

ACCOUNTABILITY STATUS IN THE HEALTH SECTOR IN BOTSWANA

ACCOUNTABILITY ACTOR	DOMINANT ROLE	ACCOUNTABILITY STATUS	RECOMMENDATIONS
Policymakers such as members of parliament at the national level, and department heads within the MOH	<ul style="list-style-type: none"> Set the development agenda and formulate policies Allocate resources to programmes Evaluate policies in order to assess their relevance 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Design programmes and projects to achieve policy objectives Engage communities to promote uptake of health services, monitor use, and propose financial resources required 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Decentralize the M&E within Ministry of Health and Wellness
Community representative	<ul style="list-style-type: none"> Engage policymakers to ensure their needs are prioritized 	<ul style="list-style-type: none"> Village Health Committee are an extension of the health system especially in promoting good health practices, finding and registering home based care patients. 	<ul style="list-style-type: none"> Improve capacity building to strengthen the skills base of VHC members
Civil Society Organizations	<ul style="list-style-type: none"> Extend government services to the community, beyond health facilities Identify service gaps and engage government to plug those gaps 	<ul style="list-style-type: none"> CSOs are involved mainly in health service provision, community mobilization, and advocacy. They mostly depend on donor and government funding for their operations. 	<ul style="list-style-type: none"> Strengthen resource mobilization efforts and expand revenue streams to minimise reliance on donor and/or government funding
Media	<ul style="list-style-type: none"> Provide a platform for government /policy makers to “meet” the community, in a virtual sense. 	<ul style="list-style-type: none"> Although media practitioners have been sensitized on health strategies and priorities impact is not evident. Media also faces a challenge accessing information. 	<ul style="list-style-type: none"> Enact Freedom of Information law to increase the answerability of governments through the creation of space for public authorities to render account

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