully engaged the public through:

- Aerobics and physical activity sessions promoting healthy lifestyles and NCD prevention.
- Extensive media coverage via Botswana Television, radio, and print outlets.
- Live streaming on MoH platforms, expanding reach to national audiences.
- Social media campaigns led by WHO and MoH, disseminating maternal and newborn health messages throughout the commemorative week.

Key messages highlighted during the commemoration included the need to:

1. Scale up high impact interventions such as antenatal care, skilled birth attendance, emergency obstetric and newborn care, and timely postnatal services.
2. Strengthen equitable access to quality services, particularly in underserved and rural areas.
3. Advance laws and policies that protect the health rights of women and children, including maternity protection and access to SRHR services.
4. Address socio economic barriers to health.
5. Enhance accountability, coordination, and innovation in the health system.
6. Sustain national advocacy to protect gains in maternal and newborn health outcomes.



▲ WHO staff at World Health Day, April 2025

CHALLENGES



Botswana continues to advance the implementation of the RMNCAHA and EPI programmes, but the following challenges persist across the health system:

- Service delivery gaps remain evident, particularly in underserved and rural communities where geographical barriers, human resource shortages, and limited outreach capacity affect access to essential maternal, newborn, child, adolescent, and immunization services.
- Health worker shortages, including midwives, neonatal specialists, adolescent health providers, and vaccinators, continue to strain service quality and limit the ability of facilities to conduct routine outreach, follow up, and timely reporting.
- Commodity and vaccine stockouts, coupled with supply chain and forecasting weaknesses, reduce service delivery consistency.
- Data related challenges remain prominent, with incomplete or delayed reporting in DHIS2, limiting timely decision making for RMNCAHA services and immunization coverage monitoring
- Persistent pockets of low coverage, vaccine hesitancy, and cold chain equipment limitations hinder efforts to sustain high immunity levels, while surveillance gaps, especially in timely detection and investigation of AFP and other VPDs, pose ongoing risks.
- Limited service integration across the continuum of care, inadequate adolescent friendly services, weak community engagement, and insufficient focus on healthy ageing further constrain progress.



▲ The public attended in high numbers the World Health Day activities advocating for a healthy lifestyle



Strengthen microplanning and target outreach, focusing on districts and communities with low coverage.



Enhance community mobilization and risk communication, addressing misinformation and building trust in vaccines.



Improve forecasting, procurement, and stock management, ensuring uninterrupted availability of vaccines and supplies.



Optimize the cold chain by including solar powered fridges and improving maintenance systems.



Expand integrated service delivery, ensuring every contact with the health system is an opportunity for vaccination.



Increase frequency and quality of outreach sessions, supported by adequate transport and staffing.



Reinforce VPD surveillance, including AFP, environmental surveillance, and case-based surveillance.



Improve data quality and use, with regular data review meetings, dashboard use, and supportive supervision.



Strengthen implementation of the RMNCAHA+N and NIS strategies.



▲ Participants at World Health Day, April 2025



Communicable and non-communicable diseases

Communicable and non-communicable diseases

Botswana has significantly improved health outcomes through strong national health programmes and strategic partnerships. The country is facing a dual burden of disease, marked by the continued presence of communicable diseases and a growing prevalence of non-communicable diseases (NCDs). This ongoing epidemiological transition places increasing pressure on the national health system and requires coordinated, system-wide action.

Botswana continues to develop and implement strategies, plans, norms, and guidelines that support the timely detection, screening, and treatment of communicable diseases and NCDs, while ensuring access to palliative care for people in need. High impact essential NCD interventions can be delivered through PHC and integrated disease management, strengthening the country's capacity to address the population's full spectrum of health needs.

although an estimated 3,800 deaths still occur annually. The country is also the first in Africa to be awarded Gold Tier status by the WHO for EMTCT of HIV.

TB remains associated with HIV infection in Botswana. The TB incidence rate is estimated at 200–250 cases per 100,000 people. Half of TB patients are co-infected with HIV, which increases treatment complexity and health risks. National programmes supported by WHO focus on integrated TB/HIV services, early diagnosis, and improved treatment outcomes.

Other communicable diseases affecting Botswana include malaria, HBV, and VPDs such as measles, and the resurgence of neglected tropical diseases (NTDs). Malaria transmission occurs in the northern regions of the country, albeit low due to ongoing control programmes. Despite these measures, Botswana experienced a resurgence in the 2025 transmission season.

A. COMMUNICABLE DISEASES

Communicable diseases remain a major public health concern in Botswana, particularly HIV and tuberculosis (TB). Botswana has historically had one of the highest HIV prevalence rates in the world. Current estimates indicate that 16–17% of adults aged 15–49 is living with HIV.

Despite this high prevalence, Botswana has made substantial progress in HIV treatment and prevention. More than 330,000 people are receiving antiretroviral therapy (ART), and the country has achieved the UNAIDS 95-95-95 targets for HIV diagnosis, treatment, and viral suppression. As a result, HIV-related mortality has declined significantly,

ACHIEVEMENTS



I. HIV/STIs/HBV

a. Recognition of EMTCT of HIV

Botswana's momentum towards elimination accelerated in 2021, when it became the first high HIV burden country in the world to be awarded WHO Silver Tier status on the path to EMTCT of HIV. This recognition signified that the country had successfully reduced MTCT rates to below 5%, achieved



16–17%
of adults aged 15–49
are living with HIV



>330,000
people are receiving
antiretroviral therapy



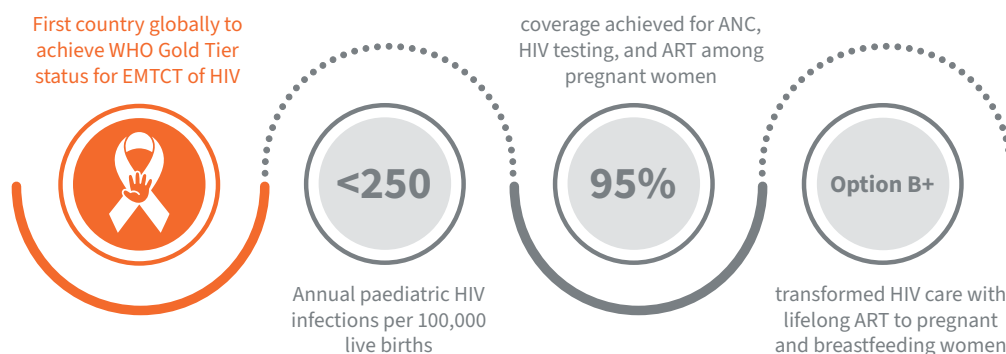
3,800
HIV-related deaths
estimated annually



200–250
TB cases per 100,000
estimated annually



50%
of TB patients are
co-infected with HIV



more than 90% antenatal care coverage, and ensured high levels of HIV testing and ART for pregnant women.

These accomplishments demonstrated that Botswana had established strong prevention measures and was well positioned to progress further. After achieving Silver Tier status in 2021, the country officially adopted the Global Triple Elimination Initiative, which integrates efforts to eliminate vertical transmission of HIV, syphilis, and HBV. This integration laid an important foundation for the comprehensive reforms that followed in pursuit of the next tier.

Between 2021 and 2024, Botswana, with the support of WHO and other partners, intensified its PMTCT initiatives, strengthening its health system and community-based interventions. A key focus during this period was improving the monitoring and protection of HIV negative pregnant and breastfeeding women. Simultaneously, the MoH invested in community engagement initiatives to reduce stigma, promote access to services, and encourage early antenatal care attendance, an essential step in reducing MTCT risk, and a strong contributor to achieving the 95-95-95 Global HIV targets. These actions, coupled with strong political will and multisectoral collaboration, helped the country build sustained momentum toward elimination targets.

This steady progress culminated in a historic milestone on 20 May 2025, when Botswana was awarded **WHO Gold Tier status**, becoming the first high HIV burden country globally to reach the highest level of achievement in eliminating vertical HIV transmission. The Gold Tier certification was based on strict criteria, which Botswana met and exceeded in some cases. **The country successfully reduced new paediatric HIV infections to fewer than 250 per 100,000 live births and achieved over 95% coverage for antenatal care attendance, HIV testing, and ART among pregnant women.** By 2023, Botswana's MTCT rate had dropped

to just 1.2%, significantly below the WHO elimination benchmark of 5%. These achievements showcased a level of programmatic and epidemiological excellence rarely attained in high burden settings.

Several factors contributed to this extraordinary success. Botswana's early adoption of Option B+, which provides lifelong ART to pregnant and breastfeeding women living with HIV, proved transformational. Botswana's HIV programme has been offering free access to ART (including for noncitizens) since 2019, removing critical access barriers. Community driven interventions, especially the role of community health workers and peer mother programmes, helped sustain high levels of enrolment, treatment adherence and retention in care. Technological innovation also played a significant role, with DHIS2 as the Government's selected gold standard platform for aggregate data, which improves accuracy and monitoring, and enables rapid response capacity across districts. These interventions were supported by strong political leadership, with the MoH consistently prioritizing investments in HIV, maternal, neonatal, and child health.

Sustaining Gold Tier status requires maintaining high levels of service coverage, strengthening data and laboratory systems, and addressing human rights related barriers to HIV services. Through political will and commitment, the country aims to maintain this status or even be certified for full elimination during the 2027 validation year.

Botswana's achievement of Gold Tier status is a powerful demonstration of what is possible when evidence-based policy, strong political commitment, and community partnership converge. The country has shown the world that even in high burden settings, EMTCT of HIV is not only attainable but sustainable. Botswana now stands as a global exemplar, offering lessons and hope for other nations striving toward an HIV free generation.

CHALLENGES



- Heavy reliance on paper-based reporting by facilities.
- Overworked staff in facilities, owing partly to migrations.
- Most community programmes are funded by external donors, putting them at risk of should donor funding cease.
- Centralised and slow uptake of programmes such as community dispensing, and multi month dispensing due to government being the sole provider of ARTs.
- Syphilis and HBV programmes are not as integrated and lag behind HIV programmes.

RECOMMENDATIONS



- Reorient the system to provide services to cover HBV and syphilis (supported by ANC and high coverage of HIV MTCT services).
- Revise data collections tools and enhance integration.
- Revise the DHIS2 dashboards and trackers to enable onsite data capturing.
- Scale up PREP uptake among pregnant and breastfeeding women.
- Develop a roadmap for implementation for the GVAc recommendations.

b. Botswana HIV drug resistance laboratories

Botswana's HIV treatment programme is one of the longest standing. Many patients have been on treatment for over a decade, with some having had to adopt safer, more tolerated, efficacious and affordable treatment regimes. These changes were often informed by HIV's ability to develop resistance to treatment.

Throughout 2024, WHO intensified its technical support to Botswana to strengthen national HIV Drug Resistance (HIVDR) laboratory capacity. This support was anchored in Botswana's progression as a WHOCC for HIVDR (a designation conferred in August 2023), which mandated the country to conduct routine HIV drug resistance testing, support regional surveillance, and provide training to other African laboratories. During 2024, Botswana advanced these responsibilities by conducting surveillance in collaboration with key partners including BHP, BUHMMI, CDC Botswana, and the MoH, while identifying needs for

enhanced technical assistance, expanded proficiency testing capacity, and improved data use.

A major highlight of WHO-supported activities was the five-day HIVDR Technical Working Group (TWG) meeting held in Mahalapye from 21–25 October 2024, jointly convened by WHO and the MoH. The meeting brought together national laboratory leaders, academic institutions, and international partners to review Botswana's HIVDR surveillance findings, assess emerging risks, and draft strategic actions to mitigate rising drug resistance threats. WHO and other partner support in the implementation of the HIVDR studies coincided with Botswana's preparations to submit its first WHOCC designation report by November 2024. This report underscored the need to demonstrate strengthened surveillance, improved laboratory readiness, and new HIV variant detection capability. The Mahalapye engagement served as a critical platform for evaluating laboratory performance and aligning national systems with WHO standards.

In November 2024, WHO's expert from Geneva, Dr. Michael Jordan, conducted an onsite mission to the Botswana HIVDR WHOCC to assess laboratory processes, strengthen data analysis capacity, and make recommendations to ensure the centre-maintained compliance with WHO designation requirements. The mission focused on enhancing the laboratory's ability



▲ A MoH lab scientist performing some procedures



▲ Lab experts working with an MoH scientist during HIVDR support onsite

to conduct comprehensive HIVDR surveillance, including among infants and long-term ART patients, and positioning Botswana to serve as a regional hub for processing HIVDR specimens from other African countries. This period marked a consolidation of WHO Botswana efforts to ensure sustainable, high quality HIV drug resistance monitoring for 2025 and beyond.

ACHIEVEMENTS



- The drug resistance studies were reviewed and analysed onsite when needed.
- Dr. Jordan's visit enabled onsite capacity building and mentoring for lab scientists.
- The requisite surveys for the HIVDR WHOCC were conducted.

CHALLENGES



- Insufficient capacity, especially pertaining to laboratory human resources.
- Challenges with HIVDR testing kit procurement, which hinders testing of samples from other countries.
- Data scientist skills to ensure data cleaning and completeness.

RECOMMENDATIONS



- Strengthen national proficiency testing capacity.
- Enhance genomic surveillance and variant detection readiness.
- Invest in long term data management and analytics systems.
- Expand regional laboratory support role.
- Sustain collaborative platforms such as the Mahalapye TWG/multistakeholder meeting.

