



## BRIEF ON UNIVERSAL HEALTH COVERAGE

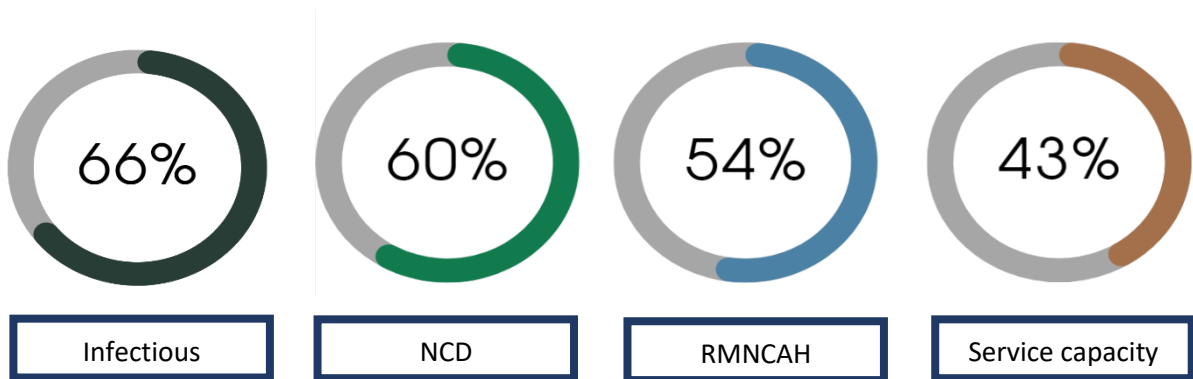


### 1. Background

Universal Health Coverage is the umbrella target for the health sector, representing the measure of the access to essential quality services that people have, while minimizing the financial risk they face. Botswana UHC service coverage index of 55 (out of a possible 100) is low (2021), compared to the global average (67), or even the average of other Upper Middle-Income Countries (UMICs) (77). This UHC service coverage has been relatively constant since 2010, where it was estimated at 54.

Of the four components of the UHC service coverage index, only the coverage of infectious diseases is good, at a level commensurate with other UMICs (77). The value for RMNCAH, NCDs and service capacity is 54, 60 and 43 respectively – similar to that of Low-Income Countries (LICs). On the other hand, the financial risk protection remains high, with only 1% of households spending over 10% of their income on health

**Figure 1:** UHC Service Coverage Index and sub-components, 2021 (source: WHO)



#### Key highlights:

- Botswana UHC service coverage index of 55 (out of a possible 100)
- Coverage of infectious diseases is good at a level commensurate with other UMICs
- The value for RMNCAH, NCDs and service capacity is 54, 60 and 43 respectively – similar to that of Low-Income Countries (LICs).



## 2. Progress

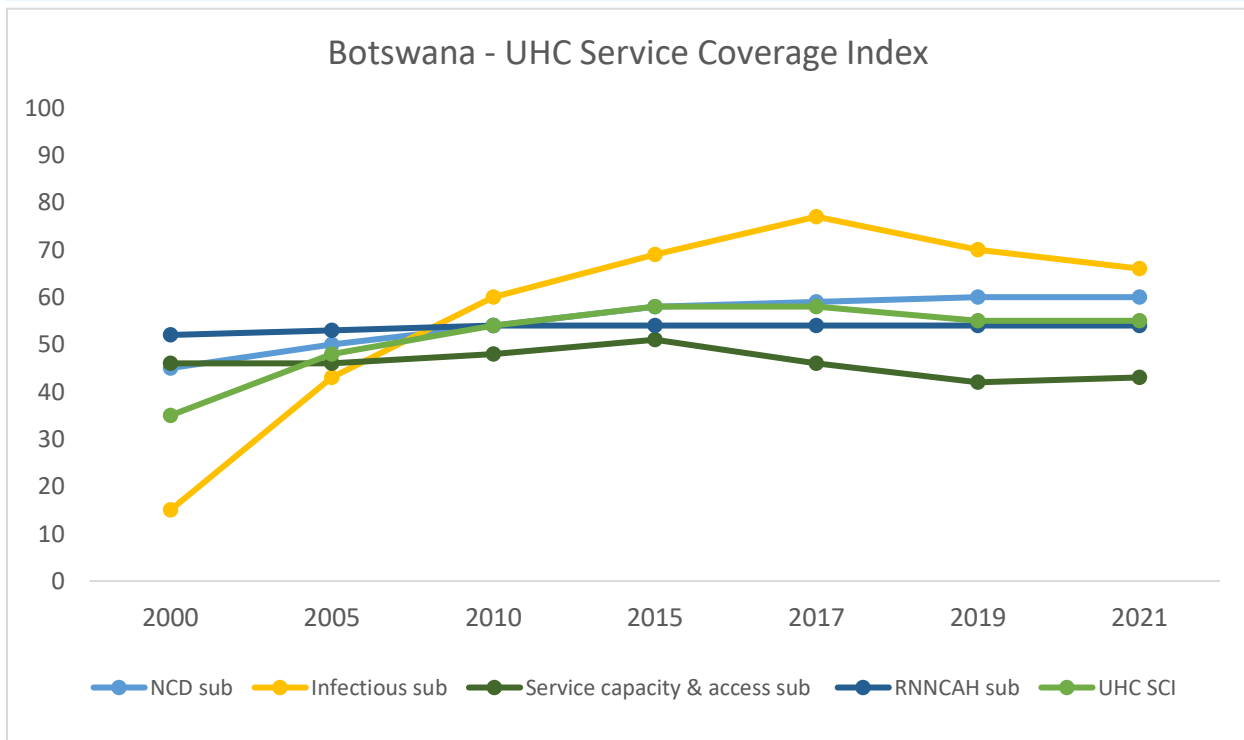
When looking at the **availability of services across the life course**, the health has observed notable advances. These include development and implementation of :

