Republic of Botswana

MINISTRY OF HEALTH & WELLNESS

BOTSWANA HEALTHY AND ACTIVE AGEING PROGRAM STRATEGY

AUGUST
2021

World Health Organization

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FOREWORD

Botswana, like the rest of the world, is experiencing exponential growth in the older adults population (60 and above). Even though longevity of life is a key factor in the sustenance of any nation's economy, it also brings along some health setbacks, which if unplanned for, will drain the same economy, hence, the need to develop a Strategic framework to guide the implementation of the older adults program.

The Ministry of Health and Wellness (MoHW) in collaboration with the World Health Organization (WHO) developed a multi-sectorial strategy which was informed by the situational analysis of Ageing and Health of older adults conducted in 2019. The strategy comprises 3 chapters:

- Chapter 1; Introduction
- Chapter 2; The strategic objectives
- Chapter 3; Monitoring and Evaluation framework.
- Chapter 4; Change Management Framework

This strategic framework is here to shield the older adults from the scorching heat projected by problems that come about with ageing and degeneration. The earlier it's implemented the better the health outcomes for this age population

Hon. Dr Edwin G. Dikoloti

Minister of Health and Wellness

ACKNOWLEDGMENTS

This Strategy was developed with technical support from the World Health Organization Regional Office for Africa. We wish to acknowledge all who made the Strategy development exercise a success. We acknowledge support of the WHO Representative in Botswana and technical support provided by WHO country Office Botswana, WHO regional adviser on Healthy Ageing, National Program Officers-Family Health Program, WHO Botswana. Also, members of the Technical Working Group and members of the Steering Committee who worked tirelessly to bring this product together. We would like to extend our vote of thanks to the following teams who contributed in the review of the proposal and all their contributions which has impacted the project: the Technical Working Group, the Steering Committee, the MoHW Rehabilitation and Mental Health Division, and the WHO family – we are grateful!!

Ms Grace Muzila

Permanent Secretary

PREFACE

In order to address the older adults' diverse needs identified in the situational analysis, MoHW with support from WHO, developed a multi-sectorial Strategy and its Monitoring and Evaluation framework. A multi-sectorial Technical Working Team and Reference Team were tasked to deliberate in this exercise. The theoretical framework for this strategy was derived from a number of instruments, such as the Political declaration and Madrid international plan of action on ageing, WHO's Active ageing: a policy framework, International human rights norms and standards, International classification of functioning, UN Convention on the rights of persons with disabilities, WHO series on long-term care: Towards long-term care systems in sub-Saharan Africa, SADC gender protocol, Botswana's long-term Vision 2036 and National Development Plan 11, Botswana multi-sectorial national strategy for prevention of non-communicable diseases 2018-2023, and others.

In developing the framework, the following key issues were given particular attention:

- Diversity of experiences in older age.
- Avoidance of ageism.
- Older adults' empowerment to adapt to challenges they face.
- Consideration of older adults' living environments.
- Consideration of an older adults' health from the perspective of their trajectory of functioning rather than the disease or comorbidity.

It is with confidence and pleasure that the Ministry of Health and Wellness delivers this strategy to serve and restore the dignity of the older adults.