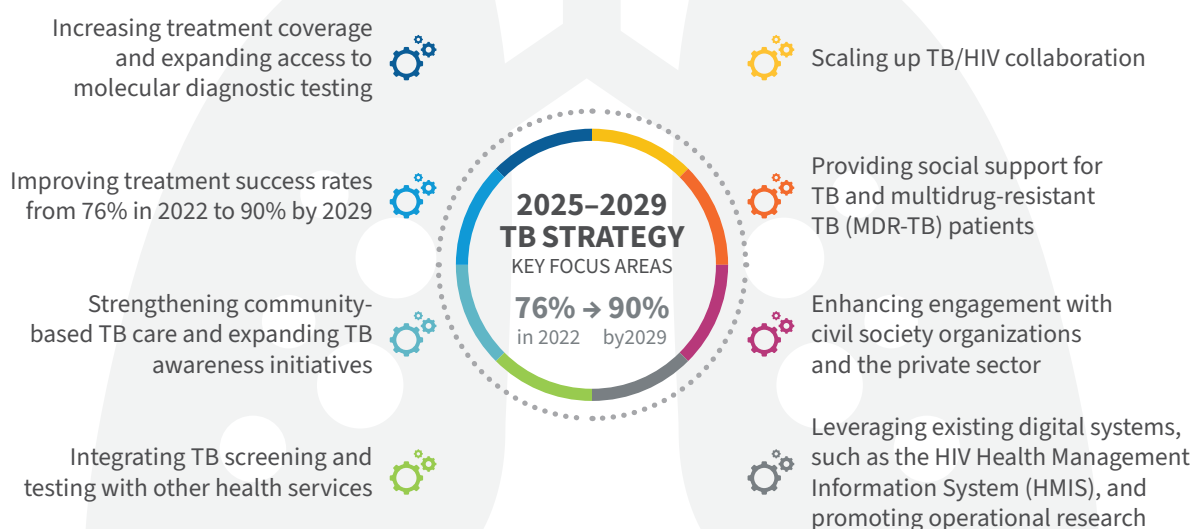


▲ Dr. Michael Jordan (global expert in HIV drug resistance), Dr. Juliet Bataringaya, WHO Botswana Officer in Charge, and Dr. Tebogo Madidimalo, Team Lead for Communicable and Non-communicable Diseases

II. Tuberculosis programme

a. Supporting development of National TB Strategic Plan: 2025–2029

With the conclusion of the 2019–2024 TB Strategic Plan, the MoH, together with WHO and other key stakeholders, initiated the development of a new five-year strategic plan (2025–2029). The process began with a midterm review, which revealed several challenges affecting TB management in Botswana. Drawing on these findings and WHO’s global TB strategy, a new strategic plan was developed with WHO technical support. The planning process followed a stepwise approach, starting with defining key objectives and targets, followed by identifying strategic interventions and corresponding activities. This work culminated in the development of a comprehensive monitoring and evaluation framework.



Review and update of National TB Guidelines

In a major step toward strengthening the country’s response to TB, the National TB Programme convened a comprehensive multi stakeholder workshop to review and update Botswana’s national TB management guidelines. This important initiative follows the expiration of the previous guidelines and reflects the country’s commitment to ensuring that national policies remain aligned with the latest global evidence and standards for TB prevention, diagnosis, and treatment.

The workshop brought together clinicians, programme managers, laboratory experts, development partners, and representatives from civil society to examine the evolving TB landscape. The review was guided by WHO’s most recent consolidated guidelines on TB management. Throughout the workshop, WHO provided extensive technical support, presenting updated evidence, facilitating discussions on new recommendations, and advising on Botswana’s context.

The updated national TB management guidelines introduce several critical changes to improve early detection, enhance patient outcomes, and strengthen continuity of care across the health system.

Key areas updated include, but are not limited to:

- Enhanced TB screening protocols, including the integration of more targeted screening approaches and adoption of advanced diagnostic technologies to improve accuracy and reduce delays in case finding.
- Strengthened approaches to childhood and adolescent TB management, incorporating newer evidence on diagnosis and treatment to address the unique needs of these age groups.
- Updated treatment regimens, emphasising shorter and more patient friendly treatment options such as the 4-month regimen for drug susceptible TB and the 9-to-12-month regimen for drug resistant TB (DR-TB) to improve adherence and treatment success.

- Introduction of newer and shorter TB preventive therapy options, including expanded use of the 3HP regimen, to broaden access to preventive treatment and reduce the risk of progression from infection to disease.
- Improved guidance for managing TB in the presence of co-morbidities, ensuring integrated care for people with conditions such as HIV, diabetes, and other chronic illnesses.

The guideline revision process marks an important milestone in Botswana’s TB response. By incorporating the latest global recommendations and evidence, the country is better positioned to accelerate progress toward reducing TB incidence and mortality, improving patient care pathways, and moving closer to ending TB as a public health threat.

Assessment of programmatic management of TB through Green Light Committee initiative

Botswana has been implementing DR-TB management strategies for several years. It is important to periodically assess these efforts to ensure the rational use of WHO prequalified second line medicines. In this regard, WHO supported the MoH through a 2024 Green Light Committee (GLC) Monitoring Mission to evaluate DR-TB management in the country.

The mission found that, despite the ongoing efforts of the Botswana National Tuberculosis Programme (BNTP), significant challenges persist in DR-TB control and management. Key indicators show minimal progress since the previous mission in 2021. Botswana continues to detect less than half of all estimated TB cases and identifies only a small proportion of DR-TB cases. In 2022, only 44% of TB cases were detected, and just 79 of the estimated 360 DR-TB cases were diagnosed and treated. These findings highlight ongoing gaps in case finding, surveillance, and timely diagnosis.

A major systems level challenge relates to the limited decentralization of DR-TB services, with only six initiation sites countrywide. Patients often travel long distances, leading to delays in treatment initiation and monitoring. Staffing shortages, especially the absence of dedicated TB personnel at many levels, further limit effective screening, contact tracing, community engagement, and adherence support. There is also no expert DR-TB consultant to provide technical oversight.



▲ Ms. Boingotlo Ramontshonyana leading the discussion at the National TB Programme workshop



▲ Partners and stakeholders at the workshop

Diagnostic capacity remains constrained. Although GeneXpert is available, only 50% of TB patients receive GeneXpert testing, and second line DST has not yet started due to procurement delays. Weak sample transport systems and occasional equipment downtime contribute to long turnaround times. Persistent stockouts of TB medicines, GeneXpert cartridges, and laboratory supplies, driven by procurement bottlenecks and restrictive policies limiting engagement with global suppliers, continue to disrupt diagnosis and treatment.

Data management is still fragmented, relying on mixed paper and electronic systems, resulting in late and incomplete reporting. Community based structures remain unengaged, reducing opportunities for active case finding, patient support, and treatment literacy. Funding constraints also persist, with domestic financing still insufficient to meet programme needs, especially after COVID related resource shifts.

The mission provided several critical recommendations to strengthen Botswana’s DR-TB response. First, it called for increased political commitment and funding, including the development of a TB investment case and greater prioritization of TB at national level. The team emphasized the urgent need to decentralize DR-TB services, deploy dedicated TB coordinators, and establish an expert

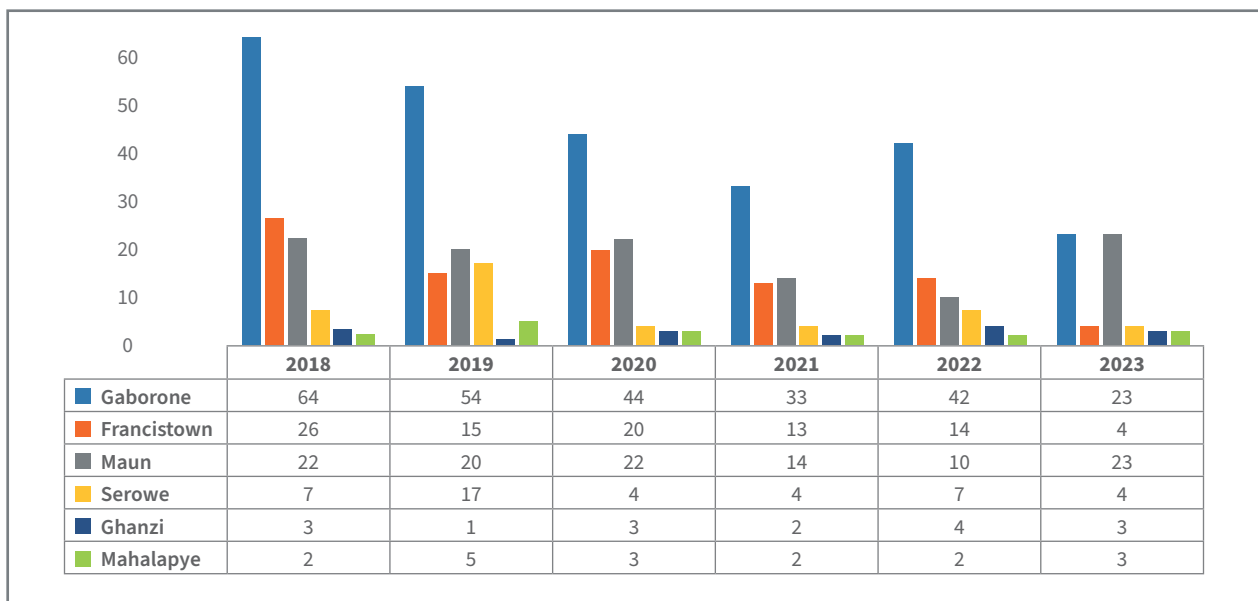
DR-TB committee. To improve case detection, the report recommended scaling up active and intensified case finding, using technology such as mobile X-rays, digital radiography with CAD, rapid molecular testing, and GIS hotspot mapping, while engaging CBOs/CSOs in community-level screening and patient support

On diagnostics and supply chain, the mission urged Botswana to start second-line DST, finalize maintenance contracts for GeneXpert and related systems, and re-engage fully with the Global Drug Facility (GDF).

Introducing patient medicine kits was recommended to minimize treatment interruption during stockouts. Improving forecasting through training on QuanTB and strengthening the Logistics Management Information System (LMIS) were also highlighted.







The mission stressed the importance of transitioning to fully digital data systems, improving partner coordination through structured platforms, and engaging communities in TB care, IPC, contact tracing, and treatment support.

Figure 8: Drug resistant TB Cases 2018–2023 by site



▲ As part of our commemoration of World Tuberculosis Day, observed globally on 24 March, WHO Botswana held a staff awareness session last week to remind us that anyone can get TB, regardless of role or background

Recommendations from this GLC – 2024

SUBJECT	KEY RECOMMENDATIONS	COLOUR CODE
Political commitment and funding	<ul style="list-style-type: none"> Advocacy to government policymakers and executives to increase political commitment, awareness and funding for TB and prioritize TB control (similar to HIV). 	
<p>Increase deployment of skilled staff for TB and DR-TB</p> <p>Assign staff with roles and responsibilities dedicated to TB and related activities</p>	<ul style="list-style-type: none"> Skilled staff to lead different technical areas e.g. pharmacist at a national level. Training of staff in TB and DR-TB (at national and district level). Dedicated programme manager and other programme staff for TB (at national level). Dedicated TB district coordinators, and TB focal persons in health facilities (at district level). Establish an expert committee to oversee and provide technical guidance for DR-TB. 	
Further decentralize DR-TB services	<ul style="list-style-type: none"> Establish more sites where DR-TB treatment can be initiated and monitored. Six sites country wide is inadequate. 	
Improve and expand active case finding in communities and intensified case finding for TB and DR-TB in health facilities	<ul style="list-style-type: none"> Increase screening for TB and DR-TB using technology (mobile X-rays, mobile rapid molecular testing, GIS, hotspot mapping). Engage CBOs/CSOs in screening, active case finding, contact tracing, and treatment support for DS-TB and DR-TB. 	
Laboratory	<ul style="list-style-type: none"> Start second line DST. 	
Address central medical stores' chronic stockout of TB medicines, commodities, GeneXpert cartridges, and second line anti TB drugs	<ul style="list-style-type: none"> Fast track CMS engagement with GDF to address challenges in procuring TB drugs, commodities and supplies from the open market. Procure second line anti TB drugs for the WHO approved six-month BPAL regimens. Roll out WHO approved six-month BPAL oral regimen. Train CMS staff on QUAN TB forecasting and early warning system. Facilitate service maintenance contracts with manufacturers for laboratory and diagnostic equipment. <ul style="list-style-type: none"> Cepheid for GeneXpert. System One for Gx-Alert. Service maintenance contracts for the laboratory biosafety and equipment. 	

b. Launch of TB parliamentary caucus for Botswana

The Botswana National TB Programme, WHO and civil society organizations such as Kuru Trust, BONELA, and ADCO, collaborated to form the Parliamentary TB Caucus for Botswana. The establishment of this caucus marks an important milestone in the collective journey to garner the political momentum needed to end TB and its devastating impact.

Preparatory activities included the development of policy briefs, terms of reference, and sustained dialogue with parliamentarians. These efforts culminated in the official launch of the Botswana TB Parliamentary Caucus, during which the Assistant Minister of Health, Mr. Lawrence Ookeditse, encouraged the active participation of parliamentarians in turning the tide in Botswana's TB situation. The Permanent Secretary, Dr. Oatlhokwa, appraised the meeting on the TB burden. The acting WR emphasised the need for strengthened government leadership and multi sectoral partnerships in achieving the End TB Strategy.

The launch brought together thirteen parliamentarians who expressed commitment to refining the Terms of Reference and agreeing on the caucus's operational modalities. During the event, key challenges and strengths of the national TB programme were highlighted to enhance parliamentarians' understanding of the current landscape and opportunities for stronger oversight and advocacy.

The TB Caucus is envisioned as a platform to elevate advocacy efforts, strengthen accountability, and advance the national agenda for TB elimination. As a collective, it will ensure that the fight against TB remains a political priority and that policies, resources, and partnerships are geared to end TB in Botswana.



▲ H.E. Mr. Lawrence Ookeditse, Assistant Minister of Health of Botswana



▲ Dr. Juliet Bataringaya, Health Systems Advisor, WHO Botswana



III. Malaria elimination programme

a. Malaria elimination programme

Malaria strategic plan

Malaria remains a public health concern in Botswana, particularly in northern districts such as Okavango, Chobe, and parts of the Central District. Although the country has significantly reduced malaria cases over the past decade, it continues to pursue malaria elimination as a national health priority. With technical support from the WHO, the MoH initiated the development of a new **National Malaria Strategic Plan (NMSP) for 2025–2029** during 2024–2025 biennial plan period, to guide malaria elimination efforts and strengthen national response systems.