- Accelerated child survival and development (IACSD) strategy 2009 -2016,
- Introduction of new vaccinations for Pneumococcal, Rotavirus, HPV, IPV; Expanding youth-friendly services.
- **Focus on non-communicable diseases** prevention and control (2018-23), service expansion for specific conditions (eg, Cervical cancer screening);
- Development of guiding tools (cervical, colon, and head & neck cancers; establishment of national cancer registry),
- **Availing services for communicable diseases** (eg. expansion of outreach services, decentralizing service provision for HIV/AIDS, Malaria and TB to the lowest levels of care);
- **Targeted focus for the elderly health** and complimented with home-visits care.

### Key Highlights:

- **Introduction and expansion of services** (Cervical cancer screening, new vaccinations for Pneumococcal, Rotavirus, HPV, IPV; HIV/AIDS, Malaria and TB services at lowest levels)
- Relatively good availability of services across age cohorts (>80%), except for **elderly (72%)** in districts

**Figure 2:** UHC Service Coverage Index and sub-components, 2000 - 2021 (source: WHO)





With regards to the **coverage of services** in Botswana, the key observations where:

- Development of Treat All strategy in 2016 for HIV/AIDS, reduction of PMTC to less than 1%, phased-out TB Preventive Treatment (TPT) implementation, coverage of IRS (76.5% in 2020/21).
- Progress is hampered by different factors in the system inputs.
- For instance, the **management of NCDs** are jeopardized by the **intermittent availability of essential medicines and commodities**. With PMTCT, there is still a low testing rate for male partners compared to pregnant women.
- There is a lack of **comprehensive focus** that span across the **life course**, levels of care and **public health function** to include promotion, prevention, diagnostic, curative, rehabilitative, and palliative care.

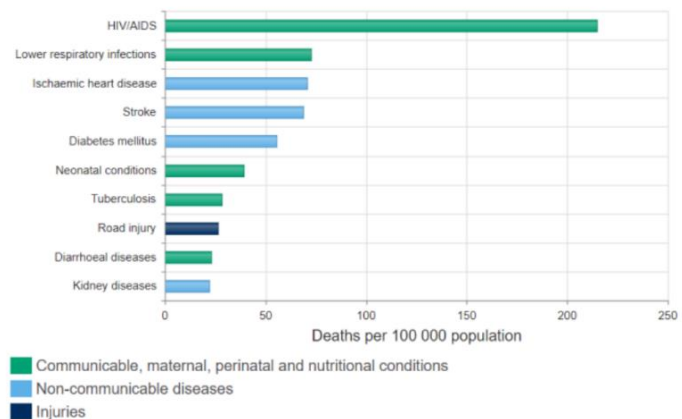
### Key Highlights:

- Reduction of PMTC to less than 1%
- Stagnation/decrease observed for infectious disease progress (77% in 2017 to 66% in 2021)
- Progress is hampered by multifaceted factors, including **intermittent availability** of essential medicines and commodities.

**Figure 3:** Top 10 causes of death in Botswana (source: WHO)

### Key highlights

- The top 10 causes of death indicate the mix of burdens, **communicable, non-communicable and injuries**
- Prioritized focus is needed on **systems strengthening** to address persisting issues holistically



In Botswana, the Government has instituted mechanisms for **financial risk protection (FRP)**.

- The Out of pocket (OOP) payment is low, standing at 5.4% of the Total Health Expenditure (THE).
- The sector review noted that the co-payment is seen as a barrier to access to services, to an extent where even the persons with insurance (such as through Medical Aids) prefer to access services in the public facilities where there is no co-payment.
- The major challenge relates to the potential for sustainability of the levels of financial risk protection.