Mr Samuel S. Kolane

Community Health Services Advisor

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GLOSSARY OF ABBREVIATIONS

AU	African Union
BAIS	Botswana Aids Impact Survey
BBCA	Botswana Business Coalition on AIDS
BCC	Botswana Council of Churches
BIUST	Botswana International University of Science Technology
BOCAIP	Botswana Christian Aids Intervention Program
BONASO	Botswana Network of AIDS Service Organosations
BONEPWA	Botswana Network of People Living With HIV/AIDS
BQA	Botswana Qualification Authority
BUAN	Botswana University of Agriculture and Natural Resources
CMF	Change Management Framework
DDC	District Development Committee
DHC	District Health Committee
DHMTs	District Health Management Teams
EFB	Evangelical Fellowship of Botswana
GSAP	Global Strategy and Action Plan on ageing and health
HAA	Healthy and Active Ageing
HIMS	Health Information Management System
HSM	Health Services Managememt
ICOPE	Integrated Care for Older Persons
IHS	Institute of Health Sciences
IHSP	Integrated Health Service Management Plan
MDJS	Ministry of Defence , Justice and Security
MELSD	Ministry of Employment, Labour Productivity and Skills Development
MENT	Ministry of Environment, Natural Resources Conservation and Tourism
MFED	Ministry of Finance and Economic Development
MIAC	Ministry of International Affairs and Cooperation
MIH	Ministry of Infrastructure and Housing Development
MISA	Media Institute of Southern Africa
MITI	Ministry of Investment Trade and Industry
MLG&RD	Ministry of Local Government and Rural Development
MLWS	Ministry of Land Management, Water and Sanitation Services
MMGE	Ministry of Mineral Resources, Green Technology and Energy Security
MNIG	Ministry of Nationality, immigration and Gender

MoA	Ministry of Agriculture Development and Food Security
MoBE	Ministry of Basic Education
MoHW	Ministry of Health and Wellness
MOPAGPA	Ministry of Presidential Affairs, Governance and Public Administration
MoTE	Ministry of Tertiary Education, Research, Science and Technology
MTC	Ministry of Transport and Communications
MYSC	Ministry of Youth Empowerment, Sport and Culture Development
NCC	National Coordination Council
NDP 11	National Development Plan 11
NHIS	National Health Information Systems - DHIS2, IPMS, PIMS
NHP	National Health Policy
OAIC	Organization of African Instituted Churches
PHS	Primary Health Services
PIC	Performance Improvement Committee
Q	Quarter
WHO	World Health Organization
SC	Steering Committee
TOT	Trainer Of Trainee
TWG	Technical Working Group
UB	University of Botswana
UHC	Universal Health Coverage
UNDP	United Nations Development Program
VHC	Village Health Committee

EXECUTIVE SUMMARY

Introduction

Population ageing in Botswana is predictable and inevitable. The increasing Life Expectancy occasioned by improving health and development coupled with decreasing fertility rate and lower under-5 mortality rates are contributing factors. Whereas Batswana have in the past taken care of their older adults within the extended family and kinship systems, in recent years, those systems have disintegrated, mainly as a result of the increased movement of productive members of the population to cities and towns. The demographic shift will bring with it profound health and social consequences and would require a paradigm shift in the way we plan and implement social and developmental interventions in the country. It was this regard, that the World Health Organization (WHO) developed a global strategy and action plan on ageing and health (GSAP) in 2015. The GSAP aimed at ensuring that countries are guided on how to provide quality health and social services to the older persons, so that they can maintain their functional ability, enable wellbeing in old age, while contributing positively to national development and the society at large. Similarly, the African Union (AU) Policy Framework and Plan of Action on Ageing, and the AU Protocol on human rights of older persons in Africa, request state parties to protect rights of older persons and implement interventions to improve their health and social wellbeing. As the population of older persons in the country increases and the doubling time is becoming more and shorter, a comprehensive public-health response and strategic direction for meeting the needs of older population is urgently required.

Statement of Need for Older Persons in Botswana

The population of persons aged 65 years and above increased from 5% to 6% between 2001 and 2011. It is projected that the population of persons aged 60 years and above will constitute 8.5% and 8.9% of the total population in 2022 and 2026, respectively (Statistics Botswana, 2015).Recent findings showed that older persons are mostly living alone, especially in the rural areas, access to social services such as sanitation and health care at the frontline health facilities are sub-optimal. There is evidence that often older adults with disabilities do not use assistive devices such as eye glasses and hearing aids for impaired vision and impaired hearing, respectively. Older adults often have physiological and memory problems that limit their self-care and day-to-day activities. Such problems manifests as poor bladder control, tremors, memory problems, and others. Hypertension is leading in the diseases affecting older adults; and HIV is still a burden for older adult, not only because of their own positive HIV status but also because they are often caregivers for HIV patients and children orphaned by AIDS. The burden of HIV is higher for females compared to males. Some of the diseases remain undiagnosed, and some remain so until they are at an advanced stage; and this may be partly because of the culture of episodic health seeking behavior and intervention versus routine health screening. Older persons are not consuming enough fruits and vegetables. This may be related to their unaffordability for older adults, many of