WHO played a key technical and advisory role in supporting the MoH to develop the updated malaria strategy. A series of consultative workshops were undertaken to review the previous NSP 2018–2023, to inform the subsequent NSP 2025–2029. Given the gap year of 2024, the transitional mechanism was instituted to ensure implementation was not disrupted.

To finalise and validate the NSP, WHO supported a national workshop held in Palapye that brought together health experts, policymakers, and stakeholders to finalize the strategic plan. The workshop focused on reviewing the country’s malaria epidemiology, assessing programme performance, and identifying strategic priorities for elimination. WHO provided technical expertise in several areas of the planning process, including programme review, strategic planning, and evidence-based policy development. These efforts aligned with the global malaria elimination initiative, which targets countries with the potential to eliminate malaria in the coming decade.



KEY STRATEGIC GOALS



The NMSP outlines Botswana’s goal of achieving zero indigenous malaria cases by 2027 and obtaining WHO malaria free certification by 2030. The strategy focuses on strengthening surveillance systems, improving rapid diagnosis and treatment, expanding vector control interventions such as indoor residual spraying, and increasing community engagement in malaria prevention.

ACHIEVEMENTS



- Review of the NMSP 2018–2023.
- Establishment and signing of the NMSP 2025–2029.



▶▶ National workshop focussed on eliminating malaria in Botswana





The NMSP outlines Botswana's goal of achieving zero indigenous malaria cases by 2027 and obtaining WHO malaria free certification by 2030.

CHALLENGES



- Malaria transmission in Botswana is influenced by environmental factors such as climate change and seasonal rainfall, which increase mosquito breeding and cause occasional outbreaks.
- Insufficient human resources to attend to malaria case surges.
- Gaps in surveillance and case follow up.
- Weak data systems and delayed reporting.
- Geographical and infrastructural challenges in remote communities complicate malaria control efforts, especially vector control interventions such as indoor spraying.
- Sustaining community awareness and engagement.

RECOMMENDATIONS



- Dissemination of the new NMSP 2025–2029 to all stakeholders for use in implementation planning and resource mobilization.
- Strengthening of reporting systems to ensure timely reporting, case investigation, and rapid response to outbreaks.
- Sustained investment in community education and engagement.
- Improved cross-border collaboration with neighbouring countries.
- Increased investment in health workforce capacity and digital health systems.



▲ Field teams support vector control activities by assessing water bodies for mosquito breeding and implementing targeted malaria prevention measures in hotspot districts

Malaria surveillance strengthened

WHO Botswana provided targeted technical assistance to strengthen Botswana's malaria surveillance and outbreak response capacity as the country continued its push toward malaria elimination. The support included improving digital surveillance systems, district level outbreak response, and data quality, while guiding the MoH through fluctuations in malaria transmission driven by climatic shifts and operational gaps.

During the week of 22 November 2024, WHO deployed a technical team to Botswana for focussed support of the NMSP. The team comprised malaria surveillance experts and DHIS2 systems specialists, to assist the MoH in strengthening national malaria surveillance. The mission focused on enhancing data indicators, reporting processes, and analytics capacity. It also supported the MoH Health Informatics team in DHIS2 backend management, updates, and troubleshooting, as well as improving timely case follow up and enabling data driven decision making for elimination efforts.

ACHIEVEMENTS



- Malaria surveillance guidelines reviewed.
- Malaria data collection tools revised.
- DHIS2 malaria instances optimized for efficient district reporting, and dashboards updated.

CHALLENGES



- Downtime on the malaria DHIS2 platforms due to various programmatic glitches.
- Districts are still relying heavily on paper-based tools, and Excel sheets.
- Insufficient human resources to run and troubleshoot E-systems.
- Operational gaps, including limited diagnostic supplies, low community net uptake, and variable IRS coverage.
- Strain on remote districts, where mobility, water stagnation, and infrastructure deficits impeded timely vector control and surveillance.



▲ WHO experts building Botswana's malaria surveillance capacity



▲ Participants discussing malaria indicators and forms

RECOMMENDATIONS



- Strengthen long term surveillance capacity, especially DHIS2 skills, to ensure continuous, accurate reporting and faster outbreak detection.
- Provide infrastructure that the newer E-systems can run on.
- Provide and effectively operationalise data collection tools at points of service.

Containing the malaria surge in cases

Between late 2024 and early 2025, Botswana experienced a significant malaria upsurge triggered by unusually heavy rainfall, which expanded mosquito breeding sites and led to widespread increases in malaria transmission across traditionally endemic and previously malaria free districts. WHO, working closely with the MoH and Roll Back Malaria (RBM), provided comprehensive technical, operational, and coordination support to contain the outbreak.

WHO missions extended support to remote areas such as Seronga, Rukonga cattle posts, and Xakao's Gowa Secondary School, where they identified structural drivers including overcrowding, stagnant water, limited sanitation, and mobility patterns contributing to increased malaria exposure. WHO's technical guidance helped local teams correct gaps in surveillance, increase vector control coverage, and reinforce community.

By the end of May 2025, Botswana recorded over 2,311 malaria cases, including 100 severe cases and 8 deaths. The surge reversed years of progress, following a 93% reduction in cases achieved by 2021. Hard-hit and newly affected areas included Okavango Ngami, Chobe, Tutume, Boteti, Gaborone, Francistown, Mahalapye, Ghanzi (malaria free since 2010 prior to the outbreak).

The districts visited by WHO experts and teams included Okavango Districts where health facilities and the community was assessed for malaria burden. Gaps identified included treatment adherence challenges, limited diagnostic supplies, and low uptake of LLINs.

Supported targeted community sensitization and improved diagnostic access

In Chobe District, WHO experts monitored outbreak patterns and guided rapid vector control reinforcement. They supported reinstatement of IRS, LLIN distribution, and bipolarizing of water bodies. Ghanzi District WHO teams supported rapid response after the unexpected resurgence in a district malaria free since 2010. The team also led reinstatement of comprehensive vector control measures (IRS, LLINs, Larviciding) and strengthened surveillance and case detection.

While in Seronga Village (Okavango), the team addressed treatment adherence problems and poor LLIN usage, and guided district teams on corrective actions. As some cases in remote areas were said to originate from remote cattle posts, these were also visited during the surge. WHO identified malaria risk drivers such as long-distance mobility to the point of care, and stagnant water. The team assisted the on the ground responders to implement the targeted vector control and outreach to mobile populations.



▲ WHO and district health teams engage with community members in Okavango, reinforcing awareness, prevention, and local response efforts against malaria

MALARIA SURGE OCCURRED BETWEEN LATE 2024 AND EARLY 2025





▲ WHO experts and national counterparts meet during the malaria outbreak response mission in Botswana, strengthening coordination and technical support under the Incident Management System



▲ WHO teams conduct field investigations in outbreak hotspots, assessing mosquito breeding sites and supporting targeted malaria control interventions

The team also visited Gowa Secondary School where they assessed and found overcrowding, building deterioration, and sanitation gaps that were potentially contributing to outbreaks.

At the central level, WHO strengthened multisectoral coordination of partners by working with district health team representatives, national response authorities, ALMA, RBM, Red Cross, and civil society representatives to address gaps at national level (such as diagnostic supply shortages and promoted standardized case management protocols).

CHALLENGES



- Heavy rainfall leading to explosive mosquito breeding and widespread transmission.
- Inconsistent community uptake of prevention tools (LLINs, IRS acceptance).
- Diagnostic supply gaps and insufficient treatment adherence.
- Infrastructure constraints in schools, villages, and cattle posts.
- Surveillance delays and reporting in remote and newly affected districts.

RECOMMENDATIONS



- Strengthen real-time surveillance and rapid case investigation capacity.
- Expand vector control coverage, including regular bipolarizing and improved IRS planning.
- Improve supply chain for diagnostics and antimalarials.
- Enhance community engagement, especially through local leaders and targeted outreach.
- Prioritize infrastructure improvements in outbreak prone schools and settlements.
- Increase preparedness in previously malaria free districts, given demonstrated vulnerability.

Supporting vector control initiatives

Over the last few years, IRS has been found ineffective in meeting the targets in most districts. As part of supporting malaria vector control at implementation sites, WHO Botswana conducted a monitoring visit to villages and cattle posts in the greater Palapye area during the Malaria Indoor Residual Spraying Campaign from 2 December to 20 December 2024.

The District Management Teams representative (Principal Environmental Health Officer) from the Serowe District Health Management Team (DHMT), led and coordinated the on the ground operations. The campaign targeted malaria-prone areas such as Lerala village and surrounds, Maunatlala village and its neighbouring farms, as well as Mogapi lands and cattle posts.

The team included 42 spray operators and three health promotion officers who carried out the campaign, focusing on community mapping and mobilization. Activities undertaken during the campaign included environmental and entomological surveillance, such as scooping larvae to detect *Anopheles* mosquito larvae, a key malaria vector. Findings from these efforts guided the implementation of corrective and preventive measures to reduce transmission.



▲▼ WHO field teams conduct on-site assessments in malaria-affected areas, collecting data and supporting real-time surveillance to strengthen outbreak response efforts



CHALLENGES



- Difficult terrain to traverse during the rainy season.
- Absence of dwellers in remote areas for application of IRS.
- Bio-larviciding refusal due to cattle and domestic animals drinking from water bodies.

RECOMMENDATIONS



- Annual vector control meeting preparations for DHMT.
- Advocacy for timely implementation of IRS by DHMTs.
- Increased community mobilization and health promotion.

B. NON-COMMUNICABLE DISEASES

NCDs are rapidly increasing in Botswana and account for 46% of all deaths. The most common NCDs include cardiovascular disease, diabetes mellitus, cancer, and chronic respiratory diseases. Cardiovascular disease, particularly hypertension and heart disease, represent the leading cause of NCD related deaths. Hypertension affects 10–14% of adults, while diabetes prevalence continues to rise. Cancers such as cervical cancer and breast cancer also represent significant health concerns, particularly among women.

The rise in NCDs is driven by lifestyle and behavioural risk factors, including tobacco use, harmful alcohol consumption, physical inactivity, and unhealthy diets. Urbanization and lifestyle changes have contributed to increasing rates of obesity and metabolic diseases across the population.

I. STEPS survey

The MoH and National AIDS and Health Promotion Agency (NAHPA), with Statistics Botswana (SB), implemented the third STEPS survey (following WHO protocol). The survey assessed NCD behavioural and biological risk factors. WHO Botswana played a central, hands-on technical role in enabling Botswana to successfully roll out the 2024 STEPS survey (the first since 2014 and one of the earliest), which provided technical guidance, capacity building, and methodological oversight throughout the process.

When it comes to technical guidance and standards support, WHO

- Ensured that Botswana used situational indicators to inform selection of modality to be applied in the standardized WHO STEPS methodology, including validated questionnaires, sampling tools, biomarker measurement standards, and data analysis protocols.
- Technical officers guided MoH and NAHPA in ensuring high quality behavioural risk factor data, anthropometric measurements, and biochemical screening consistent with global NCD surveillance norms.



▲ Stakeholders during the official launch of the STEPS survey

For fieldwork readiness and capacity building, WHO:

- Supported MoH and NAHPA teams during survey planning and launch, ensuring Botswana became the second country in the African Region to initiate STEPS fieldwork in 2024.
- Strengthened national capacity for data collection, including interviewer training and field supervision standards.

Technical participation in national launch

WHO Botswana provided technical advocacy during the survey launch, highlighting the urgency of NCD surveillance, and importance of nationally representative planning data. The OIC shared regional and global experiences on the undertaking of the STEPS Survey and the importance of following up with a school-based health survey that would highlight the younger population's status.

Data analysis and interpretation support

WHO collaborated with MoH during the release of preliminary STEPS findings in October 2025, helping with analysis, interpreting trends and contextualising them nationally and regionally based on the modules selected by the country.

The following are key survey indicators from the current survey report:



Tobacco use

Daily smoking declined since 2014, but 1 in 5 adults still uses tobacco. Increased use of smokeless tobacco, especially among women.



Diabetes and blood glucose

Diabetes prevalence increased slightly to 3.8% in 2024. Control among people with diabetes improved.



Alcohol use

Overall alcohol consumption increased compared to 2014. Heavy episodic drinking remains common, especially among men.



Blood cholesterol

Raised cholesterol remained stable.



Diet and salt intake

9 in 10 adults consume too few fruits and vegetables (unchanged since 2014). Average salt intake is double WHO's recommended maximum.



Cardiovascular disease risk

Adults aged 40–69 years with a $\geq 20\%$ 10-year CVD risk increased significantly from 9.6% in 2014 to 16.1% in 2024.



Physical activity

Fewer adults are classified as physically inactive than in 2014. However, more than half report no leisure time physical activity, especially women.



Cervical cancer screening

Screening uptake among women aged 30–49 years rose from 50.7% in 2014 to 59.1% in 2024.



Overweight, obesity, & metabolic risks

Nearly half of adults are overweight, and over one in five is obese, a sharp rise since 2014.



Mental health

For the first time, mental health was assessed in a STEPS survey in Botswana. In 2024, 5.8% of adults reported depressive disorder, with no marked difference between men and women.



Raised blood pressure

Hypertension prevalence rose significantly from 31.1% in 2014 to 39.6% in 2024. The increase was concentrated among women. Hypertension control remains low at only 12.2% among those diagnosed.





▲ Participants engage in the national STEPS survey launch in Botswana, supported by WHO to strengthen surveillance of non-communicable disease risk factors

ACHIEVEMENTS



- STEPS survey successfully implemented, with some shifts in critical indicators.
- MoH, NHAPA and SB received full support from other partners.
- WHO donated some of the equipment purchased to support the fieldwork, to benefit service delivery in peripheral facilities.
- Preliminary results launched.

