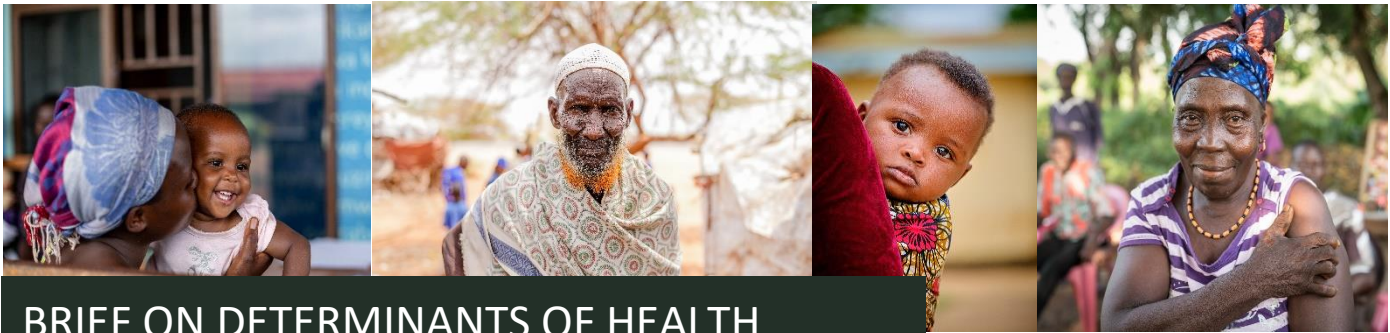




Botswana

Technical Brief on Determinants of Health



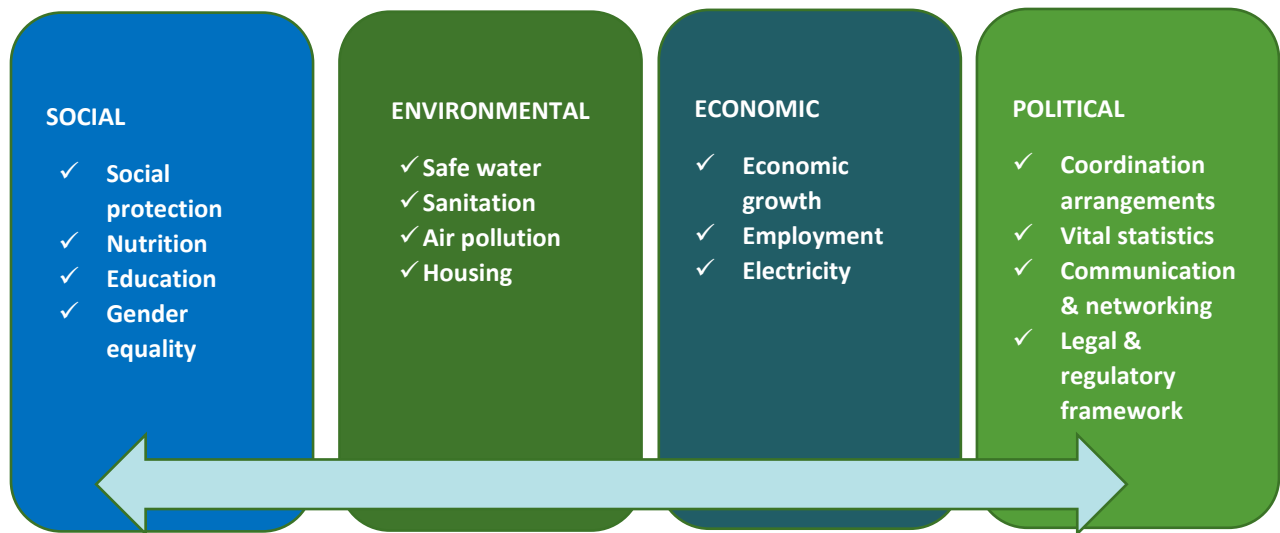
BRIEF ON DETERMINANTS OF HEALTH



1. Background

Determinants of Health span the social, environmental, economic, and political targets across the SDGs, which impact on health and wellbeing. Although there was no explicit focus on the determinants of health in the national strategic plan for Botswana, the influence of social, environmental, economic, and political determinants was indirectly alluded to.

Figure 1: Determinants of health areas



The summary looks at the current status and challenges when addressing the determinants of health. The interplay within and across each domain is briefly looked at herewith, as these have significant implication for attainment of Universal health coverage and health-related Sustainable Development Goals (SDGs).



