# Accountability Status in the Health Sector in Botswana

<table>
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<th>Accountability Actor</th>
<th>Dominant Role</th>
<th>Accountability Status</th>
<th>Recommendations</th>
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| Policymakers such as members of parliament at the national level, and department heads within the MOH | • Set the development agenda and formulate policies  
• Allocate resources to programmes  
• Evaluate policies in order to assess their relevance | • Parliament allocate budget to the health sector and has a Public Accounts Committee that scrutinises public spending.  
• Ministry of Finance and Economic Development (MFED) has seconded officers to Ministry of Health and Wellness for compliance with planning and budgeting regulations.  
• MFED hosts consultative forums to establish national development planning priorities.  
• National AIDS & Health Promotion Agency hosts annual workshops to identify programming priorities and gaps and direct resource allocation. | • Improve policy evaluation in order to strengthen parliamentary accountability structures  
• Tighten engagement between MFED and line ministries especially at programme level needs to ensure coordinated health programs evaluations |
| Public sector health service providers and health managers | • Design programmes and projects to achieve policy objectives  
• Engage communities to promote uptake of health services, monitor use, and propose financial resources required | • 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&E system. | • Decentralize the M&E within Ministry of Health and Wellness |
| Community representative | • Engage policymakers to ensure their needs are prioritized | • Village Health Committee are an extension of the health system especially in promoting good health practices, finding and registering home based care patients. | • Improve capacity building to strengthen the skills base of VHC members |
| Civil Society Organizations | • Extend government services to the community, beyond health facilities  
• Identify service gaps and engage government to plug those gaps | • CSOs are involved mainly in health service provision, community mobilization, and advocacy.  
• They mostly depend on donor and government funding for their operations. | • Strengthen resource mobilization efforts and expand revenue streams to minimise reliance on donor and/or government funding |
| Media | • Provide a platform for government/policy makers to “meet” the community, in a virtual sense. | • Although media practitioners have been sensitized on health strategies and priorities impact is not evident. Media also faces a challenge accessing information. | • Enact Freedom of Information law to increase the answerability of governments through the creation of space for public authorities to render account |

This report is published in English and French. There may be some slight differences due to the translation.