

BOTSWANA

Bordering Africa's Epicenter: How early action and careful border control policies have so far contained COVID-19 to clusters

A nation well known for its safari destinations and natural beauty, Botswana is a small country of just over 2.3 million people. It boasts Africa's oldest continuous democracy and is noted as an upper middle-income country. Botswana is located at the center of Southern Africa, positioned between South Africa, Namibia, Zambia, and Zimbabwe. One of the world's poorest countries at independence in 1966, it rapidly became one of the world's development success stories. With its economy built on a foundation of diamond mining, prudent fiscal policies and international financial and technical assistance, Botswana has now the fourth largest gross national income on the African continent and the highest Human Development Index of the continental Sub-Saharan region. Botswana spends at least US\$466 per capita on health with only about 4 percent of the total health expenditures generated through out-of-pocket payments. This enables access to needed health services without significant financial hardships for a large proportion of the population. These achievements have undoubtedly assisted in Botswana's response to the COVID-19 pandemic, despite various challenges that persist.

Preparing Botswana prior to COVID-19

Botswana's response to COVID-19 is firmly grounded on the IHR 2005 as it is wholly incorporated in the country's Public Health Act. The Public Health Act together with the Emergency Powers Act 2020, which was promulgated precisely to address the COVID-19 pandemic, provide the necessary emergency legal framework for a comprehensive response. The delayed arrival of the pandemic on the African continent allowed the WHO country office in Botswana to support the country's readiness and preparedness, including learning from the situation unfolding in neighboring South Africa which has been the African epicenter for COVID-19 since the pandemic was announced.

During that period, WHO was actively capacitating and working with the health sector across all the components of Botswana's Emergency Preparedness and Response. These included early and pro-active Risk Communication and Engagement, provision of technical guidance, adaptation of WHO guidance for the country's needs and specificities of Botswana's health system, activation and refresher training for District Rapid Response Teams and coordination structures, training and screening at Points of Entry (POEs), development of a comprehensive multi-sectoral response plan, and active engagement with other sectors and communities. WHO provided its input and guidance to the country's entire response effort. The response framework was established before a single case appeared within Botswana borders, a critical step in being prepared.

One of the most crucial preemptive steps in the response effort was the early closure of borders. All but 12 points of entry were closed on 24 March 2020, six days before the first positive COVID-19 case was reported. As from 8 August 2020, there have been 804 confirmed cases of COVID-19 with 2 COVID-19 related deaths recorded. After reporting the first confirmed case on 30 March, the government of Botswana declared a state of emergency and subsequently imposed an initial 28-day lockdown on 2 April

that led to further restrictions on movement. This period allowed the country to prepare adequate quarantine and isolation facilities that would be used in case of an upsurge in cases. Furthermore, capacity for case management and Infection prevention and control (IPC) was developed in targeted hospitals and clinics. A gradual return to normalcy started on 8 May 2020 including re-opening of schools on 2 June 2020.

The Ministry of Health and Wellness is coordinating the health response, based on the recommended response structure by WHO. The WHO Representative in Botswana and technical staff regularly consult with and advice Ministry of Health and Wellness senior management and Presidential Task Force on COVID-19. The Presidential Task Force provides overall oversight and coordination of the multi-sectoral response. WHO also enables engagement with other UN Agencies, development partners, civil society and government sectors. It participated in the development of the UN plan for supporting economic recovery and also ensured capacitation and activation of local district-level structures.

Alongside technical support, WHO and the government of Botswana conducted nation-wide communication campaign to engage all of society on public health and social measures. WHO experts teamed up with highly respected members of communities that enabled the government to effectively interact with the population, convey key messages, build trust in various constituencies and achieve acceptance of the information on COVID-19.

WHO Support During COVID-19 Response

Botswana's strategy has been in alignment to WHO guidance; to contain the spread of COVID-19 through physical-distancing, isolating and quarantining cases, quality clinical care for infected clients, contact tracing and testing, and restricting movement. A highlight of WHO's support to the country and a game changer, aside from the preemptive preparedness to the COVID-19, was the Organization's efforts to build capacity of local laboratories for COVID-19 testing and diagnostics. Even though Botswana had advanced capacity to test for HIV and TB, it, like many other countries did not have capacity to carry out PCR testing for



Nurses in PPE at an isolation facility (caring for students who had just come back from China in March 2020 before Botswana registered any COVID-19 Cases).