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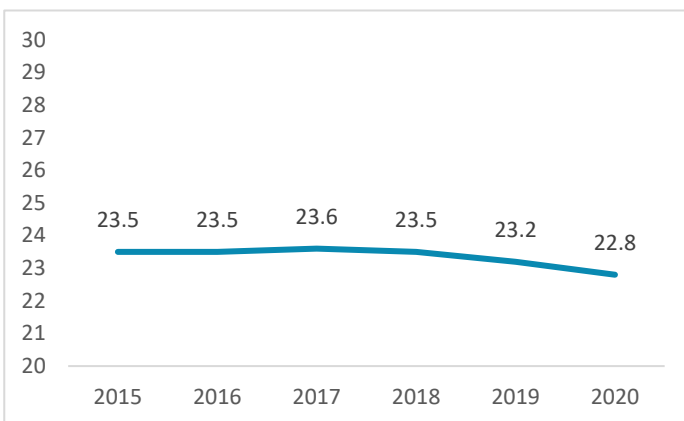
2. Progress in Social determinants

Despite Botswana’s economic and political stability, poverty remains a challenge, with national monetary poverty at 16.3 per cent in 2015/16. Poverty in Botswana has strong geographical and gender disparities with rural areas experiencing high poverty levels at 24.2 per cent in 2015/16 with urban villages at 13.4 per cent while cities/towns were at 9.4 per cent.

Botswana has achieved high levels of school enrolment at primary level (96.9 per cent in 2017) and transition rates from primary to junior secondary stand at 98%. However, the pass rates are as low as 35 per cent at junior secondary and 13 per cent at senior secondary. The enrolment in pre-school also remains low at 30 per cent and is primarily an urban phenomenon dominated by private sector provision.

The achievement of silver tier status on the path to elimination of mother to child transmission was a significant milestone achieved in 2021. This is exemplary of joint efforts, which have yielded results.

Figure 2: Children under 5 who are stunted (Source: WHO)



Only 30%
Of children 3-6 years have access to pre-school

55%
Of poverty incidence is in Female-headed households

Key highlights for social:

- Poverty in Botswana has strong geographical and gender disparities with rural areas experiencing high poverty levels at 24.2 per cent in 2015/16 with urban villages at 13.4 per cent while cities/towns were at 9.4 per cent.
- Female headed households at 55 per cent poverty incidence, were on average 10 percentage point higher than male headed households
- Botswana continues to be challenged by high malnutrition; almost 1 in 3 children under-5 are stunted.
- Between 10 - 12 per cent of children that ought to be in school are not.
- Only 30 per cent of children aged 3 to 6 years have access to preschool education



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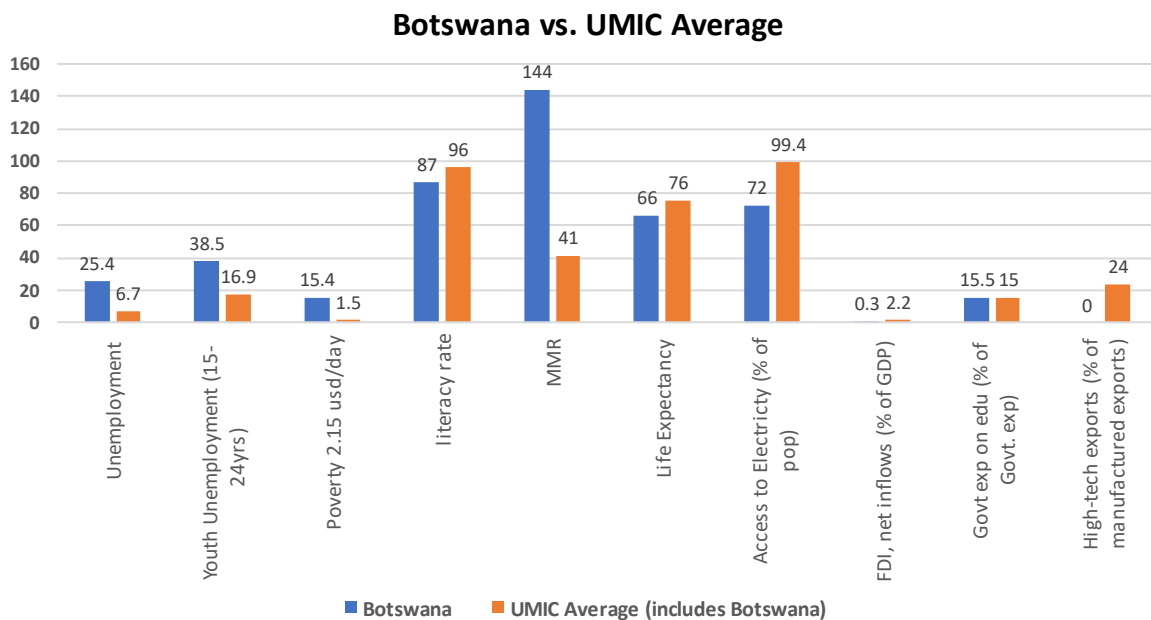
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3. Progress in Economic determinants

Botswana’s macroeconomic policy framework is anchored in prudent macroeconomic policies and robust economic institutions. After achieving 11.4 percent growth in 2021, the economy expanded by 4.3 percent in 2022 (IMF Article IV consultation, 2022). However, the latest economic growth projections indicate that the current path is insufficient to meet the policy targets of Vision 2036. Furthermore, the economy has not been able to create sufficient jobs for young people and remains undiversified, thus unable to absorb the approximately 35,000 annual labor market entrants.

