Overview

Botswana has one of the highest HIV prevalence rates in the world: 22 percent of adults 15–49 years old have HIV. The country’s life expectancy has decreased from 67 in 1990 to 64 in 2013, 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. 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 Tool 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

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.