COVID-19 at the outset of the pandemic and relied on the transportation of specimens to the increasingly overwhelmed National Institute for Communicable Diseases (NICD) in South Africa -one of only two accredited laboratories in Africa. With reduced transportation links and urgent need to scale up its national testing capacity, the government relied on WHO's support and guidance to fuel and build capacity of the country's own National Health Laboratory for COVID-19. WHO brought a laboratory expert to train

staff, develop normative guidance and repurpose equipment for COVID-19 testing. The National Health Laboratory was duly certified and has played a key role in containment of COVID-19 in Botswana. In addition, WHO procured reagents and test kits, thereby allowing the decentralization of testing capacity throughout the entire country. These efforts enabled the country to decrease test processing times. The National Lab has since opened satellite testing centres in selected districts with sizeable populations and key Ports of Entry. WHO also provided other essential supplies including stocks of personal protective equipment and thermometers, which were immediately deployed for use on the frontline. WHO is engaging with the government to keep up with the demand for COVID-19 testing and increase the diagnostic capacity to fully understand the pandemic curve in Botswana.

Manual records systems were in wide use, but with the help of WHO, mainstreaming of electronic systems enabled sending results in real time to all districts, reducing response delays previously experienced. WHO also employed data managers to assist in decreasing backlog of case files which was helpful in informing the whole response. This technical support was crucial for partners to know where to direct funding.

Handling of Cross-border COVID-19 Cases

Sharing a long border with South Africa, a country with over 330,000 positive COVID-19 cases, Botswana created a comprehensive risk assessment for all districts despite more of its cases being found among South African drivers delivering essential goods to Botswana. Relying on relevant WHO guides, the government established a holding area where all drivers remain until testing is completed. Drivers who tested positive were given the choice to be isolated in Botswana to prevent further transmission or return to South Africa – which most chose to do. Being a challenge for both countries, the Botswana authorities worked closely with the Southern African Development Community (SADC) to coordinate policies and operations at border crossings.

Work with United Nations System in Post-COVID-19 Recovery

WHO worked with the UN team in the country to assess the socio-economic response of COVID-19 on various sectors of government. Based on this assessment, most impacted sectors of business and private sectors were identified along with actions for recovery.

As part of the recovery plan, quantifying the effects on the rest of health services within the country and seeing how COVID-19 has affected them, remains central. Botswana has limited human resources for health, and the effects of this pandemic have been tremendous. Many personnel were redirected to the crisis, even from areas that have not been heavily affected.

“What we (the UN Country Team) have agreed to do is really to look at COVID-19 as any other disaster. The effect is across all sectors, and therefore, the plan should put that into consideration so that if any disaster happens in future, we would have a good reference point.”

WHO Representative, Dr Josephine Namboze

Continuation of essential health services

While an estimated 84 percent of the population of Botswana lives within five kilometers of a healthcare facility, there is considerable inequity in the distribution of health facilities between urban and worse-off rural areas. To respond to COVID-19, the Government has earmarked eight facilities across the country as isolation and case management centers with varying capacities translating to one facility per administrative district of different population sizes.

The significant burden of HIV/AIDS, Tuberculosis and Noncommunicable Diseases (NCDs) in the country means that even young people may need inpatient management if they suffer from one of these co-morbidities. Furthermore, Botswana has a lower inpatient care capacity compared to other middle-income countries in the region with 18 hospital beds per population of 10,000 and only 120 intensive care beds across the country, if large scale community transmission was to materialize, the additional pressure on the health system would soon be overwhelming and ensuring the continuity of essential health services will be an enormous challenge.

Botswana's early progress and learning in containing COVID-19

Botswana has never experienced an emergency of this nature and magnitude, so, the response to date has been an interesting learning curve. Overall, initial work and support by WHO cemented Botswana's success in containing the outbreak to date. Training of health staff, media and other stakeholders was key. WHO's contribution to evidence-informed messaging for the general public is utilized by the media around the clock. WHO procured critical essential supplies and supported establishment and activation of essential structures.



Handwashing bays are compulsory in schools under the Emergency Powers Act 2020. Social distancing and wearing of masks were later made mandatory in schools and all other public places.

WHO assessed and helped designate the current national isolation facility, the teaching hospital which is effectively dealing with current case load and can carry bigger case load for possible future increases. WHO provided technical guidance and support in development of key documents such as the Public Health Multi-hazard Plan, National Action Plan for Health Security, Risk Assessment tool, National Emergency Preparedness and Response Plan and Strategy and continues to play a key role in constant review of many other strategic instruments. All this has ensured that Botswana's response takes an effective multi-sectoral, all-of-Government and all-of-society approach, as well as ensuring that the core capacities for emergency preparedness and response are strengthened nationwide.



Honourable Minister of Health and Wellness Dr Lemogang Kwape (right) with WHO Representative Dr Josephine Namboze and the Block 8 Isolation facility matron checking on the quarantined returning students



The Minister's entourage checking Isolation Facilities at a newly opened Teaching Hospital which was earmarked to be the country's main isolation facility. returning students

Despite challenges, Botswana has done a remarkable job at containing the COVID-19 pandemic within its borders and stands as an example for the rest of the Southern African Development Community. With continued support from WHO and partners, the country is committed to continue handling this crisis with further excellence and attention.

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