Figure 3: Comparison of key economic indicators



Key Highlights for economic:

- Access to electricity in Botswana stands at 60% nationally (77% in urban areas and 37% in rural), compared to 48% in 2010.
- The unemployment rates have changed from 17.8% (Welfare Indicators Survey of 2009/106) to 24.5% in 2020 and 26 % by the end of 2021
- The rapid development and urbanization have multifaceted impact on healthcare and requires the health lens to be fully internalized within other sectors’ role. Poverty for instance poses a strain on the health and health related goals attainment in Botswana



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4. Progress in Political determinants

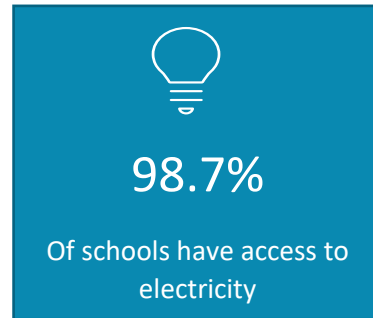
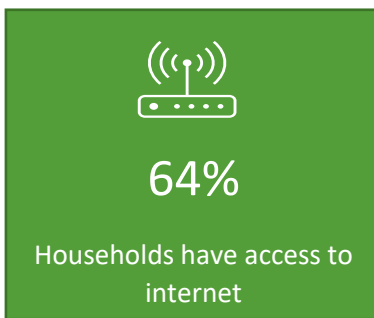
There are political governing structures established to facilitate attainment of health and health-related targets in Botswana, such as the national SDG taskforce, National steering committee, social uplift thematic groups, health partners forum etc. The country has made substantial strides for stakeholder engagement and coordination.

The current mechanisms for annual production of vital statistics reports, covering trends in births, deaths, and marital status, are sound structures to leverage on and expand to cover causes of deaths across the nation.

Communication and networking have significantly increased over the last decade, with household access to internet increasing from 40.6 % in 2014 to 63.5 % in 2019; cellular phones, standing above 95.8 % of all households in 2019.



Figure 3: (source: WHO)



Key Highlights:

- Legal and regulatory tools were observed as instrumental catalyst in Botswana. Multiple bills have been passed on various sectors and issues, that echo the health and wellbeing vision of the nation (Eg. Tobacco, Alcohol, Gender based violence etc).
- Communication and networking have significantly increased over the last decade
- Percentage of children under age 5 whose births are registered stands at 88.4% (Females) and 86.7 (Males)
- In order to catalyze on the ongoing efforts, there is needs to address the challenges involving functionality of structures, implementation of policies and strategic tools, joint planning, monitoring and evaluation, so as to harness the synergistic effects of the multi-sectorial approach.



5. Progress in Environmental determinants

The Ministry of Water coordinates initiatives for safe water. All villages are connected to water supply and regular waste collection is conducted. The Ministry of Health plays an active role in ensuring quality of water, through regular sample testing of households (quarterly), supplemented by regular monitoring of water quality in schools (led by Ministry of Water), and findings reviewed in the Sub-Health members’ meetings.

There are robust waste management systems nationally, with facilities’ sanitation services outsourced and functioning well; clinical waste management in place for home-based care and nation-wide waste managed by councils effectively. The primary health care persons within the local government play a role in harmonizing efforts with MOH for environmental actions.

The country has established Environmental Impact Assessment (EIA) legislation in 2005, which requires all new developments to be assessed for their environmental impacts. The PM2.5 Air Pollution, Mean Annual Exposure (micrograms Per Cubic Meter), has been on the decline from 2010 – 2020

Figure 3: Proportion of population using at least basic sanitation services (source: World Bank)