CHALLENGES



- Logistics challenges were experienced, which led to implementation delays.
- High and increasing NCD burden, with NCDs accounting for 46% of deaths in Botswana.
- Persistent behavioural risk factors: low fruit and vegetable intake, high salt consumption and increasing alcohol use.
- Rising obesity, hypertension, and diabetes, especially among women.
- Community engagement challenges, requiring strong mobilization for household participation.

RECOMMENDATIONS



- Expand NCD prevention programmes using STEPS findings to target high burden groups with tailored interventions.
- Strengthen integration of NCD screening into PHC, including blood pressure, glucose, and obesity monitoring.
- Use STEPS data to guide policy and budgeting, including food environment reforms and alcohol harm reduction.
- Enhance population wide health promotion, focusing on diet, physical activity, tobacco control, and alcohol harm prevention.
- Institutionalize periodic STEPS cycles, sustaining collaboration between WHO, MoH, NAHPA, and SB for long term surveillance.



▲ WHO supports practical training for healthcare providers to enhance skills in cervical cancer screening, diagnosis, and treatment at facility level

a. Cervical cancer control programme

Cervical cancer remains one of the leading causes of cancer related morbidity and mortality among women in Botswana. The country has made significant strides in strengthening prevention, early detection, and treatment, but challenges persist, particularly in expanding equitable access to screening and improving health-seeking behavior.

WHO Botswana Country Office has played a central role through technical support, provision of training, capacity building and alignment with the global targets to eliminate cervical cancer as a public health problem by 2030. WHO has supported the National Cervical Cancer control Programme since inception, from normative guidance development, though different thematic areas as espoused in the programmes’ strategic plan ending in 2026.

For the 2024–2025 period, the priority was to assist the MoH to improve health outcomes, especially the clinical outcomes of women engaging with health facilities for cervical health services. The prioritized training and skills enhancement of the doctors, midwives and other health personnel involved, ensured hands on practical exercises, and didactic sessions.

The training courses included:

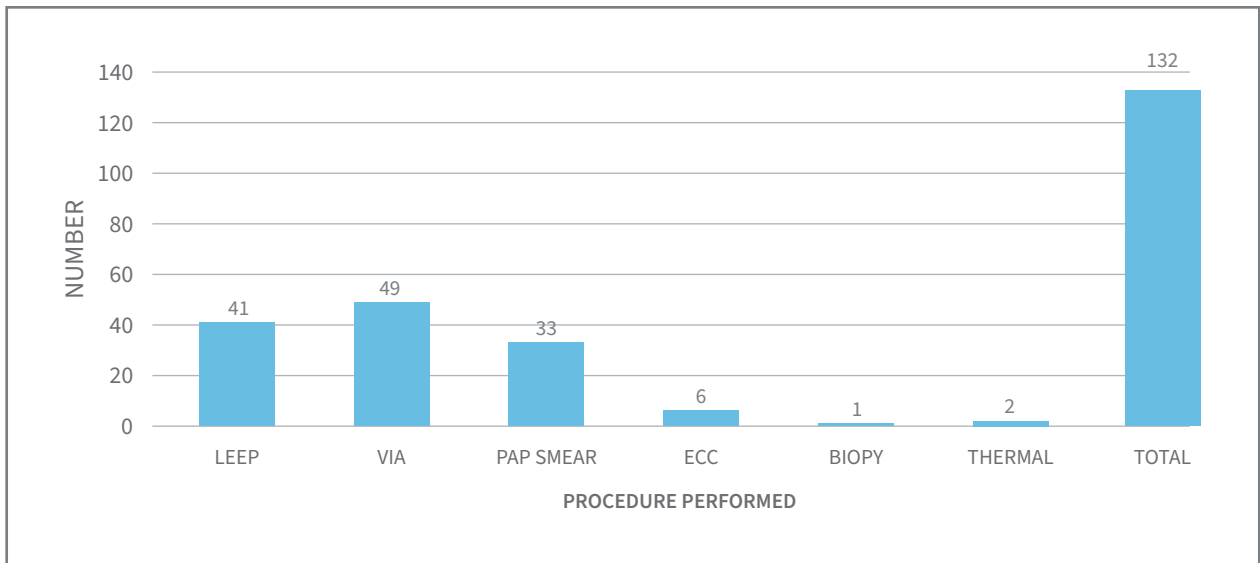
- Advanced clinical skills for managing cases beyond basic procedures such as cryotherapy and thermal ablation.
- Hands on sessions for doctors and nurses from multiple districts, including Good Hope, Mochudi, and Palapye, Kanye, Thamaga, Moshupa, Northeast, Boteti, Charles Hill, Southern district, and Ncojane.
- Development of district level teams capable of identifying, treating, and referring pre-cancerous lesions.

ACHIEVEMENTS



- Increased workforce capacity at district level, enabling healthcare workers to manage cases earlier and reduce progression to invasive cancer.
- Training has led to increased professional interest in women’s health, improving motivation and long-term programme sustainability.
- Expansion of prevention and early detection led by health promotion officers who attended training.

Figure 9: Clients served and types of services offered during the WHO-supported 10-day training of healthcare providers



- Integrating and upscaling the public health approach which now includes HPV vaccination, particularly targeting young girls before HPV exposure.
- Screening services have expanded through VIA, Pap smears, and mobile outreach clinics, reaching women in rural and urban areas.
- Free public healthcare ensures that diagnosis and treatment remain universally accessible to citizens.
- Strong national political commitment.

CHALLENGES



- Low screening uptake attributed to the asymptomatic nature of pre-cancerous lesions, which gives women a misleading sense of well-being.
- Limited awareness of risk factors and the importance of routine screening, especially among women aged 25 and above who have never been screened.
- Uneven distribution and retention of skilled personnel in the health system.
- Persistent stigma and cultural barriers.
- Late presentation of cases attributed to the limited early screening, leading to many cervical cancer cases continuing to be diagnosed at advanced stages, reducing survival prospects.



▲▼ Frontline health workers build practical skills in cervical cancer prevention and care, expanding access to quality screening and treatment services



RECOMMENDATIONS



- To achieve elimination by 2030, there needs to be intention.
- Improve strategic efforts by increasing screening uptake, addressing human resource gaps, strengthening community engagement, and sustaining investment in early detection systems.
- Scale up community education to address stigma and enhance screening literacy.
- Increase mobile clinic outreach to reach underserved rural populations.
- Retain trained health workers through ongoing mentorship and incentivized career pathways.
- Strengthen monitoring systems to ensure timely follow-up and continuity of care.
- Initiate review of the National Cervical Cancer Elimination Plan, as it ends in 2026.



▲ Managing clients visiting a clinic in Palapye village for cervical cancer screenings

b. National Cancer Control Plan

The National NCD programme’s cancer registry shows that Botswana reported 2,010 new cancer cases and over 1,100 deaths in 2020. This necessitated the mitigation and response initiative. WHO supported the MoH in developing the first ever National Cancer Control Plan (NCCP). The process was initiated in collaboration with the International Atomic Energy Agency (IAEA) and the International Agency for Research on Cancer (IARC). The goal was to develop a policy level document that would strengthen the national capacity for cancer prevention, early detection, diagnosis, treatment, palliative care, and monitoring through evidence based technical assistance and stakeholder engagement.

Workshops included community members and cancer survivors to ensure interventions reflected real needs and improved cure rates.



▲▼ Stakeholders and partners convene during the development of Botswana’s National Cancer Control Plan, strengthening coordination, technical input, and evidence-based planning



ACHIEVEMENTS



- WHO facilitated the NCCP development workshops convened by the MoH, contributing technical guidance, access to global best practice, and planning support.
- Workshops included a wide range of stakeholders (civil society, academia, patient representatives, and cancer survivors), ensuring an inclusive, context aligned plan for equitable cancer care.
- A draft NCCP with monitoring framework is in place and awaiting sign off by management following presentation to SMT.

CHALLENGES



- Botswana’s rising cancer burden.
- Limited resources and capacity gaps in diagnostics, treatment, specialised oncology, workforce, and robust cancer registry data systems.
- Late presentation and limited prevention efforts.
- Unequal access to services by clients making accessibility to services a challenge.

RECOMMENDATIONS



- Finalization and dissemination of the NCCP.
- Mobilize resources by engaging development partners, global health agencies, private sector, and civil society to secure funding for cancer prevention, diagnostics, radiotherapy services, and human resource development.
- Enhance monitoring and evaluation by implementing robust monitoring frameworks
- Expand public awareness and community engagement to improve cancer literacy, improve community participation, and promote preventive practices and early diagnosis.



2,010
new cancer cases



1,100
deaths reported



II. Neglected tropical diseases

a. Botswana's progress in control of neglected tropical diseases

Over the past two decades, Botswana has made remarkable progress in controlling neglected tropical diseases (NTDs) and eliminating leprosy as a public health concern. This success stemmed from strong political commitment, enhanced disease surveillance, and close collaboration with the WHO. The country has recorded only 33 leprosy cases between 2000 and 2024, with no child leprosy cases reported in over ten years. Botswana has also delivered effective mass drug administration (MDA) campaigns for soil-transmitted helminths (STH) and schistosomiasis, reflecting a comprehensive national response to NTDs.

WHO has provided technical expertise in guideline development, policy alignment, and preparation of the national leprosy elimination dossier. It also supported field surveillance activities, including contact tracing and assessment missions. WHO contributed essential medicines such as praziquantel and albendazole for national deworming campaigns, and delivered ongoing

capacity-building for healthcare workers in surveillance, data management, and integrated case management. Through high-level supervision during MDA campaigns, WHO ensured that implementation aligned with global standards and reached vulnerable populations effectively.

Major achievements in leprosy elimination

- **Sustained low burden of leprosy**

Botswana has maintained a consistently low leprosy burden for more than twenty years, demonstrating that transmission has been interrupted. The continued absence of child cases for over a decade is one of the strongest indicators of effective control. Although the country experienced a temporary rise in adult cases between 2018 and 2021, intensified surveillance and strengthened treatment strategies quickly reversed this trend. By 2024 and 2025, Botswana once again reported zero new cases, reaffirming its elimination status.



▲▼ Health workers and stakeholders participate in WHO-supported training on neglected tropical diseases, strengthening capacity in surveillance, data analysis, and programme implementation



- **Updated national leprosy guidelines**

A key milestone in sustaining elimination was the revision of the National Leprosy Guidelines, originally published in 2012. A joint team from the MoH, WHO, and national TB and NTD programmes led this process. The revised guidelines incorporate contemporary epidemiological data, reflect updated global standards for elimination, and expand treatment protocols to include universal multibacillary (MB) blister packs for all patients. Additionally, the guidelines broaden coverage to include other skin-related NTDs, such as scabies and mycetoma. Enhanced focus on community engagement and improved referral systems ensures that suspected cases are identified and managed early.

- **Capacity building and training of health workers**

Capacity building has been a cornerstone of Botswana's elimination efforts. WHO supported targeted training in the Ngami District for frontline healthcare workers, including dermatologists, health promotion officers, and disease surveillance specialists. This training strengthened skills in diagnosis, management, and monitoring of leprosy. Participants demonstrated notable knowledge

improvements through pre- and post-test assessments. The emphasis on practical sessions and case discussions has strengthened district level competencies for early detection and response.

- **Strengthened surveillance through field investigations**

Botswana's intensified post-elimination strategy included extensive field investigations in the Ngami and Okavango districts. Teams conducted contact tracing in remote communities such as Seronga, Gudigwa, and Beetsha. Five individuals were examined, and four were confirmed cured, due to previous TB treatment containing rifampicin. The field visits also uncovered historic undiagnosed cases dating back to 2002, reinforcing the value of active surveillance. Clinical staff received guidance on managing leprosy reactions and preventing disability, ensuring continuity of care even in remote settings.

MDA campaign success

Since 2016, the national school-based deworming programme has significantly reduced moderate and heavy STH infections. However, the 2022 midterm review revealed a resurgence in prevalence in districts that did not consistently implement annual MDA. Transmission hotspots were identified in Tutume, Charles Hill, and Kweneng West, indicating the need for intensified intervention efforts.

Botswana, supported by WHO, launched an MDA campaign for STHs and schistosomiasis. A total of 58,894 school children were targeted, and the campaign reached an impressive 97% coverage. This high level of reach demonstrates strong operational management and community trust. In addition, complementary health education initiatives equipped children with knowledge on proper hygiene, safe food preparation, and reinfection prevention, thus reinforcing the long-term impact of MDA.

Development of the new NTD master plan

Botswana successfully concluded its first generation NTD Master Plan in 2023. With WHO support, the country has now embarked on developing a new National NTD Master Plan aligned with global elimination targets under the WHO NTD Road Map 2030. The new plan emphasizes integrating NTD interventions into PHC and promoting equity-based approaches to reach underserved and remote populations more effectively.

Impact of combined interventions

The coordinated efforts of the MoH and WHO have produced tangible improvements in Botswana's health landscape. Surveillance systems are stronger and more capable of detecting cases early, ensuring timely treatment and reducing disability. Updated guidelines have standardised the quality of care across all regions, and enhanced community awareness has increased the likelihood of early reporting. MDAs and strengthened WASH initiatives have significantly reduced worm infestations, especially in school settings. Together, these advancements have reinforced the country's public health system and created a solid foundation for sustaining NTD elimination goals.

CHALLENGES

- Limited domestic funding, which affected the scale and consistency of planned interventions.
- Partner collaboration on NTDs remained limited, reducing opportunities for resource pooling, joint programming, and leveraging complementary strengths.
- Limited prioritization of NTDs also persisted, resulting in slow progress .

