VOICES INSPIRING CHANGE

BOTSWANA 2021

Part Three

Voices Inspiring Change is an initiative of the African Collaborative for Health Financing Solutions (ACS) project that seeks to amplify the voices, needs and perspectives of diverse and underrepresented members of society in sub-Saharan Africa. In each issue, you will find stories from a range of stakeholders who have a stake in how the universal health coverage (UHC) agenda is shaped and carried forward in their country.

Voices Inspiring Change calls attention to the responsibility of decision-makers to listen to and incorporate critical voices in policy discussions that support their country's movement towards UHC. Policies are more ***equitable***, ***responsive*** and ***effective*** when they are inclusive of the voices they are intended to benefit.

Moses Keetile - Ministry of Health and Wellness

Mr. Moses Keetile is a Deputy Permanent Secretary for Health Policy, Research and Development at the Ministry of Health and Wellness in Botswana. In his current role, he coordinates health policy direction for other ministry and health sector partnerships, health research agenda, and health financing. He is a social scientist with over 30 years of experience advocating for improved health services in Botswana.

What is the government doing to bring diverse stakeholders to the decision-making table, and how can non-state actors support in advancing toward Universal Health Coverage?

The government embraces all players in the health sector. We have a desire to work with everyone as we well understand the value of diversity. However, it is important for our stakeholders to appreciate that we have plans and targets that we want to achieve, so that all efforts align and complement the existing government plans. We work with diverse stakeholders, ranging from development partners, the UN family, private sector, civil society and have international bi-lateral arrangements. To improve accountability, collaboration with partners is guided by Memorandum of Agreements and Memorandum of Understandings. In our efforts to continuously involve all the health partners, this financial year we had planned to resuscitate the Botswana Health Partners Forum. However, some of these structures have not been fully functional due to the COVID-19 pandemic as we currently find ourselves focusing on containing and managing the pandemic. As the ministry we believe that continuous engagement is important to advance common goals and build strong partnerships that helps us to reach our ultimate health sector goals.

How has the health system evolved over time in terms of service delivery, health financing and health leadership?

Service delivery - The health system has seen tremendous growth but has become complex as well. The complexity can be attributed to the disease patterns, and other issues like the advent of HIV/AIDS which brought a paradigm shift in our approach. Back then our focus was based on the principles of primary health care services (PHCS) as contained in the Alma-Ata Declaration of 1978, which emphasized the protection and promotion the health of all the people. HIV/AIDS caught us off guard and then the situation on the ground detected a shift to curative services to treat all those who were infected. We are however working on a plan to strengthen prevention services through PHCS.

Health Financing - The ministry is committed to ensure that there is access to health care services for all its citizens. There has been a lot of investment in infrastructural development to ensure access. In Botswana, the share of out-of-pocket expenditure by households is low indicating that there are fewer access barriers if any due to payment for services.

However, it is important to note

that despite very good strategies that we develop; investment and leadership commitments in health care, political will, all these efforts do not translate to the desired health outcomes. This can be attributed to the inefficiencies in the health system. As such, Health Financing is one area that needs rethinking. As the ministry we are engaging with our partners to see how best we can strengthen health financing.

What is the Ministry doing to ensure that the most vulnerable populations have access to health care?

The Government of Botswana has committed to provide health care services for all its inhabitants. Currently there are nominal fees expected from patients but are not compulsory as with or without payment of fess one still accesses health services and I believe this is part of the safety nets for our people. Some health services are free, such as Sexual Reproductive health, HIV/AIDS, and Maternal health.The elderly people, and COVID-19 patients also receive free treatment and care. Recently free HIV/AIDS services have also been extended to non-citizens and to me that's UHC in action. Sustainability of these services in the context of a fragile economy is something that we need to continuously think about sustainability as our health care services are largely supported through domestic funding.

What does Universal Health Coverage mean to you, and do you feel that it is well understood within the government?

In simple terms, it is having access to health services without the risk of financial harm. The quality of health services should be good enough to improve the health and wellbeing. It is also about targeted service provision particularly to young people and the elderly; reaching out to 'hard to reach communities' and providing services in line with the needs of our population. I believe UHC is fairly understood but the level of understanding varies across sectors due to several priorities across all the sectors of government. From a policy standpoint, we have ensured that the health agenda is infused into all strategic national plans such as the National Development plan, Vision 2036, customized SDGs and MoHW annual plans.

Do you agree the HIV/AIDS package should be prioritized in the Universal Health Coverage service package?