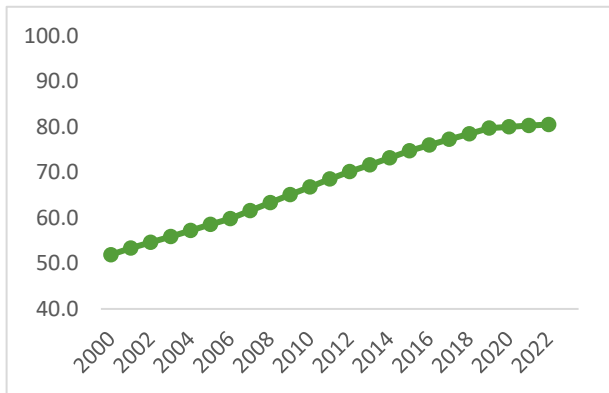
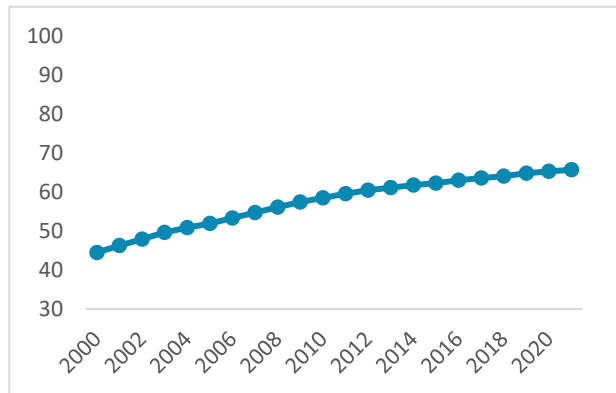


Figure 4: Access to clean fuels and technologies for cooking (% of population) (source: World Bank)



Key Highlights:

- There is an increase in unhealthy lifestyles such as smoking, alcohol, lack of exercising, contributing to rise in NCDs.
- Injuries are another burden on the rise, with road traffic accidents standing at 20.1 per 100,000, which is higher than the global average of 17.4.
- There is a lack of tools and strategic guide to regulate stakeholders’ engagement and robust mechanism evaluation of policies’ implementation



6. Analysis and implications

The health and well-being of the population require multisectoral approaches, which Botswana has proactively engaged in, evidenced by the various collaborative platforms and the recent integration of SDGs in the National Development Framework (2022). Over the last decade, many legislative tools and guiding strategies have been developed to support these approaches. However, implementation as well as integrated monitoring and evaluation, remains a critical gap as the outputs of the high-impact interventions are rarely analyzed.

- There is still the need to harmonize the interventions across sectors, to comprehensively address the root cause issues identified.
- The achievement of health outcomes and the respective appropriate essential care interventions should be used as strategic core guidance, around which multisectoral interventions for preventive, promotive, palliative, and rehabilitative care are jointly addressed.
- Furthermore, there is a need for annual monitoring of progress against key priorities and joint deliverables.





7. Recommendations

Operational level

- ✓ *Establish stakeholder committees at each health facility.*
- ✓ *Establish health sector engagement strategies for working with other sectors.*



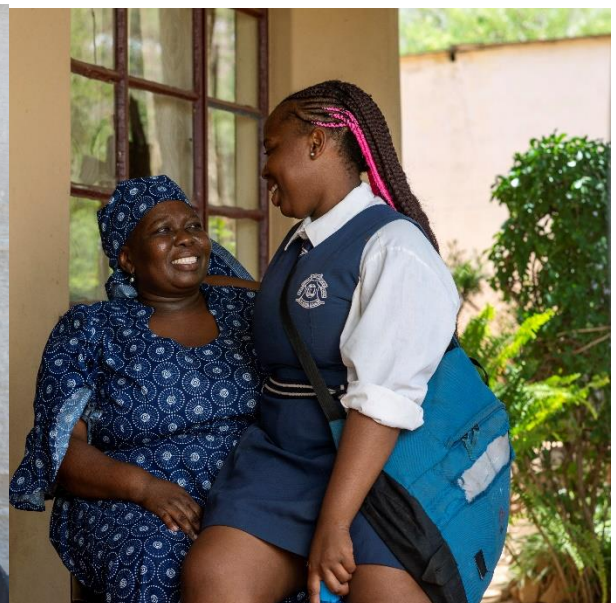
Strategic level

- ✓ *Develop multi-sectoral multi-year operational plans on determinants of health.*
- ✓ *Have a specific program addressing malnutrition.*
- ✓ *Establish multisectoral platforms at district level.*



Policy level

- ✓ *Have a Determinants of health tracking process, based on indices for progress by age cohort*
- ✓ *Annual sector-wide review of the state of Determinants of health at all levels*
- ✓ *Monitor and plan correction strategies on health inequities across the country*





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References

1. End-term review of the Botswana health sector strategy report, 2022
2. Integrated African Health Observatory (iAHO)
3. [UNICEF health and nutrition](#)
4. [Digital Economy Diagnostic Botswana - World bank](#)

Sources

Data on Universal Health Coverage (UHC) come from World Health Organization: [integrated African Health Observatory](#)

Production of the infographic was supported by the Integrated African Health Observatory.

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