NEXT STEPS

- Finalize and operationalize the next National NTD Master Plan.
- Strengthen surveillance systems, particularly for detecting residual leprosy cases, monitoring disease trends, and enhancing case detection and clinical management.
- Enhance social protection mechanisms, rehabilitation services, and community-based support systems for affected individuals.
- Scale up MDA and reinforce WASH interventions in hotspot districts.
- Development of a Leprosy Elimination Dossier for submission to WHO.



▲ Coordination meeting to advance integrated neglected tropical diseases (NTD) planning, surveillance, and programme implementation in Botswana



Health security

Health security

Considering ongoing global health security events that include humanitarian crises, cyclones, and disease outbreaks and pandemics, particularly in WHO/AFRO and countries neighbouring Botswana, the WHO Country Office is dedicated to supporting the MoH, key sectors, and partners. The aim is to enhance capacity in preventing, preparing, detecting, responding to, and recovering from outbreaks and emergencies as part of the International Health Regulations (IHR) 2005, with the goal of safeguarding health and saving lives. From 2022–2023, Botswana continued its response to the COVID-19 pandemic and reinforced core competencies in IHR (2005) implementation across various fronts.

The magnitude and frequency of disease outbreaks and health emergencies in Africa, coupled with the expansion of diseases such as cholera, Ebola, and Lassa fever, underscore the urgent need for robust preparedness and capacity building among WHO/AFRO Member States. Persistent outbreaks of VPDs like measles, meningitis, and yellow fever, along with zoonotic diseases such as Rift Valley fever and anthrax, highlight the importance of maintaining operational readiness. The adverse effects of climate change and extreme weather patterns exacerbate these challenges, calling for sustained preparedness, operational readiness, and continuous capacity building.

Botswana, like other Member States, faces risks from diseases and public health emergencies internally and

across its borders. During the 2024–2025 biennium, the WHO Country Office provided strategic and technical leadership to the Government of Botswana in advancing national health security priorities, in alignment with the GPW13 and WHO AFRO’s vision for a safer, more resilient continent. WHO measurably contributed to improvements in Botswana’s IHR (2005) core capacities through coordinated support across preparedness, surveillance, and emergency response pillars.

ACHIEVEMENTS



I. Joint External Evaluation

The successful completion of the 2024 Joint External Evaluation (JEE) represents a significant achievement for Botswana and the WHO Country Office, laying a solid foundation for sustained investments in health security and resilience. In March 2024, Botswana undertook its second JEE of capacities under the IHR 2005, marking an important milestone in the country’s ongoing efforts to strengthen national health security. The assessment brought together a multidisciplinary team of international evaluators, national technical experts, academia, and key development partners. Nineteen technical areas were assessed through in-depth consultations, evidence reviews, and site visits. This comprehensive approach provided a



clear and objective picture of Botswana’s ability to prevent, prepare for, detect, and respond to public health threats.

The findings highlighted notable progress made after the 2017 JEE, demonstrating the country’s strong commitment to meeting IHR (2005) obligations. Several core capacities showed measurable improvement, reflecting investments made in surveillance, laboratory services, workforce development, and risk communication. The evaluation also identified critical areas where further strengthening is required, particularly in emergency preparedness, coordination, and rapid response mechanisms. The exercise provided the country with a strategic roadmap outlining priority actions needed to close remaining gaps.

II. Strengthening IHR (2005) capacities at points of entry

WHO supported Botswana in undertaking core capacity assessments at the twelve designated ports of entry, airports and ground crossings using the IHR (2005) assessment tool for core capacity requirements. The process generated critical evidence for national capacity development, and informed multisectoral planning and prioritization of investments aimed at improving border health security. Through structured facilitation and use of standardized WHO assessment tools, Botswana systematically reviewed core public health functions at each border, resulting in harmonized capacity scores and a validated, evidence-based understanding of operational strengths and gaps.



The successful completion of the 2024 Joint External Evaluation represents a significant achievement for Botswana and the WHO Country Office, laying a solid foundation for sustained investments in health security and resilience.

The coaching clinic conducted by WHO/AFRO Nairobi Hub further strengthened national competencies, enabling a cadre of national officers to independently apply the assessment tools in future monitoring exercises. This enhanced capacity represents a crucial step in institutionalizing routine IHR evaluation and aligns national efforts to build a resilient and skilled public health workforce.

The assessment process deepened multisectoral collaboration, bringing together port of entry health teams, immigration and customs services, border management authorities, aviation and transport partners, and local government structures. These diverse actors engaged in collective analysis and joint problem solving, reinforcing coordination mechanisms essential for timely detection, assessment, and response to cross-border public health events. The approach also empowered district level and frontline teams, many of which operate in remote and underserved border settings.

These efforts produced compelling evidence, including detailed gap analyses, operational recommendations, and a national priority action plan. This evidence is now guiding strategic decision making at national and district levels, and refining preparedness and response plans.



12

designated ports of entry, airports, and ground crossings assessed



IHR 2005

assessment tool to review border health capacities



III. Botswana successfully developed its National Action Plan for Health Security

Strategic leadership and technical support were provided to guide the full development of the National Action Plan for Health Security (NAPHS), ensuring coordination of multisectoral, evidence based, and gender responsive process that would continue to strengthen national capacity to meet IHR (2005) obligations and advance health security priorities. The findings from the JEE, SPAR, and COVID-19 IAR assessments were translated into realistic national priorities. The organization facilitated TWGs, supported policy deliberations, and ensured alignment with global standards. This effort resulted in a complete NAPHS narrative, an agreed results framework, and the costing of all priority actions.

A key achievement was the development of a two-year operational plan, which will operationalize long-term health security goals into actionable, budgeted activities with clear roles, timelines, and monitoring indicators. WHO also strengthened National capacities through training and technical mentorship on IHR planning, costing, and monitoring. The process also ensured that the NAPHS is nationally owned, technically sound, costed, and ready for implementation, positioning the country to better prevent, detect, and respond to public health threats while advancing equity and protecting vulnerable populations.

Botswana advances national AMR response through multi-sectoral action

During World Antimicrobial Awareness Week 2025, Botswana marked a major milestone by formally adopting its National Action Plan on Antimicrobial Resistance (AMR). Endorsed by key ministries across health, agriculture and local government, the plan reflects a strong One Health approach and sets a coordinated roadmap to promote responsible antimicrobial use, safeguard public health, and protect critical sectors such as livestock production. Developed with WHO support, the initiative reinforces national commitment to addressing AMR through strengthened regulation, awareness, and cross-sector collaboration.



▲ Mr. Mokwaledi Moswaane, Dr. Stephen Modise and Dr. Edwin Dikoloti display the signed National Action Plan on AMR

National health emergency preparedness strengthened

Strategic technical leadership and multisectoral support were provided to Botswana to strengthen national preparedness through the development of the National Health Emergency Response Operations Plan (NHEROP), guided by global standards, IHR (2005) obligations, and evidence from the 2024 JEE findings.

Critical gaps in surveillance, laboratory systems, risk communication, and emergency coordination were addressed, ensuring that the plan aligns with the National Disaster Response Plan and will support improvements in governance and regulatory mechanisms, including reinforcement of the National IHR Focal Point functions.

The development process brought together health, environment, agriculture, local government, and security sectors, embedding a robust One Health approach in the plan. The cross-sectoral engagements will continue to strengthen partner coordination to advance national resilience, bolster supply chain management, and enhance disease surveillance. These are areas that have been affected by the residual impacts of the COVID-19 pandemic.

The development of the NHEROP represents a major achievement in Botswana’s journey toward strengthened emergency preparedness and improved compliance with IHR (2005). Through sustained WHO support and strong national leadership, the country is now better positioned to detect, prepare for, and respond effectively to health emergencies, thereby safeguarding public health and contributing to regional health security.



IV. Momentous step for One Health initiative in Botswana

The one-day One Health advocacy meeting targeting One Health Ministers and their senior leadership was successfully held. The four key ministries for the One Health in Botswana, namely the Ministry of Lands and Agriculture, the Ministry of Local Governance and Traditional Affairs, the Ministry of Environment and Tourism, and the Ministry of Health, convened to jointly sign a commitment for the institutionalization of One Health National Approach.

Ministers, Permanent Secretaries and other government officials, including those from the Ministry of Basic Education and BPHI, representatives of the parastatal organizations and One Health quadripartite (Food and

Agriculture Organization of the United Nations, World Organization for Animal Health, and WHO), and other stakeholders and partners were part of this high-level meeting.

The four Ministers signed a commitment letter expressing high-level political commitment for dedicated support towards institutionalizing the One Health initiative in Botswana. This marked a major step toward a collaborative, multisectoral, and transdisciplinary approach that brings together the human, animal, and environmental health sectors to achieve optimal health outcomes. It represents a significant milestone in strengthening coordination and advancing the One Health approach for improved health security and resilience.

WHO Country Representative Dr. Fabian Ndenzako commended Botswana for reaffirming its high-level commitment to the One Health approach and aligning the multi-sectoral efforts to address health threats at the human-animal-environment interface. He advised on establishing a coordination mechanism and developing a costed One Health National Strategy.

Four Ministers signed a commitment letter expressing high-level political commitment for dedicated support towards institutionalizing the One Health initiative in Botswana.



▲ Acting Minister of Health, Mr. Lawrence Ookeditse



▲ Dr. Edwin Gorataone Dikoloti is Acting Minister of Lands and Agriculture



▲ H.E. Mr. Kethhalefile Motshegwa, Minister of Local Government and Traditional Affairs



▲ FAO Country Representative, Mrs. Carla Mucavi



▲ Delegates at the signing



▲ Dr. Moetapele Letshwenyo, WOAHA



▲ Dr. Fabian Ndenzako, WHO Country Representative



V. Equitable access to training ensuring a digitally empowered health workforce capable of responding effectively to emerging public health threats



▲ Health workers and programme participants during a WHO-supported training workshop, strengthening digital skills and emergency preparedness for a more resilient health workforce in Botswana.

Building on the 2023 achievements, where two training rooms were fully equipped with the digital infrastructure required to operationalize the hub, including learning spokes, IT equipment, and connectivity systems, the biennium saw substantial progress in putting this investment into action. The hub has enabled the delivery of a wide range of digital learning modalities such as interactive webinars, online courses, collaborative learning forums, and tele-mentoring through virtual Communities of Practice. Through this platform, Botswana has been able to scale up training for frontline responders, district teams, and national technical officers.

To ensure successful implementation and sustainable national ownership, WHO facilitated capacity-building sessions for a cohort of 10 technical IT personnel, followed by training for 23 health programme officers. This group included members of the AVoc-SURGE team, field epidemiologists, surveillance officers, and public health specialists from SRH, malaria, and TB programmes at both national and district level. All participants completed training on the ECHO model and the operational functionalities of the hub. The creation of this trained



▲ A newly established digital learning hub equipped to support training, collaboration, and knowledge exchange for health workforce capacity building.

cohort represents a significant milestone in building a sustainable national system for emergency preparedness and response. Equipped with the skills to coordinate and deliver emergency and disaster-related training across multiple technical domains, this team strengthens Botswana's long-term capacity to detect, respond to, and manage public health events.

VI. Strengthening National Readiness for Pandemic Influenza Preparedness (PIP) Planning

Building on lessons from COVID-19 and aligning with global directions under the Pandemic Influenza Preparedness (PIP) Framework as well as the IHR (2005), with technical and financial support from WHO country office (WCO) and WHO/AFRO and in close collaboration with national Botswana was supported to advance the operationalization of the High-Level Implementation Plan (HLIP) for pandemic influenza preparedness by developing its Pandemic Influenza Preparedness plan which will contribute to the Global Influenza Surveillance and Response System (GISRS). Recognizing country's continued vulnerability to epidemic and pandemic-prone respiratory viruses, operationalization of this plan will improve the country's capacity to rapidly detect and share influenza viruses caused by respiratory pathogens with pandemic potential. The plan will contribute to the national policy and planning, enhanced community engagement strategies, improved approaches to infodemic management, and support initial steps toward ensuring equitable access to medical countermeasures during future pandemics.

The development process involved multi-sectoral and multicompetent technical officers and partners from One Health Sectors reinforcing a whole-of-government and whole-of-society approach to pandemic preparedness. Botswana is now better positioned to mount an effective, coordinated, and equitable response to future respiratory pandemics, contributing to stronger regional and global health security.

VII. Technical support to the establishment of the Botswana Public Health Institute

WHO has continued to play a vital role in supporting the Government of Botswana in its efforts to establish the BPHI as a fully functional State-Owned Entity and a national hub for public health intelligence, coordination, and emergency preparedness. Throughout the 2024–2025 biennium, WHO has provided sustained policy, technical, and operational guidance to advance the institutionalization of the BPHI. This included facilitation of technical support from WHO/AFRO to lead the development of the national BPHI Policy and its accompanying Implementation Plan, which collectively provides a clear strategic direction



▲ Dr. Fabian Ndenzako, WHO Country Representative in Botswana, delivers remarks during a WHO-supported session on pandemic preparedness and the development of the Botswana Public Health Institute

Throughout the 2024–2025 biennium, WHO has provided sustained policy, technical, and operational guidance to advance the institutionalization of the BPHI.

for the Institute’s mandate, governance, and phased operationalization. WHO further contributed significant expertise as an active member of the national TWG responsible for the establishment of the BPHI, ensuring alignment with global standards and best practices for public health institutes. Importantly, WHO provided substantive input into the drafting of the Public Health Institute Bill, a critical regulatory instrument that will legally establish and empower the BPHI once presented to and endorsed by Parliament.

These achievements represent key milestones in strengthening Botswana’s public health architecture, enabling the country to build a resilient, evidence-driven system capable of early detection, preparedness, and coordinated response to public health threats. WHO’s continued support remains instrumental in guiding Botswana toward the full operationalization of the BPHI as a cornerstone of national health security.

