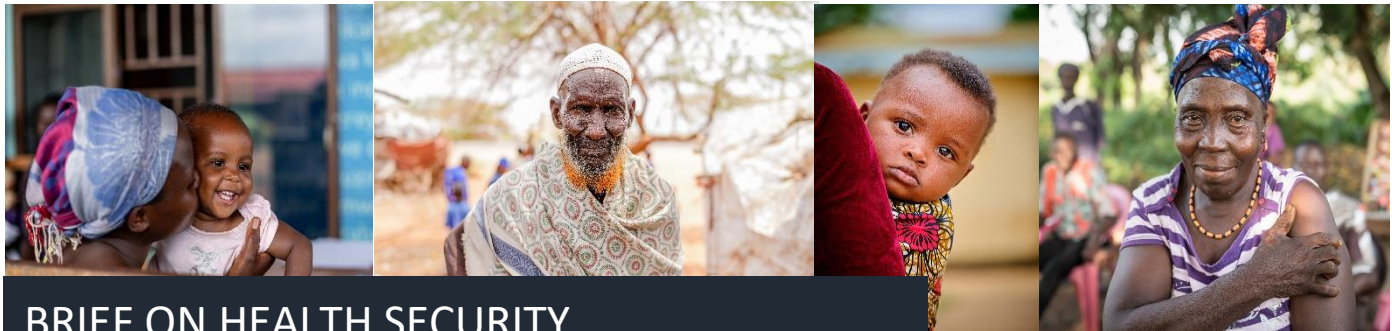




Botswana

Technical Brief on Health security



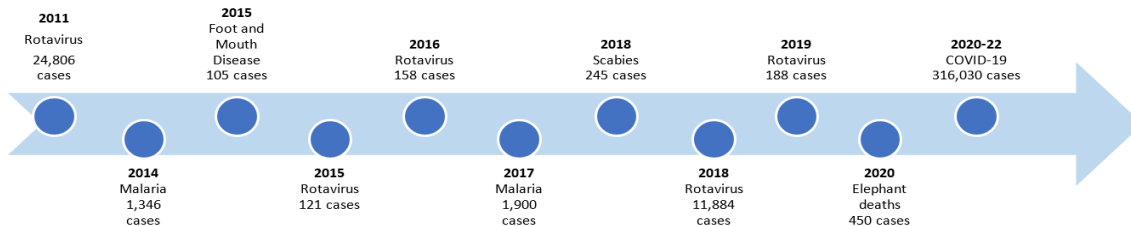
BRIEF ON HEALTH SECURITY



1. Background

Health security focuses on ensuring the population is protected from the impacts of shock events. This protection captures both the direct (morbidity/mortality), and the indirect (disruptions to other services) effects of shock events. The population needs to be protected through actions to (1) prevent, (2) detect, (3) respond, and (4) recover from shock events

Figure 1: Shock events in Botswana, since 2010 (source: WHO)



Key highlights:

- Guided by the international Health Regulations codified in the 2013 Public Health Act, the National Emergency Operations Centre was set up and the Botswana Public Health Institute (BPHI) established.
- The preventive intervention, such as the vaccination program for COVID-19, were noted to roll out rapidly (74%), trends that were seen only in the small island states within the WHO African region.
- Detection and response were supported by the Integrated Disease Surveillance and Response (IDSR) establishment in all 18 health districts, and rapid response teams that were rolled out nationally.
- There is a need to focus on community involvement, capacity enhancement at lower levels, retention of staff, ensuring finalization and implementation of key strategies (such as the National Action Plan for Health Security), in collaboration with the relevant sectors.
- Moving forward, focused interventions on prevention, detection and response that address issues holistically are required



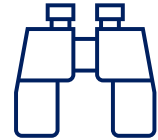
Botswana

Technical Brief on Health security

2. Progress

Under **preparedness**, the country has put in place the legal framework and tools needed.

- The International Health Regulations were codified in the 2013 Public Health Act¹; the National Disaster Management Office (NDMO) set up in 1998 in the Office of the President, continues to operate cross-sectoral response (eg COVID-19)
- Established of the National Emergency Operations Centre, the Public Health Emergency Response Committee (PHERC) convened by the Permanent Secretary (PS), and establishment of the Botswana Public Health Institute (BPHI), which will coordinate and manage health security initiatives.
- National Action Plan for Health Security (NAPHS) developed in 2018.



With regards to **prevention**, the country has:

- Rolled out vaccination programs, as illustrated in the COVID-19 pandemic, when vaccination was rolled out rapidly with 74% of the population vaccinated by December 2021 (trends observed in small island countries only)
- Completed a National Action Plan for AMR to provide guidance across sectors. There is one health platform being established, and surveillance for AMR is currently ongoing across the country.



With regards to **detection**, the country has:

- The Integrated Disease Surveillance and Response (IDSR) capacity was established in all 18 of the 27 administrative districts. Training of Trainers has been conducted for all, using 2020 guidelines.
- At present, over 80% of facilities are reporting weekly, and district-level analysis is being done with the information.
- Community-based surveillance is being tested in 3 districts, building on the COVID-19 pandemic.
- Strong and decentralized laboratory network, with 7 public health laboratories having international standard accreditation (ISO:15189) and 1 WHO-certified.