whom are poor, especially in remote areas where fruits and vegetables may not be available in the market and where refrigerators may be uncommon. Community out-reach and home visit services are not implemented in a manner that can help identify those who need social support, food supplements, self-care education, physical therapy and other needs. Social insurance schemes for older persons are under-developed.

Healthy Ageing Strategy

The WHO recommends five key strategic objectives to promote healthy ageing and delay functional inability among older persons. The objectives include:

1. Commitment to action, which is measured by the country's readiness to enact laws and create governance structures that guarantee the provision of social services;
2. Alignment of health systems to the needs of older persons. As people age, their health needs tend to become more chronic and complex which affect their accessibility to health care services;
3. Age-friendly environments that promote the creation of opportunities for collaboration and coordination across multiple sectors and with diverse stakeholders;
4. Strengthening of long-term care through reducing the effects of ageing on functional ability using the life course approach; and
5. Improvement of measurement, monitoring and research and use of evidence-based programming for older persons.

The Strategy Development Process

The strategy development process employed a number of steps. The Ministry of Health and Wellness identified a gap in provision of services rendered to the older adults and established an office to coordinate the formulation of the Healthy and Active aging program. A situation analysis study was conducted with support from WHO. The study had three mains components, being desk reviews, key informant interviews, and field visits to gather information on "self-reported" current health status and living conditions for older adults. The Situational Analysis report was presented to various stakeholders, following which the TWG met in a workshop to develop this strategy which focuses on addressing needs identified. The draft strategy was further circulated to wider stakeholders for their inputs and comments, which informed the final version.

Table 1. Summary of Priority Areas of Action

Strategic objective	Strategic Actions
Strategic Objective 1: Create Age-friendly Environment	• Commitment to action on healthy ageing. • Development of Older persons Act. • Development of Older persons' Policy. • Development of Older persons' guidelines/standards for age-friendly environment. • Conduct a national campaign for elimination of ageism, stigmatization of old age, and other barriers. • Develop and incorporate topics on ageing in curricula at all levels of education • Promote implementation of age-friendly environment initiatives. • Support villages, towns, and cities to join the global network of age-friendly cities • Revise Building Control Act to include age-friendly requirements. • Modify structures and facilities to be age-friendly • Facilitate formation of community groups, organizations and self-help groups of older persons. • Facilitate inclusion of older persons in activities and committees affecting their welfare. • Establish recreational centres that promote physical, sporting, and other social activities for older persons.
Strategic Objective 2: Aligning National systems to the needs of older people	• Strengthen leadership and governance that prioritize the needs of older people. • Upgrade Public service infrastructure to accommodate older people. • Develop in-service training material for and train public service providers on geriatric service skills. • Resource mobilization. • Incorporate geriatrics into pre-service training. • Build health and other professions' capacity for older persons' agenda, including development of courses and specialisation in gerontology. • Incorporate vernacular languages into all levels of education.
Strategic Objective 3: Developing Sustainable and Equitable Systems for Providing Long Term Care	• Intergrade older persons nutritional needs into all sectors policies and strategies. • Revive system for social integration and community outreach e .g. home health services and ageing in-place programs for older persons. • Establish older persons' homes, day care centres, and longer term institutions. • Develop standard and minimum package for long term care including strategy to scale up assistive devices. • Train formal and informal care providers on long term care . • Develop national social insurance schemes for older persons . • Provide gender-specific care for older persons.