CHALLENGES



Despite progress made in strengthening emergency preparedness and response capacities, several structural and operational challenges continue to hinder Botswana’s ability to fully implement priority interventions. Key legal and regulatory instruments required to operationalize the BPHI remain pending, slowing institutional establishment

and delaying critical functions. Similarly, many emergency preparedness plans and standard operating procedures remain in draft form due to the absence of final approval from Ministry leadership, limiting their application during public health events. The country’s response capacity is further weakened by the absence of an operational Public Health Emergency Operations Centre (PHEOC), which constrains coordination, incident management, and real-time decision-making during outbreaks and emergencies.

Despite continued capacity building and advocacy efforts, gaps persist in multisectoral coordination and communication, particularly in the rapid exchange of information across relevant sectors. Challenges in logistics and broader emergency preparedness systems also remain evident, affecting timely access to essential supplies and equipment. Additionally, insufficient surge capacity across laboratories, the health workforce, and emergency operations continues to pose a significant constraint to effective response during major public health events.

NEXT STEPS



To further strengthen Botswana’s capacity for health emergency preparedness and response, WHO will continue supporting the country to enhance the functionality of the National IHR Authority and the National IHR Focal Point, ensuring effective coordination and timely compliance with the International Health Regulations (2005). Efforts will also focus on guiding the implementation of the National Action Plan for Health Security (NAPHS) and advocating for the endorsement and operationalization of pending legal frameworks, emergency plans, and standard operating procedures. Support will be directed to the BPHI to reinforce multisectoral coordination and communication by establishing clear and efficient protocols for rapid information exchange during emergencies. Workforce strengthening remains a key priority, with ongoing efforts to build surge capacity through continuous training.



4

Healthier populations

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

I. Social determinants of health

WHO funded and supervised a situational analysis on the Social Determinants of Health in order to inform policy and development of a comprehensive national strategy with a clear focus on promoting health and wellbeing through an All of Government and All of Society approach, ensuring improved health outcomes through universal health coverage and equity throughout the life course. The strategy will be developed in 2026.

II. Road safety

WCO and AFRO produced a video highlighting major improvements on Botswana roads to increase safety, inclusivity and promote physical activity. New broad, clearly marked and well-lit walking and cycling lanes have been introduced along main roads and will form an integral part of new road infrastructure. The video was first played at the Fourth Global Ministerial Conference on Road Safety in Marrakech, Morocco in February 2025. WHO also guided the first phase of the development of a national multi-sectoral, multi-modal Road Safety strategy based on the Global Road Safety strategy 2021–2030.



The strategy will be finalized in 2026. A WR led High Level Advocacy to meet with both the Minister and Assistant Minister for Transport and their senior management to acknowledge the country's Road safety achievements and emphasize the need to align efforts with global standards and commitments. The engagement also contributed to the revitalization of the statutory National Road Safety Committee, the supreme Road Safety governance structure in the country. The WR also gave keynote remarks at the commemoration of the 8th UN Road Safety Week, along with the Assistant Minister of Transport.

III. School health

WHO and UNESCO co-funded and supervised implementation of the Global School Based Student Health Survey (GSHS) and Global Youth Tobacco Survey (GYTS). These have provided critical data to inform policy, planning and service provision. Fact Sheets have been produced and used for dissemination and public sensitization.

The education and health sectors have incorporated some findings in school health activities. Eight more schools were oriented and added to the three pilot schools already implementing the Global Standards for Health promoting schools. All regional education directors, school heads and senior teachers, senior District health management staff and Local government staff were oriented on school health and the key role schools play in advancing both learning and community health.

IV. Tobacco

With the support of AFRO, WCO funded and guided development of the Tobacco Regulations to facilitate coming into force of the WHO FCTC compliant Tobacco Control Act of 2021. Consistent advocacy was made for the signature of the Regulations and ratification of the Protocol on Illicit Trade in Tobacco Products.

V. Nutrition

Working in collaboration with the Food and Agricultural Organization (FAO) who funded and led the process, WHO provided technical guidance in the development of the country's first Food and Nutrition Bill and attendant policy



▲ Group work during development of tobacco regulations



▲ Group photo of the Tobacco Control TWG

and action plan. The documents were validated by a multi-sectoral technical working group before submission for approval. WHO also participated in development of the Nutrition for Growth (N4G) pledge for the N4G Summit in Paris. The pledge was a form of Botswana’s mini multi-sectoral plan towards Food Security, Nutrition and Food Safety. This resulted in pledges for funding by the French and EU Ambassadors. WHO also supported the Ministry of Health develop a road map for addressing anaemia among childbearing women.

VI. Community engagement

WCO partnered with FEARLESS, a civil society organization to commemorate World Health Day 2025. About 500 people walked or ran distances ranging from 5, 10 and 15 kilometres. In addition to highlighting the World Health Day theme, the activities which included aerobics promoted physical activity for NCD prevention and echoed the Move for Health and Walk the Talk sentiments. The Assistant Minister of Health and WHO Officer in Charge addressed a gathering of health staff, development partners, civil



▲ WHO Botswana staff participating in the 16 Days of Activism Against Gender-Based Violence campaign

society and other sectors as well as mothers who shared experiences and testimonies relating to services around the mother and especially the baby during childbirth. WHO Representative also gave keynote speech at the commemoration of the SADC Healthy Lifestyles Day.

VII. Human rights

WHO also funded and supported Botswana’s development of a national Pledge on Prevention of Abuse and Violence Against Children. The process entailed intense consultations with the Children’s Council, multi-sectoral technical working group and desk review of related legislation, policies and operational frameworks. This also resulted in the development of a national EVAC strategy led by UNICEF. WHO also delivered keynote remarks during commemoration of World Day for the Disabled.



▲ Marchers on World Day of Persons Living with Disability “Nothing for us without us”



VIII. Risk communication and community engagement

WHO supported the development of a Psychological First Aid manual and Standard Operating Procedure for emergencies and trained 50 mental health, social work, and public health professionals. Ninety-two health promotion professionals from districts and headquarters were trained on RCCE and major concepts, including One Health.



▲ Community mapping exercise during RCCE training

CHALLENGES



Socio-political, structural and operational changes as well as financial constraints delayed or stalled some activities.

NEXT STEPS



Some of the key activities will be carried over and concluded in 2026. Innovative ways of funding activities will be key, given financial challenges at both WHO and Government. Leveraging resources and partnership of stakeholders will be key, doing more with less.

◀ WHO Country Representative to Botswana, Dr. Fabian Ndenzako, joined Ministry of Health Team lead by Honorable Minister Dr. Stephen Modise, National AIDS & Health Promotion Agency Team and other Government officials, UN Botswana Team including UNAIDS and partners to commemorate the World AIDS Day under the 2025 theme “Overcoming Disruption, Transforming the AIDS Response” in Kanye



5

Health and climate change

Health and climate change

I. Climate change health vulnerability and adaptation assessment undertaken

The Government of Botswana, with technical and financial support from WHO, conducted a Climate Change Health Vulnerability and Adaptation (V&A) Assessment in selected districts to identify high-risk areas and vulnerable populations. impacts of climate change. The findings confirm that Botswana is highly vulnerable to climate change, with increasing risks across key sectors and significant implications for public health. The report identifies major climate-related health threats such as extreme weather events, air pollution, food insecurity, and the spread of waterborne and climate-sensitive diseases and provides a crucial baseline for monitoring disease risks and guiding preventive action.

WHO supported the recruitment of a consultant through seed funding from the Wellcome Trust to assess current and projected climate impacts on health, malnutrition, and disease burden. The assessment examined direct, environmental, and social pathways of impact; analysed health system vulnerabilities and adaptation capacity; and considered at-risk groups, including children and gender-related vulnerabilities. Methods included desk reviews, policy analysis, and field visits to health facilities in the selected districts.

Convening key stakeholders and the V&A Steering Committee were convened for a national consultation to review the draft report. Experts from academia, research institutions, government ministries, and community-based organizations contributed that would strengthen recommendations for the final report of the assessment. The assessment report and recommendations will strengthen national capacity to respond effectively to the health The final report informed policy and guide of the development of Botswana's HNAP, marking a significant milestone in integrating climate resilience into the health sector.

Participants included experts from academia (University of Botswana and Botswana Agricultural College), research institutions (Okavango Research Institute), and key representatives from the Ministry of Health, Department of Meteorological Services, Ministry of Agriculture, Ministry of Local Government, and Statistics Botswana. Additionally, the Red Cross and various community-based organizations (CBOs) were represented.

II. Botswana's Health and Climate Change Adaptation Plan (HNAP)

Building on the V&A findings, WHO further supported the Ministry to develop the HNAP the first dedicated strategic framework positioning health at the centre of Botswana's climate adaptation agenda outlining strategic actions to strengthen climate-resilient health systems. A national multisectoral workshop, supported by WHO and funded through the Wellcome Trust, brought together key stakeholders from health, environment, meteorology, disaster risk management, academia, and civil society to co-develop the plan. This inclusive approach ensured alignment with national policies while mainstreaming health into broader climate change dialogue and planning.

This achievement marks a significant milestone for Botswana, moving the country toward a more resilient health system capable of anticipating, preparing for, and responding to climate-related health threats. It also directly contributes to WHO's strategic objective of supporting Member States to develop climate-resilient health systems and integrate health into national climate policies.

CHALLENGES



Despite the successful completion of the Vulnerability and Adaptation (V&A) assessment and the development of Botswana's first HNAP, several challenges are expected to arise during implementation. A key constraint will be the need for sustained high-level political commitment and cross-sectoral ownership, as climate and health actions require coordination beyond the health sector. Limited financial resources may also slow down implementation,



▲ A WHO-supported multisectoral workshop brought together stakeholders from across sectors to co-develop Botswana’s Health National Adaptation Plan in September 2025

particularly in scaling up climate-resilient health infrastructure, strengthening surveillance systems, and integrating climate considerations into routine health programming. Human resource capacity remains a challenge, with gaps in technical expertise on climate health modelling, data analysis, and adaptation planning potentially limiting operationalization of priority actions.

The multisectoral nature of climate adaptation may lead to coordination barriers, especially if clear governance structures and accountability mechanisms are not fully established. Availability and quality of climate-related health data also remain a challenge, affecting the ability to monitor trends, evaluate risks, and inform evidence-based decision-making. Furthermore, competing with national priorities such as economic pressures and broader health system demands may reduce the pace at which H-NAP activities are implemented. At sub-national level, limited awareness and technical capacity may hinder the integration of climate and health considerations into district planning processes. These challenges underscore the need for continued WHO support, sustained financing, and strong multisectoral collaboration to ensure effective

implementation of the H-NAP and to strengthen the resilience of Botswana’s health system to climate change.

NEXT STEPS



Priority next steps include strengthening national governance and coordination mechanisms to oversee implementation, including establishing a multisectoral steering committee dedicated to climate and health. Operationalizing the H-NAP will require integrating climate-related actions into existing health sector programmes, routine planning cycles, and district-level workplans to ensure sustainability and alignment with national priorities.

Mobilizing financial resources will be a critical next step, involving the development of a costed H-NAP implementation plan and exploring domestic and external financing opportunities, including climate funds. Capacity building will remain essential, particularly in areas such as climate–health vulnerability modelling, surveillance of climate-sensitive diseases, early warning



▲ Civil society participants engage in a WHO-supported workshop on climate-resilient health systems, enhancing data use, planning, and collaboration to inform climate-responsive public health action

systems, and climate-resilient health infrastructure planning. Strengthening data systems, including enhanced collaboration between the health sector and the national meteorological services, will support evidence-based decision-making and improve climate-informed risk assessments.

Implementation of selected priority interventions such as heat health action plans, strengthened vector surveillance, or climate-resilient WASH systems as these will help demonstrate early impact and inform scale-up. Implementation of the monitoring, evaluation framework for the H-NAP for tracking progress, identifying bottlenecks, and reporting achievements. Continued advocacy and awareness raising at national and local levels will help secure political commitment and promote whole-of-government engagement. WHO will continue providing technical assistance, capacity building, and coordination support to ensure the effective implementation of the H-NAP and to strengthen Botswana's health system resilience to climate change.



▲ WHO Botswana's Dr. Juliet Bataringaya, leads a session on integrating climate resilience into health systems



More effective and efficient WHO

More effective and efficient WHO

I. The Country Support Unit

a. Human resources

By the end of the 2024/25 biennium, Botswana’s WCO grew with fifteen staff members. The office was also supported by sixteen short term contract personnel who contributed immensely to the different programmes, particularly in emergency preparedness and response.

The office participated in the prioritization and realignment of personnel in response to the financial crisis faced by WHO globally. As a result, the Programme Management Officer position was abolished, and resources for the role were prioritized to other functions. The WCO Botswana staff complement consisted of three international staff, six NPO and six G grade staff members. Consultants and additional temporary staff provided continuity of services and contributed to the delivery of planned activities and response to emerging health emergencies.

b. Training and Development

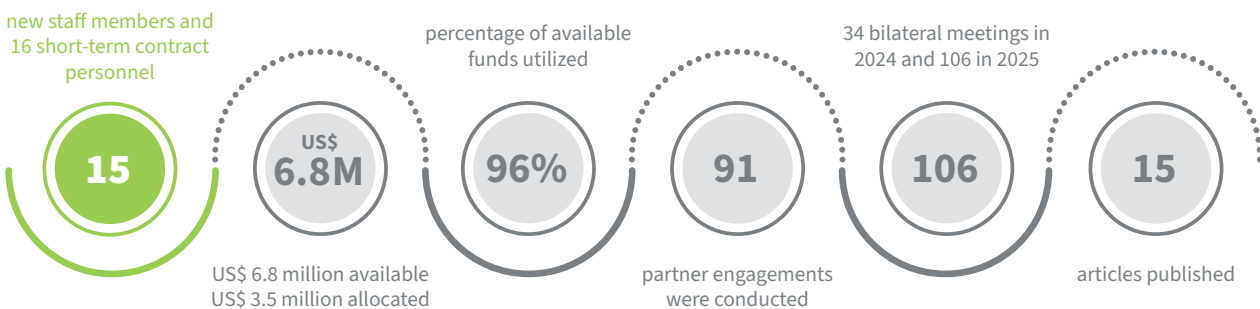
In preparation for the implementation of the Business Management System (BMS), WCO conducted several trainings on BMS with support from AFRO BMS Team. Specifically, training was carried out on BMS Programme and Operational Planning, SAP concur travel management and Cvent meeting planning and BMS HCM User experience. Staff were also trained through simulation workshops on how to utilize e-transport booking systems and co-pilot as emerging technologies that improve efficiency in resource management and overall programme delivery.

c. Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH)

The country office continued with its full commitment to the implementation of the Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH) Policy. Notable achievements during the biennium were the appointment of a PRSEAH focal point in the MoH who was also trained by WHO/AFRO. This provided an opportunity for engagement with MoH on PRSEAH. Sensitization on PRSEAH during general staff meetings and workshops has continued.

