



HEALTH POLICY PROJECT / **BOTSWANA**

Building capacity for improved health policy, advocacy, governance, and finance

Best Practices to Generate Evidence

Motivating decisionmakers to focus on effective resource allocation requires rigorous, compelling evidence. HPP's modeling experience in Botswana reveals these best practices:

1. Engage early with policymakers to gain buy-in and ownership and ensure continuity. Data needs for model applications are significant.
2. Anchor models to existing policy commitments or program goals for maximum relevance.
3. Enhance capacity at the ministerial and local levels through trainings, results interpretation, and advocacy.

Overview

Botswana has one of the highest HIV prevalence rates in the world: 22 percent of adults 15–49 years old have HIV.¹ The country's life expectancy has decreased from 67 in 1990 to 64 in 2013,² in large part due to HIV. As a result, Botswana's response has evolved into one of the world's model HIV programs. Spending on healthcare in Botswana is higher than in most countries in sub-Saharan Africa, and a large share of this is financed domestically. In 2010, the government spent about 18 percent of its budget on health—more than the 15 percent target recommended by the Abuja Declaration.³ However, sustaining financing is challenging given shifts in donor focus and macroeconomic changes.

Recognizing these challenges, the Health Policy Project (HPP) provided technical assistance and programmatic support to the government of Botswana to address its ongoing efforts to restructure the health sector. HPP used the OneHealth Tool⁴ to assess the costs of an array of interventions, thereby informing the design of social health insurance and budget requests. HPP focused on (1) gathering evidence to support budgetary planning and allocation decisions for the implementation of an essential health services package and (2) building in-country capacity to develop evidence-based policies.

Generating Evidence to Inform Action

In collaboration with the Ministry of Health (MOH), HPP generated evidence to help prioritize disease programs and associated interventions at different levels of healthcare delivery.

- Assessed facility-based unit costs of providing six HIV interventions, including additional tuberculosis (TB) screening for people living with HIV, antiretroviral therapy for TB/HIV co-infected patients, co-trimoxazole prophylaxis for TB/HIV co-infected patients, safe male circumcision, post-exposure prophylaxis, and condom distribution.
- Used the OneHealth Tool to project overall resource requirements for providing services under the Essential Health Services Package, based on normative inputs.
 - Assessed the costs of implementing interventions for 45 disease programs.
- Engaged in capacity development and training for 16 MOH staff to institutionalize application of the OneHealth Tool in the ministry. Trained personnel will serve as technical champions, teaching other staff, and be responsible for applying the tool during future costing exercises and the annual budgeting process.

The Way Forward

Achieving Botswana's health goals requires continued efforts to maximize financial resources and improve local capacity.

- Building on the findings of the HPP OneHealth analysis, conduct cost-effectiveness assessments of major interventions, especially those for HIV and non-communicable diseases and maternal and child health. The data will help stakeholders further prioritize key interventions.
- Target specific facilities for specialized services to help reduce waste due to low patient volumes that result in high costs.
- Further build the capacity of program staff in strategic planning, budgeting, and data systems strengthening to increase the availability of reliable and accurate data.
- Institute a regular process to update model inputs and read outputs. Maintain ongoing awareness among strategic planners at the sector and disease program levels on outputs.
- Invest in developing a stronger system to track financial expenditures, and, to decentralize expenditure tracking, create a tracking system at the District Health Management Team level to support oversight.

Select Publications

- Estimated Resource Needs For Key Health Interventions Offered Under Botswana's Essential Health Services Plan 2013–2017: Phase II

Notes

¹ United Nations Program on HIV/AIDS (UNAIDS). 2013. *The Gap Report*. Geneva: UNAIDS.

² World Health Organization. 2013. Botswana Country Profile. Accessed at: <http://www.who.int/countries/bwa/en/>.

³ Government of Botswana, Ministry of Health. 2012. *National Health Accounts 2007–2010*. Gaborone: Government of Botswana.

⁴ The OneHealth Tool is designed to support the costing, budgeting, financing, and development of national health strategies in developing countries, with a focus on integrated planning and health systems strengthening.

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The Health Policy Project is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-10-00067, beginning September 30, 2010. The project's HIV activities are supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). HPP is implemented by Futures Group, in collaboration with Plan International USA, Avenir Health (formerly Futures Institute), Partners in Population and Development, Africa Regional Office (PPD ARO), Population Reference Bureau (PRB), RTI International, and the White Ribbon Alliance for Safe Motherhood (WRA).

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