	• Establish national multi-sectorial committees on healthy ageing.
Strategic Objective 4: Improve measurement, monitoring, and research	• Advocate for the development of an interfaced national information system. • Update existing data collection registers & reporting systems so that older persons' data are disaggregated by age, sex, and key health, social, and economic characteristics. • Integrate older adults' data into the existing Sector information systems. • Strengthen research on ageing.
Strategic Objective 5: Establish Partnerships to support a Decade Of Healthy Ageing 2020 - 2030	• Community mobilization programmes. • Conduct a national campaign for elimination of ageism, stigmatization of old age, and other barriers. • Conduct national training on older persons' agenda. • Mobilise sectors to implement partnerships on the HAA strategy. • Mobilise funding for the campaign from local and international donors.

1. INTRODUCTION

1.1 The Concept of Healthy Ageing

Ageing is a natural, inevitable process which everyone experiences as they develop and grow up. According to the World Health Organization report on ageing and health. Healthy Ageing is "the process of developing and maintaining the functional ability that enables well-being in older age." (World report on ageing and health, 2015). This functional ability is determined by the intrinsic capacity of the individual and extrinsic factors. It is a process that spans the entire life course and that can be relevant to everyone (Global Strategy , Implementation framework for the African Region, 2017) . Functional ability is about having the capabilities that enable all people to be and do what they have reason to value. These include a person's ability to;

- Meet their basic needs
- learn, grow and make decisions
- be mobile
- build and maintain relationships
- contribute to society

In Africa, it is estimated that the number of people aged 60 years or over will increase from 46 million in 2015 to 147 million by 2050 (Global Strategy , Implementation framework for the African Region,2017). The general health status of this population is not well known as many African countries have challenges with data disaggregation. Health care systems in African countries are also continuing to improve and thereby increasing the life expectancies.

1.2 Description of the Botswana Demographic Situation

Botswana is a landlocked country situated in the centre of southern Africa, sharing borders with South Africa (to the south and east), Namibia (west), and Zimbabwe and Zambia (north). It is a semi-arid country of 581,730 square kilometres.

Botswana has a relatively small population, estimated to be 2,230,366 (Statistics Botswana, 2016) making Botswana one of the most sparsely populated countries in the world. There is an uneven distribution of the population geographically, with the four western districts (Kgalagadi, Ghanzi, Ngamiland and Chobe) accounting for 61% of its surface area but only 13% of the population - and a collective population density of 0.6 persons per sq. km. Approximately 34% of the population is under the age of 15 years and 6,2% are over the age of 60 years. Just over a quarter (27%) of the total population are women of child-bearing age while children under five years constitute 12% of the population. The annual population growth rate stands at 2.4% (Botswana Demographic Survey, 2006) and the total fertility rate is 2.9 (Botswana Family Health Survey, 2007). This has implications on future

planning for older adults.

The life expectancy at birth in Botswana is estimated at 68.1 years (65.9 males and 70 females) (Census 2011). The crude birth and crude death rates were estimated at 26.5 and 6.7 per 1000 respectively while infant and under-five mortality rates were 38 and 56 per 1000 live births respectively (BDS,2017). The Maternal Mortality Ratio (MMR) is 193 per 100 000 live births based on the Central Statistics Office (CSO) 2007 calculations. (Census 2011).

According to Botswana 2011 Census the older adults' population; 60 years and above is estimated at 138,456 which is 6.2% of the overall populationof Botswana,79, 430 (57.4%) are females and 59, 026(42.6%) males. Botswana defines the older adults as 65 year olds and above which is different from WHO's definition of 60+ years. It is at this age (65) that a few initiatives and programs for the older population begin, even though most of them are not well structured. It is projected that the population of persons aged 60 years and above will constitute 8.5% and 8.9% of the total population in 2022 and 2026, respectively (Figure 1). The increasing life expectancy at birth is not only a Botswana phenomenon, the trend is the same for most African countries and will continue for a long time to come (Figure 2). The growing population of those over 60 years of age has been attributed to such factors as declining fertility, increased access to higher education for women and their participation in formal employment, declining mortality rates and increased access to contraceptives.