A Safeguarding mission at Dukwi Refugee Camp, the mission included direct observation of the transfer procedures for individuals previously detained at the Francistown Centre for Illegal Immigrants. This provided valuable insight into the protection protocols in place during population movements and the extent to which dignity and safety were upheld throughout the process. Engagements were held with government authorities responsible for camp management to better understand the institutional frameworks of guiding service delivery, coordination, and accountability. These discussions helped clarify roles, identify operational challenges, and explore opportunities for strengthening inter-agency collaboration within the UN PSEA working group.

The Country office further collaborated with the Ministry of Health and other partners to commemorate the World Health Day Run, while the theme of the day was, Maternal and Newborn Health, emphasizes the importance of giving





every mother and baby a healthy start. The office used the event as opportunity to raise awareness on the work of WHO in Botswana including PRSEAH, the dialogue further extended to information sharing on national structures and systems for survivors of sexual harassment and Abuse.

◀ WHO Country Office staff at the World Health Day Run

II. Financial management

During the PB2024–25, the allocated budget for the WCO was US\$ 13.5 million, while US\$ 6.8 million was available, representing 50%. US\$ 6.5 million, or 96% of the available funding, was utilized by the end of the biennium. The table below illustrates the budget performance by programme during the 2024–25 biennium.

Table 1: Funding utilization 2024/25

Programme	Allocated programme budget	Award budget	Utilization	Available funding as a % of allocated budget
01 1UHC	4,281,215	3,305,399	2,182,454	95%
02 2WHE	1,759,754	591,846	554,752	197%
03 3HWB	373,882	128,900	220,782	97%
04 4EFF	3,194,439	2,041,304	1,827,013	82%
10 10POL	765,000	1,620,311	682,697	100%
13 13OCR	2,872,716	2,582,042	1,085,196	97%
50 PRTNER	262,000	115,043	23,104	100%
Grand Total	13,509,006.00	6,878,399.00	6,575,997.00	96%

a. ICT and asset management

In 2024/25, the country office appointed the Local Property Survey Committee which was charged with the mandate of asset management for the office and made recommendations to the WHO Representative on all matters related to assets. Through efforts of the committee, the office disposed of three ten-year-old vehicles on public auction, decreasing the office fleet to seven vehicles (all used to support emergency relief efforts and other programmatic activities in the WCOs and the districts.

The office also sold off obsolete ICT equipment through public auction through which a total of US\$ 33,904.34 revenue was generated, and part of the fund was used to procure two Cisco switches to replace outdated equipment

and strengthen the office network infrastructure to support full BMS functionality. As part of the implementation of the Global WHO cost saving measures, periodic replacement of assets like computers and cell phones was suspended. During this period, there was no loss or theft of any office assets, and the office fully complied with the annual asset verification process. We improved our board room IT facilities enabling virtual meetings with upgraded camera and speakers.



US\$ 33,904.34
generated from obsolete ICT equipment sales and reinvested in network upgrades

b. Procurement, administration and travel management

The office continued with the biannual development and implementation of its procurement plan in 2024/25 and further implemented the compliance review recommendations related to procurement. A new Local Procurement Committee was appointed during the biennium, which provided oversight to all.

Due to the implementation of the cost saving measures, procurement of goods and services above US\$ 5000 significantly reduced, the country leveraged in-house resources, including cost sharing with other UN Agencies to host meetings and loan resources. The WCO participated in the pilot phase of the BMS travel module in 2024, through which all office air tickets were sourced centrally through Satguru, which made for an easier transition to the full implementation of the SAP Concur.

c. Compliance review

The WCO underwent a compliance review in 2022 which the areas of improvements were identified in procurement, financial management, and risk management. The review flagged the need to improve record keeping, improve procurement processes (by annually developing and implementing a procurement plan), establish a database of prequalified suppliers and ensure that suppliers are evaluated at the end of every contract. The office continued to implement these recommendations.



▲ Implementation of digital tools enhances procurement, asset management, and administrative efficiency at the WHO Country Office.

The WCO was advised to reduce the use of petty cash to cover office expenses and to use the DI and DFC payments for preauthorized expenses only, furthermore the office transitioned to utilizing Imprest POs for micro expenses as part of moving towards a cashless office. The office risk register was fully updated during the biennium, and the annual internal control framework (ICF) self-assessment was completed.



◀ WHO Botswana Country Office convenes diverse stakeholders and partners for technical discussions, with strong operational and administrative support ensuring efficient coordination, procurement and logistics

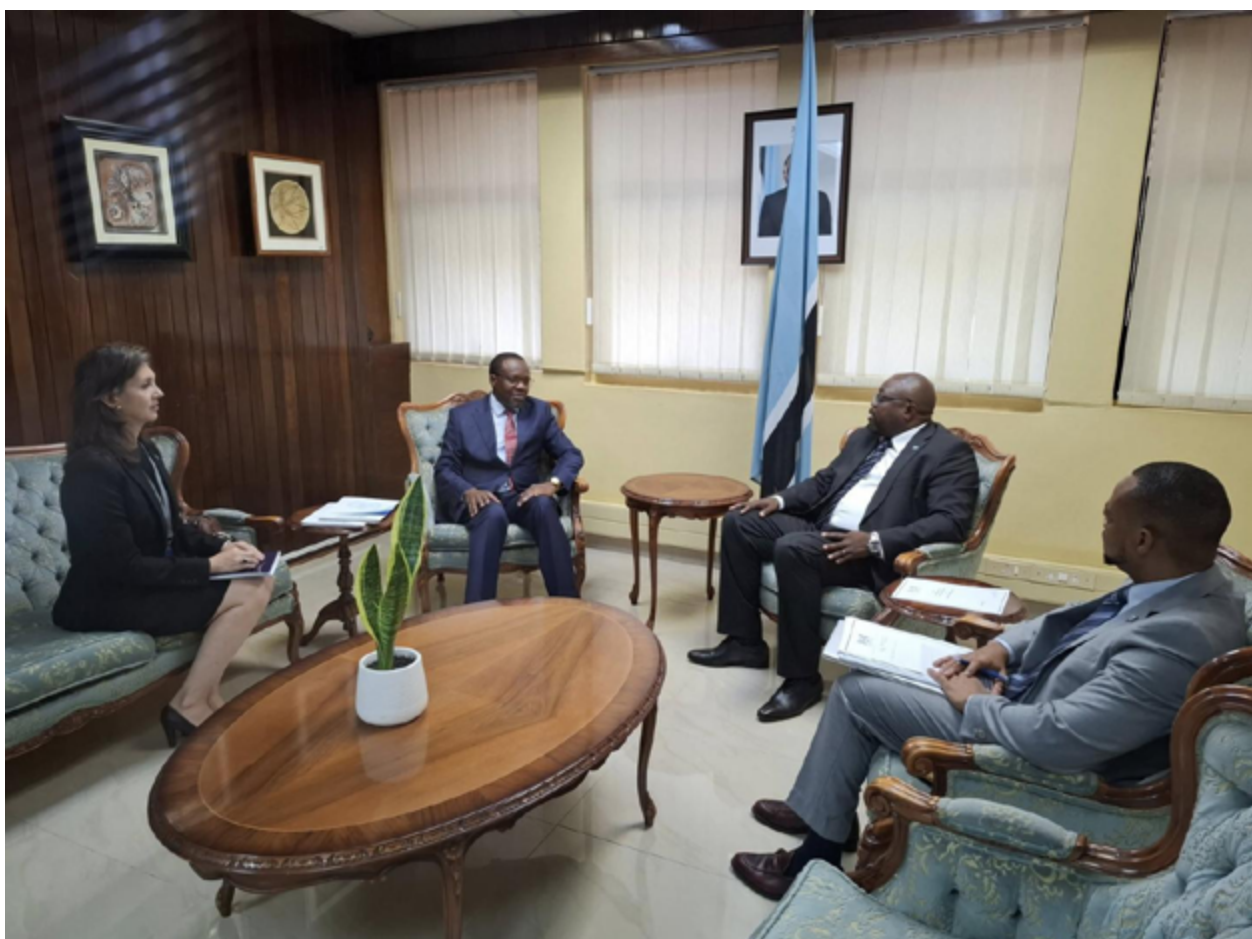
III. Partnerships and resource mobilization

Across the 2024/25 biennium, WHO Botswana significantly strengthened its partnership ecosystem at national, regional, and multilateral levels, despite a challenging global financing environment and compounded domestic pressures, including the 2025 Public Health Emergency caused by nationwide shortages of essential health commodities. Progress was driven by sustained engagement with Government, UN agencies, SADC institutions, development partners, civil society, academia, and the private sector.

The WCO strategically leveraged the onboarding of the new WR, Dr. Fabian Ndenzako, in February 2025, using the leadership transition to reinvigorate diplomatic outreach, expand bilateral engagement, and reactivate dormant



coordination platforms. These combined efforts enhanced coherence across the health sector, improved readiness for resource mobilization, and strengthened Botswana's capacity to safeguard health gains, advance system reforms, and reinforce preparedness for future shocks.



▲ Dr. Fabian Ndenzako, WHO Country Representative in Botswana, presents his letters of credence to H.E. Dr. Phenyio Butale, Minister of International Relations, Republic of Botswana, upon assuming office.



a. Partnerships strengthening

Expanded stakeholder engagement

WHO Botswana expanded the stakeholder engagement reflecting widened collaboration across bilateral missions, government institutions, UN agencies, civil society, academia, and private sector actors. A total of 91 partner engagements were conducted during the biennium. Diplomatic outreach intensified, with 34 bilateral meetings in 2024 and 106 in 2025, supported by strategic donor mapping and the renewed visibility brought by the new WR.

Revitalization of the Health Partners Working Group

In July 2025, WHO reconvened the Health Partners Working Group after a prolonged period of inactivity, restoring a crucial multisectoral forum for coordination across health stakeholders. This platform proved central during the subsequent Public Health Emergency, enabling cohesive planning, partner alignment, and strong accountability mechanisms.

Botswana’s engagement in the pandemic fund: Progress through the 2nd and 3rd calls for proposals

Botswana has progressively strengthened its engagement with the Pandemic Fund (PF), an international financing mechanism dedicated to scaling up pandemic prevention, preparedness, and response (PPR) capacities in low- and middle-income countries. Over the past two cycles, the country has participated in both single-country and multi-country submissions, reflecting growing national coordination, multi-sectoral action, and commitment to advancing One Health priorities.

Under the PF’s Second Call for Proposals, Botswana submitted a single-country proposal and a multi-country regional proposal together with seven other Southern African countries. While the national submission was unsuccessful, the regional multi-country proposal was approved, securing US\$ 35.8 million to strengthen climate-driven disease surveillance, laboratory capacity, and One Health systems across the participating countries.

Botswana is now implementing the three-year regional grant (2025–2027), which includes major investments in:

- Early warning and disease surveillance systems, including the establishment of a One Health National Surveillance System and interoperable data-sharing platforms linking health, animal, environmental, meteorological, and hydrological sectors.
- Laboratory systems, notably capacity-building for environmental surveillance, deployment of mobile laboratories, procurement of biosafety and molecular diagnostic equipment, and harmonization of SOPs aligned with WHO guidelines.
- Strengthening human resources for health and community workforce capacity, with multi-sectoral surge workforce development, Field Epidemiology Training Program (FETP) strengthening, One Health training, simulation exercises, and establishment of a National Health Emergency Leaders Network.

Implementation is led by the BPHI in partnership with WHO as designated implementing entity (IE) and a wide network of delivery partners, including government ministries, UN agencies, academic institutions, civil society, and technical organizations such as BITRI, BUMMHI, ACHAP, BONELA, and the Botswana Red Cross.



US\$ 35.8 million

Pandemic Fund grant secured for climate-driven disease surveillance and One Health systems



US\$ 340,796

allocated to UHC and IHR activities in 2024–2025



US\$ 93,525

WHO mobilized US\$ 93,525 in essential medicines for Botswana



▲ WHO and Ministry of Health leadership convene to establish governance structures for Pandemic Fund (PF) coordination, led by the Botswana Public Health Institute (BPHI), strengthening national coordination and multi-sectoral preparedness efforts

In response to the PF's Third Call for Proposals (2025), which allocated another US\$ 500 million globally for PPR strengthening, Botswana submitted a single-country proposal centred on advancing pandemic preparedness through a comprehensive One Health approach. Although the proposal was not selected for funding, the process reinforced Botswana's coordination mechanisms, enhanced technical readiness, and strengthened stakeholder alignment for future PF cycles.

National coordination through the PF National Steering Committee

To ensure strong national ownership and coherent multisectoral leadership, Botswana formally established the Pandemic Fund National Steering Committee (NSC). The NSC serves as the apex governance structure for PF engagements and is co-chaired by the Permanent secretary to the Ministry of Health and the WHO Representative.

Key functions of the NSC include:

- Leading and overseeing the development, review, and submission of PF proposals.
- Ensuring alignment with national strategies, IHR (2005), JEE findings, and One Health priorities.
- Coordinating financing strategies, co-investment commitments, and stakeholder participation.

