Botswana's census conducted in 2011 showed an increase in life expectancy from 55.6 years in 2001 to 68 years in 2011. Successes recorded in universal coverage with ARVs and PMTCT for HIV/AIDs, largely funded through the Government of Botswana's own resources, partly account for the increase in life expectancy. HIV prevalence has dropped from 17.6 in 2008 to 16.9 in 2013, with adjusted incidence reducing from 1.5 in 2008 to 1.35 in 2013. TB remains a problem in spite of sustained reduction in notification rates and improved treatment outcomes. Challenges remain such as rising MDR-TB (2.5%) and high TB/HIV co-infection which currently stands at 68%. Efforts in the implementation of the Malaria Strategic Plan have resulted in positive impacts, with incidence rate declining from 0.8% in 2008 to 0.23% in 2013. In view of these achievements, Botswana is being targeted for malaria elimination by 2018.

The country has a dual epidemic of both communicable and non-communicable diseases. The Global Youth Tobacco survey (2010) and the first STEPs survey (2007) showed the prevalence of hypertension as 33.1% and overweight at 38.6%. The 2nd STEPs survey will be conducted in June 2014. The country is implementing an alcohol levy. As part of implementation of the FCTC, Botswana has also introduced a tobacco levy. With an IMR of 17/1000 live births; Botswana has reached MDG 4 targets. While efforts are being made to strengthen the health system, maternal and neonatal mortality reduction remain a challenge, with women still dying from preventable causes. Social determinants of health such as poverty, equity and access issues still need to be addressed, as well as environmental determinants such as road traffic accidents. Concerning HRH implementation, work remains to assess the core capacity of the country thereafter strengthening any areas of weakness found.

**HEALTH POLICIES AND SYSTEMS**

Botswana’s overall development is guided by Vision 2016 with health goals set in the National Development Plan 10 (2010-2016). The Integrated Health Services Plan (2010-2020) and the revised National Health Policy (2011) are the flagship documents of the Ministry of Health. The National Health Policy was reviewed due to the recognition of changes in both health status, the organization of the health sector as well as to make social health determinants a central theme for health development.

The country developed and implemented: an Accelerated Child Survival and Development Strategy; the national road map for reduction of maternal and newborn mortality; the NCD Policy and Strategic Plan; National Cervical Cancer Strategy; Health Promotion Strategy; the recommendations of the Accountability Framework on Women and Children’s Health; the Libreville declaration on health and environment; the Malaria Elimination Strategic Plan. HIV/AIDS interventions were rolled out, including the WHO 2013 guidelines of universal access to ART to all children below the age of 5. Fixed dose combinations for TB therapy and community TB care were introduced while implementation of TB/HIV integration is being strengthened in line with the TB/HIV Policy of 2011. Services remain almost free for the population in the public sector with highly effective exemptions for vulnerable population groups as outlined in the National health policy (2011) across the four levels of the health system. More than 90% of the population lives within 8kms of a health facility. An essential health services package was defined in 2010 based on cost-effective interventions, which covers up to 80% of the disease burden to be delivered, ensuring equal access for both rural and urban populations. Ministry of Health remains the major provider of health services with a smaller private sector.

The Government of Botswana, while largely funding its own health services, has acknowledged the need to look at alternative forms of health financing as well as improvement on efficiencies in order to get the best benefits on the investment made in the health sector. Quantities and skills mix of the human resources for health (HRH) remains an issue. The establishment of a medical school will facilitate local production of HRH.

**COOPERATION FOR HEALTH**

Efforts are ongoing, to adopt a Sector-Wide Approach (SWAP) that suits the context of Botswana in order to improve collaboration and coordination in the health sector, with annual sector reviews being adopted. The Botswana Health Partners Forum has been established to discuss better ways to support the health sector and strengthen harmonization and alignment. Stakeholders are the Ministry of Health, local government, and National AIDS Coordination Agency (NACA), bilateral such as the EU and US government through USAID, PEPFAR and CDC, multilaterals such as the UN family, local and international NGOs, academia, public and private medical aid societies, among others.

The UN system has been Delivering as One since 2009 through the UNDAF (2009-2014) which has been extended to 2016 to align with the NDP 10.
### WHO COUNTRY COOPERATION STRATEGIC AGENDA (2008-2013)

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<tr>
<th>Strategic Priorities</th>
<th>Main Focus Areas for WHO Cooperation</th>
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| **STRATEGIC PRIORITY 1: Reduce the burden of communicable diseases** | ● Support for scale up and sustenance of the HIV response including quality improvement, efficiency and intensified surveillance and monitoring  
● Scale up implementation of TB Strategy (including 3Is) as well as TB/HIV integration, with strengthened surveillance and monitoring  
● Review and adapt policies and guidelines in line with the Global Technical Strategy for malaria (2016-2025) with special attention on Malaria elimination activities  
● Strengthen implementation of the Global Vaccine Action Plan. |
| **STRATEGIC PRIORITY 2: Reduce the burden of non-communicable diseases** | ● Strengthen implementation of the Global Action Plan for NCD Prevention and Control (2013-2020) and UN Political Declaration on NCDs |
| **STRATEGIC PRIORITY 3: Reduce morbidity and mortality and promotion of health through the life-course while addressing determinants of health** | ● Support implementation and evaluation of high quality and effective interventions to improve maternal and child health (RMNCH) and reduce preventable deaths  
● Support strengthening of quality child health interventions including early childhood development  
● Support improvement of access to quality SRH/family planning programs including implementation of new technologies and evidence. |
| **STRATEGIC PRIORITY 4: Support the strengthening of health systems with a focus on the organization of integrated service delivery and financing to achieve universal health coverage** | ● Support Health Sector Partnership Forum and Health Sector Review for better coordination in the health sector  
● Support the development and implementation of appropriate policies and strategies  
● Support the Ministry to strengthen health systems including resource mobilization efforts; development, implementation and monitoring of Health Financing Strategy, as well as developing evidence to support human resource planning, management and production. |
| **STRATEGIC PRIORITY 5: Support the preparedness, surveillance and effective response to disease outbreaks** | ● Support IHR core capacity assessment, implementation and evaluation  
● Support the development of preparedness and response strategies and plans including the National Health Surveillance Strategy.  
● Support the country in the implementation of the polio eradication and end game strategic plan |