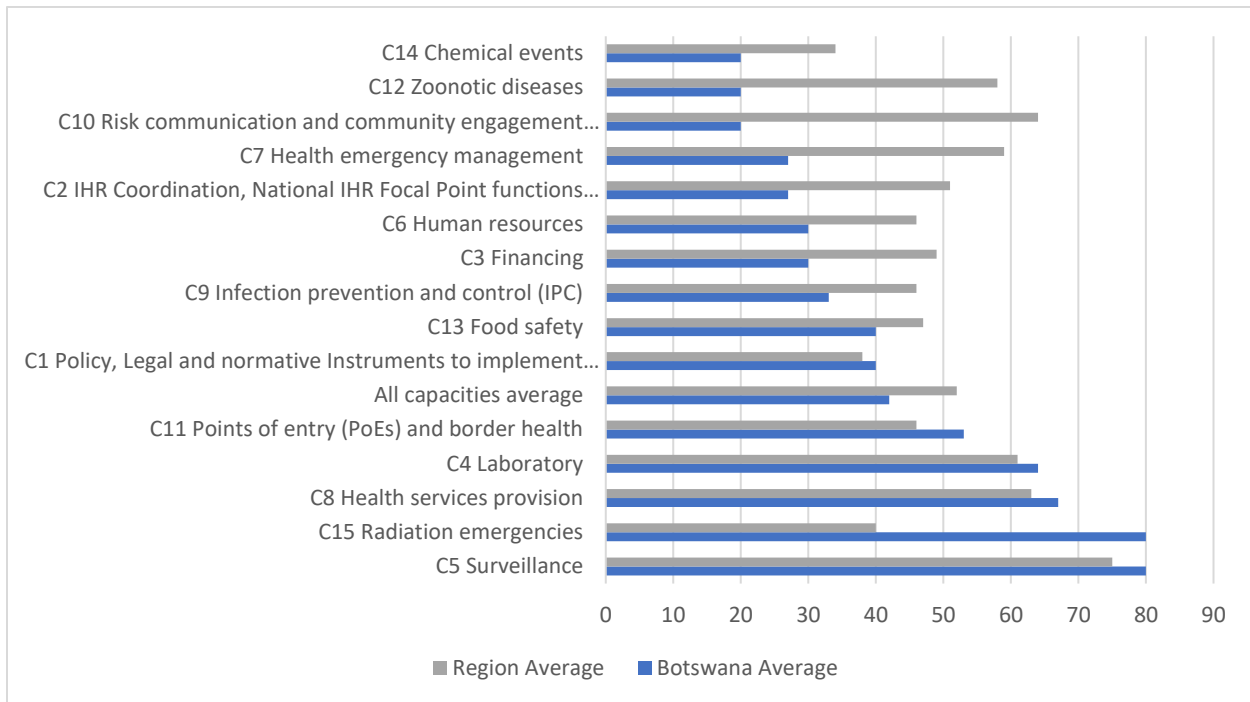
¹ <https://bit.ly/39I3xkj>



Botswana

Technical Brief on Health security

Figure 4: IHR Capacity Progress Botswana 2022 (source: WHO e-SPAR)



In relation to **response**:

- Rapid Response Teams (RRTs) are set up in all the districts, reporting the Ministry of Health at the National Level and NDMOs at the district level, allowing for effective coordination
- Capacity enhancement for Strengthening and Utilizing Response Groups for Emergencies (SURGE) initiative undertaken, for mobilization and effective response to future public health emergencies (within the first 24 to 48 hours of confirmation)





3. Analysis and implications

The limited evidence of system transformation following the repeated health threats (rotavirus, malaria) represent a major gap in the movement towards health security. A technical audit needs to be conducted following each health threat, with the aim of identifying specific actions needed to manage any subsequent threats of a similar nature. The health system lacks resilience, relying on continued funds to contain and manage new health threats. Of specific focus should be enhancing the inherent resilience of the health system², which protects it against unknown health threats.

The country still has some challenges, in ensuring adequate health security for the population.

- The level of community involvement is still low, at national and sub-national levels
- Related to the above, many of the initiatives are largely national level (apart from the IDSR and RRTs).
- Most of the training and capacity enhancement is focused on individuals as compared to teams.
- There are critical issues with retention of staff who have been trained.
- There are delays in formalizing crucial strategic directions in the sector, which hinders timely implementation
- There are some initiatives which though they are agreed in principle, are still having weak legal basis (quintessential example is the legal framework for the BPHI)
- The sector needs to put in place recovery initiatives, to allow the health sector capacity to revert to routine activities while incorporating lessons from the response to the health threat.

² <https://bit.ly/3K9gQqf>



4. Recommendations

	<p>Policy level</p> <ul style="list-style-type: none"> ✓ <i>Establish a HSE tracking process, based on indices for progress by age cohort</i> ✓ <i>Annual sector-wide review of the state of HSE at all levels</i>
	<p>Strategic level</p> <ul style="list-style-type: none"> ✓ <i>Build resilience of health systems.</i> ✓ <i>Enhance capacity for Inherent resilience (against unknown shocks)</i> ✓ <i>Enhance capacity for Emergency (against known shocks)</i>
	<p>Operational level</p> <ul style="list-style-type: none"> ✓ <i>Establish the Health Emergency Operations Centre at the sub-national levels</i> ✓ <i>Design and implement a program for comprehensive district health security enhancement</i>



Botswana

Technical Brief on Health security

References

1. End-term review of the Botswana health sector strategy report, 2022
2. Integrated African Health Observatory (iAHO)

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.

Photography: <https://photos.hq.who.int/>, <https://photos.afro.who.int/>

Check out our other Fact Sheets in this iAHO country health profiles series: <https://aho.afro.who.int/country-profiles/af>

Contact us at: iAHO@who.int

Connect with us on LinkedIn: <https://www.linkedin.com/company/iaho/>

Fact sheet produced by: Solyana Kidane, Serge Bataliak, Boingotlo Ramontshonyana, Madidimalo, Tebogo, Juliet Bataringaya, Tesfaye Erberto