- Establishing and supervising Technical Working Groups (TWGs) spanning surveillance, laboratories, digital health, points of entry, risk communication, IPC/AMR, EOC coordination, and One Health.
- Overseeing implementation, monitoring, and evaluation of PF-funded activities, including quarterly progress reviews.
- Managing conflict-of-interest processes and ensuring transparency, inclusivity, and gender representation.

The NSC ensures that all PF engagements, whether regional or national, are built on strong governance, multisectoral participation, and consistent national oversight, strengthening the sustainability of PPR investments.

b. Strengthening ownership and continuity for future resource mobilization opportunities

Botswana's health stakeholders' participation in these calls for proposals has significantly advanced:

- Multisectoral coordination under a unified One Health framework.
- National readiness for proposal development and grant implementation.
- Engagement of academia, civil society, and technical institutions in PPR.
- Long-term capacity strengthening through the ongoing 2025–2027 regional grant.

These achievements positioned Botswana to compete more effectively in future funding opportunities and to mobilize strategic partnerships for health security financing.



▲ WHO Representative Dr. Fabian Ndenzako engages with health service providers and partners showcasing innovative products and solutions during the Family Medicine and Primary Health Care Conference 2025 in Gaborone

c. Engagement with the European Union Delegation

In September 2025, WHO Botswana convened a strategic briefing with the European Union Delegation to SADC and Botswana to present the 2025–2028 workplan under the Universal Health Coverage Partnership (UHCP). During the meeting, WHO also presented the new Country Cooperation Strategy (CCS 2024–2027), highlighting its strong alignment with Botswana’s UHC agenda and demonstrating how UHCP investments directly support CCS priorities. The discussion further enabled WHO to outline existing funding gaps across key health systems strengthening areas, helping to guide future collaboration and resource mobilization efforts with the EU.

The EU delegation acknowledged the progress achieved under previous phases of the partnership and expressed continued interest in supporting the next phase of implementation.



▲ WHO engages with the European Union Delegation to strengthen strategic alignment, partnerships, and resource mobilization for health systems strengthening and Universal Health Coverage in Botswana

Coordinated response during the 2025 Public Health Emergency

Following the declaration of a public health emergency on 25 August 2025, WHO provided continuous technical leadership and supported the National Task Force and Steering Committee. On 10 September, WHO and the UN Resident Coordinator convened over 50 partners, including the Global Fund, UNICEF, CDC, EU, World Bank, and UNFPA, accelerating emergency procurement pathways and health system stabilization efforts. WHO also mobilized US\$ 93,525 in essential medicines, contributing to improved national stock levels.

Enhanced partner visibility and stewardship

Despite early staffing constraints, partner recognition and visibility was enhanced with seven articles published in 2024, eight in 2025, and 56 social-media acknowledgments in 2025. WHO also ensured timely quarterly reporting for the Pandemic Fund multi-country grant in 2025. These efforts reinforced accountability and trust with funding partners.

d. Collaboration with the United Nations

WHO Botswana deepened its cooperation with the UN Country Team (UNCT), contributing actively to joint programming, multisectoral coordination, and the advancement of the Sustainable Development Goals.

Active participation in UN Country Team mechanisms

WHO contributed to multiple UN Cooperation Framework Results Groups and assumed chairship of the UN Communications Group in 2025, ensuring coherent messaging and enhanced visibility of health priorities.

Under the Cooperation Framework, WHO contributed to two key outputs

Universal Health Coverage (UHC) and the International Health Regulations (IHR), with a combined financial allocation of US\$340,796, including US\$210,796 in 2024 and US\$130,000 in 2025, as recorded in UNINFO. WHO also participated in various UN technical working groups, including the UNINFO Working Group.

High-level engagement with UN leadership

In 2025, WHO hosted high level courtesy meetings with Ms. Wenyan Yang, UN Resident Coordinator, and Ms. Nthisana Motsete Phillips, Botswana’s incoming Permanent Representative to the UN in Geneva. These engagements strengthened multilateral collaboration and reaffirmed joint commitment to accelerating progress toward national development priorities. Ms. Yang emphasized the need for innovative, integrated UN approaches amid shifting global financing landscapes, while WHO shared key updates on national health reforms, including the rollout of national health insurance and the local government transition in primary healthcare.



- ▲ WHO Representative Dr. Fabian Ndenzako engaging with Ms. Wenyan Yang, the new UN Resident Coordinator in Botswana
- ◀ WR with Ms. Nthisana Motsete-Phillips, Botswana's incoming permanent representative to Switzerland and the United Nations in Geneva

UN leadership in the 2025 emergency response

The UNCT, led jointly with WHO, was instrumental in mobilizing partner support for urgent procurement, supply chain stabilization, and policy-level reforms that emerged from the crisis.



▶ UN leadership, diplomatic community and partners gather to discuss a coordinated response to the public health emergency declared in August 2025



UN collaboration during the biennium also included joint visibility activities, such as commemoration of UN Days, participation in the African UN inter agency Games.

◀ The WHO team and the entire UN family in Botswana commemorated the 80th anniversary of the United Nations (UN80), held under the theme “Building Our Future Together”, with a run/walk event. Together with partners, the event honoured not only the founding of the UN, but also promoted the ongoing shared commitment to the Sustainable Development Goals. October 2025





▲ The Vice-President of Botswana, Ndaba Gaolathe (middle), joined the UN Resident Coordinator, Ms. Wenyan Yang (right), the entire UN family, the diplomatic community, and development partners to mark this significant milestone in the international community's history, UN80

◀ The spirit of collaboration and staff welfare was on full display as 400 UN personnel from 14 country offices, including a strong Botswana contingent with five WHO staff members, gathered in Lobamba, Eswatini, for the 14th UN All Africa Games, 29–30 August 2025



Collaboration with SADC and regional platforms for resource mobilization

WHO Botswana continued to work closely with the Southern African Development Community (SADC), supporting regional initiatives in disease surveillance, health security, climate resilience, and regulatory harmonization.

Major regional health security financing secured

Botswana benefited from the US\$ 35.8 million Pandemic Fund Second Call award supporting climate-driven disease surveillance and One Health capacity across eight Southern African countries.

SADC–AfDB regional financing mobilized

Through WHO facilitation, Botswana secured US\$ 9.14 million via the AfDB regional envelope, including US\$ 4.19 million implemented through WHO to support laboratory strengthening, surveillance, and workforce development.

Advancing SADC E8 malaria elimination

WHO contributed to advancing the regional multicountry concept, Mitigating Climatic Effects on Malaria Transmission in Southern Africa, targeting US\$ 10 million to accelerate SADC E8 malaria elimination efforts.

Alignment with regional systems-strengthening priorities

WHO supported BoMRA's regulatory benchmarking and contributed to SADC aligned efforts on pandemic preparedness, climate resilient health systems, and One Health surveillance.



▲ SADC Executive Secretary H.E. Elias Magosi hosting WHO Representative Dr. Fabian Ndenzako in Gaborone, April 2025

IV. Resource mobilization

Resource mobilization remained a key focus, as Botswana continued to leverage partnerships to secure funding for national and regional health priorities.

Strategic engagement for sustainable financing

WHO supported early October 2024 engagements with the US Global Health Security and Diplomacy (GHSD) team, focusing on sustainable financing, PEPFAR alignment, and transition planning amid evolving global financing landscapes.

Successful award under the Pandemic Fund second call for proposals (2024)

Botswana, together with seven Southern African countries, secured a US\$ 35.8 million regional grant under the Pandemic Fund (PF) Second Call, aimed at strengthening One Health disease surveillance and response for climate-driven infectious threats. This remains one of the most substantial multilateral health security investments for the subregion.

Strengthened national coordination for financing proposals

For the Pandemic Fund third call (2025), WHO supported BPHI in convening a Technical Working Group and National Steering Committee to develop a single-country proposal. Although not selected, the process significantly strengthened national governance and One Health investment frameworks.

Advancing climate-health financing and malaria elimination efforts

WHO contributed to the regional malaria elimination concept (SADC E8) and supported Botswana in submitting a Takeda CSR 2025 GHG inventory proposal (US\$ 2.2M), which was not awarded.



▲ Botswana hosted the first Pandemic Fund subregional forum in Gaborone, 9–10 December 2025

CHALLENGES



Funding constraints and competitive landscape

Global financial tightening constrained donor flexibility and increased competition for limited funding windows, affecting Botswana's ability to secure multi-year investments. The Pandemic Fund third call single-country proposal was not selected despite strong governance structures. The Takeda CSR 2025 submission was unsuccessful, limiting advancement of climate-health reforms.

Limited formal UN Joint programming

No formal UN joint programmes or UN2UN agreements were completed during the biennium.

Capacity strain and regional coordination complexity

The national public health emergency coordination required extensive technical and administrative bandwidth, temporarily diverting attention from field visits, donor briefings, and multi-year partnership development. Multi-country grants (PF, AfDB-SADC) required substantial reporting and coordination capacity, challenging the WCO's ability to simultaneously advance new financing proposals.

NEXT STEPS



- Strengthening partnership platforms and national coordination.
- Institutionalize the Health Partners Working Group as a standing mechanism and expand technical subgroups on supply chain reform, PHC transformation, national health insurance, and community health.
- Enhance Financial Readiness and Proposal Competitiveness.
- Maintain the PF TWG and National Steering Committee for rapid mobilization.
- Strengthen investment cases, cost-effectiveness analyses, and climate-health arguments for future proposals.
- Re-engage Takeda, Global Fund, SADC, and private-sector foundations with improved evidence packages.
- Deepen collaboration with the United Nations.
- Develop at least one formal joint programme in 2026 (e.g., supply chain digitalization, maternal health, climate-resilient systems).
- Leverage WHO's leadership of the UN Communications Group for joint advocacy.
- Expand regional health security integration.
- Reinforce Botswana's leadership in SADC One Health, E8 malaria elimination, climate-health surveillance, and cross-border preparedness.
- Improve data interoperability and regional supply chain alignment.
- Strengthen partner stewardship, transparency and visibility.

V. Way forward

Building on the achievements and lessons of 2024–2025, Botswana and WHO will focus on the following priority actions to accelerate UHC strengthen health security, and protect population health, especially for women, children, adolescents, and vulnerable communities:



Re-orient care to Primary Health Care (PHC) and advance UHC financing

- Support the Government to operationalize national health insurance and reduce fragmentation in health financing, prioritizing frontline services and equitable access.
- Scale integrated, people-centred models across RMNCAH, NCDs, HIV/TB, and mental health, ensuring every contact is an opportunity for prevention, screening, vaccination, and continuity of care.



Immunization recovery and surveillance excellence

- Implement the National Immunization Strategy 2025–2030, restore $\geq 90\%$ coverage for all antigens, and intensify outreach to zero dose and under immunized children using microplanning and community partnerships.
- Sustain the IPV2 introduction, strengthen AEFI systems (VigiFlow/VigiMobile), and maintain AFP/environmental surveillance performance to certification standards, with targeted support for border and high-risk districts.



Regulatory and blood systems strengthening

- Advance BoMRA towards ML3 through enactment of the Medicines & Related Substances Bill, full implementation of the BoMRA Regulatory Information Management System, and QMS upgrading.
- Deliver on the blood safety roadmap: governance, quality systems, modern equipment/cold chain, national blood information system, and comprehensive hemovigilance.



Health security: from plans to performance

- Implement the NAPHS two-year operational plan, strengthen the National IHR Authority and Focal Point, and finalize/operationalize SOPs for multi-hazard response, including a functional Public Health Emergency Operations Centre.
- Institutionalize One Health coordination with a costed national strategy: scale joint surveillance, laboratory networks, workforce training, and risk communication.
- Leverage regional investments (e.g., Pandemic Fund multi-country grant) for climate-driven threats and cross border preparedness.



Malaria elimination with climate aware operations

- Roll out the National Malaria Strategic Plan 2025–2029 with real-time surveillance, rapid case investigation, expanded vector control (IRS/LLINs/larval source management), and surge capacity for outbreaks linked to rainfall variability.
- Strengthen DHIS2 malaria dashboards, logistics for diagnostics/medicines, and targeted community engagement in hotspot districts.



TB and DR-TB: detection, treatment success, and system enablers

- Finalize and implement the TB Strategic Plan 2025–2029, decentralize DR-TB services, start second-line DST, secure uninterrupted drug/diagnostic supplies through improved forecasting and GDF engagement, and digitize data flows end-to-end.



Maternal, newborn, child and adolescent health (RMNCAH)

- Deliver high impact interventions (quality ANC, skilled birth attendance, EmONC, postnatal care) and address adolescent health, with strong accountability and data use at district level.



Climate and health mainstreaming

- Operationalize the HNAP, governance, early warning, climate-sensitive disease surveillance, and resilient infrastructure (WASH/energy/cold chain).



Digital transformation and data for decision-making

- Scale the national Digital Learning Hub/ECHO model for continuous workforce development, expand DHIS2 optimization and analytics, and complete the WHO Business Management System transition for efficiency and accountability.



Partnerships and resource mobilization

- Institutionalize the Health Partners Working Group with technical subgroups (supply chain, PHC/NHI, climate health, community health), strengthen investment cases and joint programmes with the UN, and steward transparent, timely partner reporting and visibility.



Patient and health worker safety

- Meet 2026 national targets for hand hygiene monitoring in reference hospitals, ensure IPC focal persons/committees and HAI surveillance are active in all districts, and continue nationwide rollout and use of updated IPC Guidelines.

VI. Crosscutting enablers for success



Policy and legislation:

Finalise pending bills and frameworks (e.g., public health institute, medicines regulation) that unlock implementation at scale.



Supply chain reform:

Modernize forecasting, procurement, and distribution to prevent stockouts across programmes.



Community engagement:

Embed inclusive, gender- and rights-based approaches across all interventions, with strong risk communication and social listening.



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