

# ACCOUNTABILITY STATUS IN THE HEALTH SECTOR IN BOTSWANA

ACCOUNTABILITY ACTOR	DOMINANT ROLE	ACCOUNTABILITY STATUS	RECOMMENDATIONS
<p><b>Policymakers such as members of parliament at the national level, and department heads within the MOH</b></p>	<ul style="list-style-type: none"> <li>• Set the development agenda and formulate policies</li> <li>• Allocate resources to programmes</li> <li>• Evaluate policies in order to assess their relevance</li> </ul>	<ul style="list-style-type: none"> <li>• Parliament allocate budget to the health sector and has a Public Accounts Committee that scrutinises public spending.</li> <li>• Ministry of Finance and Economic Development (MFED) has seconded officers to Ministry of Health and Wellness for compliance with planning and budgeting regulations.</li> <li>• MFED hosts consultative forums to establish national development planning priorities.</li> <li>• National AIDS &amp; Health Promotion Agency hosts annual workshops to identify programming priorities and gaps and direct resource allocation.</li> </ul>	<ul style="list-style-type: none"> <li>• Improve policy evaluation in order to strengthen parliamentary accountability structures</li> <li>• Tighten engagement between MFED and line ministries especially at programme level needs to ensure coordinated health programs evaluations</li> </ul>
<p><b>Public sector health service providers and health managers</b></p>	<ul style="list-style-type: none"> <li>• Design programmes and projects to achieve policy objectives</li> <li>• Engage communities to promote uptake of health services, monitor use, and propose financial resources required</li> </ul>	<ul style="list-style-type: none"> <li>• Botswana has health districts headed by the District Health Management Teams (DHMT), under which falls several health services facilities with clear reporting lines. However, there is a reporting gap between programmes and the DHMT due to a centralized M&amp;E system.</li> </ul>	<ul style="list-style-type: none"> <li>• Decentralize the M&amp;E within Ministry of Health and Wellness</li> </ul>
<p><b>Community representative</b></p>	<ul style="list-style-type: none"> <li>• Engage policymakers to ensure their needs are prioritized</li> </ul>	<ul style="list-style-type: none"> <li>• Village Health Committee are an extension of the health system especially in promoting good health practices, finding and registering home based care patients.</li> </ul>	<ul style="list-style-type: none"> <li>• Improve capacity building to strengthen the skills base of VHC members</li> </ul>
<p><b>Civil Society Organizations</b></p>	<ul style="list-style-type: none"> <li>• Extend government services to the community, beyond health facilities</li> <li>• Identify service gaps and engage government to plug those gaps</li> </ul>	<ul style="list-style-type: none"> <li>• CSOs are involved mainly in health service provision, community mobilization, and advocacy.</li> <li>• They mostly depend on donor and government funding for their operations.</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthen resource mobilization efforts and expand revenue streams to minimise reliance on donor and/or government funding</li> </ul>
<p><b>Media</b></p>	<ul style="list-style-type: none"> <li>• Provide a platform for government /policy makers to “meet” the community, in a virtual sense.</li> </ul>	<ul style="list-style-type: none"> <li>• Although media practitioners have been sensitized on health strategies and priorities impact is not evident. Media also faces a challenge accessing information.</li> </ul>	<ul style="list-style-type: none"> <li>• Enact Freedom of Information law to increase the answerability of governments through the creation of space for public authorities to render account</li> </ul>

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