I would rather we focus on strengthening integration of the service packages at our facilities. We need to ensure integration of HIV/AIDS services into the mainstream programs like Sexual and Reproductive Health services, cancer screening, treatment etc. as this is critical to attaining UHC. We need to address the human resources challenges to deliver those integrated health service packages effectively and efficiently.

In your opinion, who do you think is responsible for financing UHC?

Everyone! Everyone is responsible for financing UHC. Although there is a legitimate expectation from a human rights perspective, that the government should finance UHC, I believe as individuals we are obliged to take care of ourselves to reduce the burden on health expenditure. I also believe that individuals who can pay for their health services should do so as government have limited resources and many competing priorities.

What are some of the main challenges within Botswana's Health system and how has COVID-19 further impacted your work?

Many challenges come to my mind, the first one relates to inadequate human resources for health. We do not have enough manpower to effectively deliver our services because the Doctor-patient and Nurse-patient ratios are not desirable. We are also experiencing emerging non communicable diseases which is believed are mainly driven by individual lifestyles. As the government, we need to have conversations on individual responsibilities through community engagement strategies, since we know that health starts with individuals. We also need to work on inefficiencies within the health sector so that we can do more with less and still improve our health outcomes.

The COVID-19 pandemic has stretched our limited resources as such the stability and resiliency of our health system is under threat, our fiscal space is threatened by emergencies, our domestic resources are strained and as such we need to find ways to make our health system sustainable. However, UHC remains our government's commitment as expenditure in health is not a waste of money but an investment.

Kgosi Solofelang Lawrence Thobega
Mmankgodi Chief

Kgosi Solofelang Lawrence Thobega is the son of Chief Letlole II. He took over the chieftainship after his father's death. Before he was ordained as a Chief, he worked for DeBeers Diamond Prospecting Company and was based in Jwaneng.

Can you describe health service delivery in Mmankgodi [i.e access to services, quality of services, and disease burden]?

Mmankgodi health care services are not there/adequate at all. The community members travel from Mmankgodi to Thamaga to get medication most of the time because there is absolutely nothing in Mmankgodi clinic. It is an old-fashioned infrastructure from Dr Livingstone and Dr Merriweather era, health services began in Mmankgodi through the London missionaries. There is no ground paving, nor parking, or drinking water for patients while at the clinic.

What are the main challenges within the health system, and how should they be addressed?

The main problem is that when a patient is sick at night, they go and wait at the clinic at night while there are no services offered to the patients and they have nowhere to go. They wait for the nurse, and it takes time for the nurse to arrive, even the following day the patient will be waiting for transport to be referred to Thamaga and the clinic has no transport. The available ambulance is for critically ill patients, pregnant women in labour/newly delivered mothers who are usually picked up from home. In addition, there are no medications, patients are referred to Thamaga and sadly they use their own money to pay for transport to go and collect medications and seek medical attention, and when they arrive in Thamaga, they join long queues again.

To address these challenges, I sometimes consult the councilors and the District Health Management teams so that they assist me regarding these issues. They always promise that they will rectify the challenges we are faced with, but there have not been any changes so far.

Is HIV/AIDS a challenge in your community? Do people face stigma and discrimination when accessing HIV/AIDS services? Is your community well informed about HIV/AIDS and how to prevent it?

In Mmankgodi there were many people with HIV compared to other clinics. I was informed by the nurse that they are taking their medications well and do not miss the doses and I have never heard anyone complaining about HIV/AIDS stigma and discrimination. The community is very well informed about HIV/AIDS and whenever the health care workers come to offer free HIV and other diseases testing and checkup they do come out for testing in large numbers.

Botswana, like all countries, has been affected by the COVID-19 pandemic. How has COVID-19 affected your community and their access to health care services?

In our community people failed to access health care services during the first lockdown as there was strict restriction for movement of people. Anyone who needed a permit to visit a hospital came to my office and I would issue a permit. Other people are not used to using our local clinic, so they travel straight to Thamaga, Ramotswa or Gaborone as they already know that there is no assistance from the local clinic.

If you were to bring to the government one pressing health challenge that your community faces, what would be most important?

In Mmankgodi, we are farmers and we have been experiencing diseases that kill small stock in high numbers. I will advise government to tell people not to eat animals that die mysteriously as we are not sure how some diseases are transmitted from animals to people particularly when others sell meat from animals that die on their own.

#ACS4UHC

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