### Key highlights

- Low out of pocket, 5.4% of the Total Health Expenditure (THE)
- FRP for some functions, such as **rehabilitative and diagnostics** is very minimal in districts
- Co-payment noted as a barrier to accessing health care

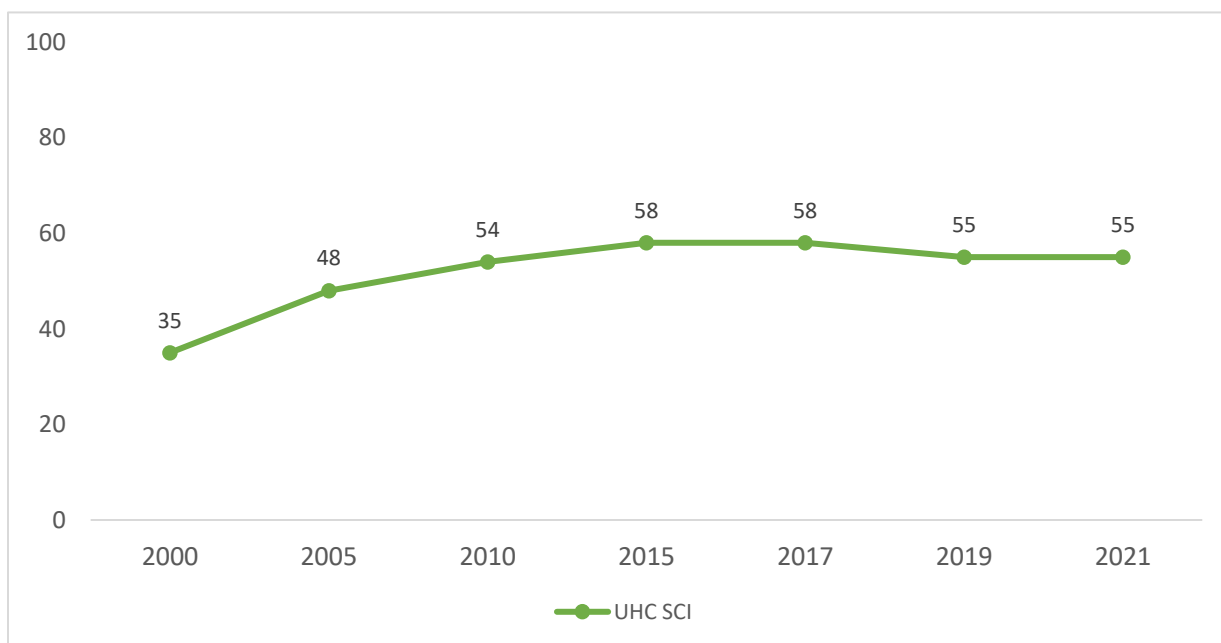


## 3. Analysis and implications

There appears to be uneven progress with the utilization of desired health and related services. The services related to UHC attainment have largely been sustained, while health security and some determinants have improved. The areas of weakness are however quite significant, which make the overall contribution to health and wellbeing limited.

- There are gaps in availability and coverage of services for specific age cohorts. While there has been satisfactory progress with coverage for communicable diseases and RMNCAH services, **elderly and NCDs** have not been equally focused on.
- This is compounded by the **limited implementation of interventions** put in place for health **promotion and prevention** to minimize the impact of NCDs – shifting focus from mainly responding (diagnostics and clinical care).
- There are disruptions in the availability of services for diagnosis, treatment, and care due to challenges with **availability of essential medicines and inputs for diagnostic services**.
- Furthermore, the **increasing proportion of the older age group** in the population, as well as the increasing burden of NCDs and injuries means that specific and deliberate interventions should be scaled up

**Figure 4:** Botswana UHC Service Coverage Index, 2000 - 2021 (source: WHO)





### 4. Recommendations

#### Operational level

##### ***Availability of essential services by age cohort***

- ✓ Develop a comprehensive essential health package.
- ✓ Define targets, means of verification and implementation priorities for addressing health needs for age cohorts left behind.

##### ***Coverage of essential health interventions - leaving no one behind***

- ✓ Establish an acceleration program for addressing the NCD risk factors.
- ✓ Identify and target vulnerable populations for different programs.

##### ***Financial Risk Protection***

- ✓ Explore the potential burden of persons foregoing care, due to indirect costs.

#### Strategic level

- ✓ Redefine the hospital and its expected services.
- ✓ Monitor and ensure availability of essential health interventions at all facilities.
- ✓ Health financing strategy implementation.

#### Policy level

- ✓ Establish a UHC tracking process, based on indices for progress by age cohort
- ✓ Annual sector-wide review of the state of UHC at all levels
- ✓ Ensure an appropriate reflection of all public health functions as essential services



# Botswana

Technical Brief on UHC

## References

1. End-term review of the Botswana health sector strategy report, 2022
2. Integrated African Health Observatory (iAHO)
3. [iAHO Mortality Regional factsheet](#)
4. World health statistics, 2023

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### 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/>

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