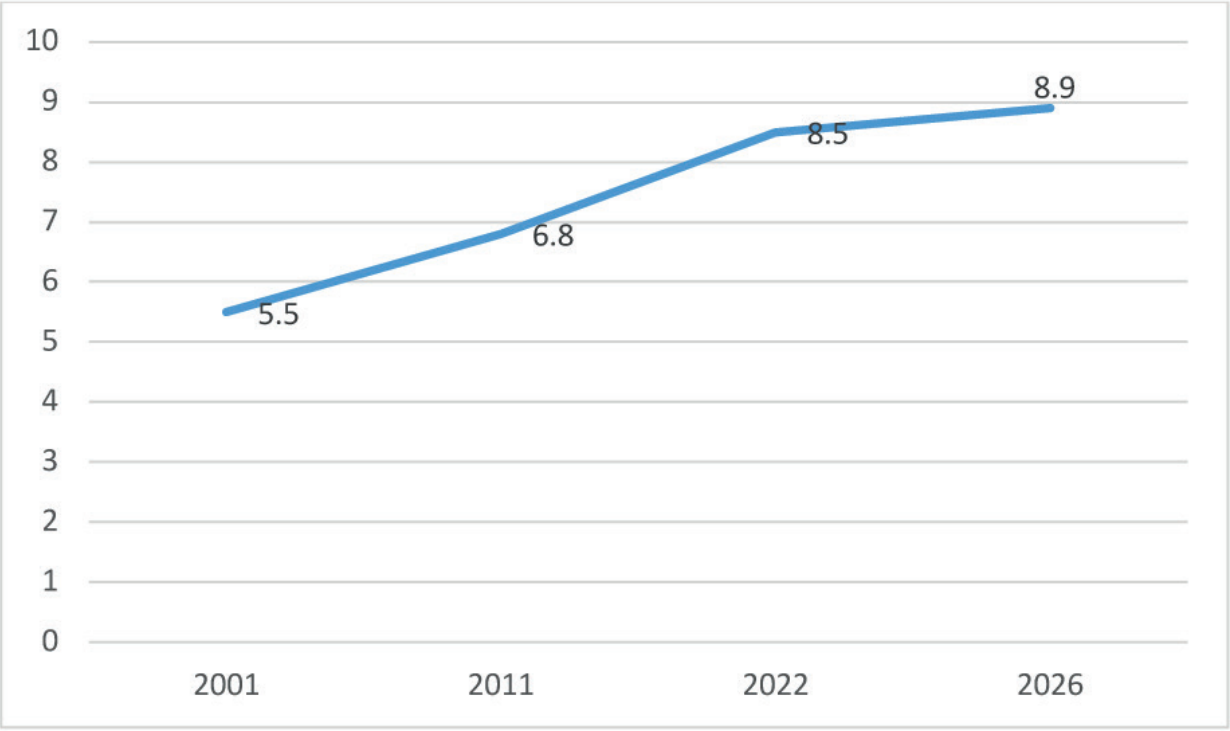

Figure 1: Trend in the population of older adults in Botswana 2001-2016: United Nations, 2017.

Fertility is said to have declined by about two thirds between 1981 and 2011 (Nkwe, Mukamaambo, & Malema, 2017). Other factors leading to increasing proportion of older adults in the population are the increased standard of living and improved access to health care.The United Nations projected that it will take a much shorter time for African countries to double the proportion of older people from 10% to 20% than developed countries. Noting that ageing will become a major challenge in Member states in the near future, WHO urges countries to make Healthy Ageing a priority in their national health and development agenda. WHO also urges countries to address ageing in a comprehensive multisectoral approach as well as to strengthen their national health policies and programmes targeting older adults through a holistic and intersectoral approach (WHO, 2015).

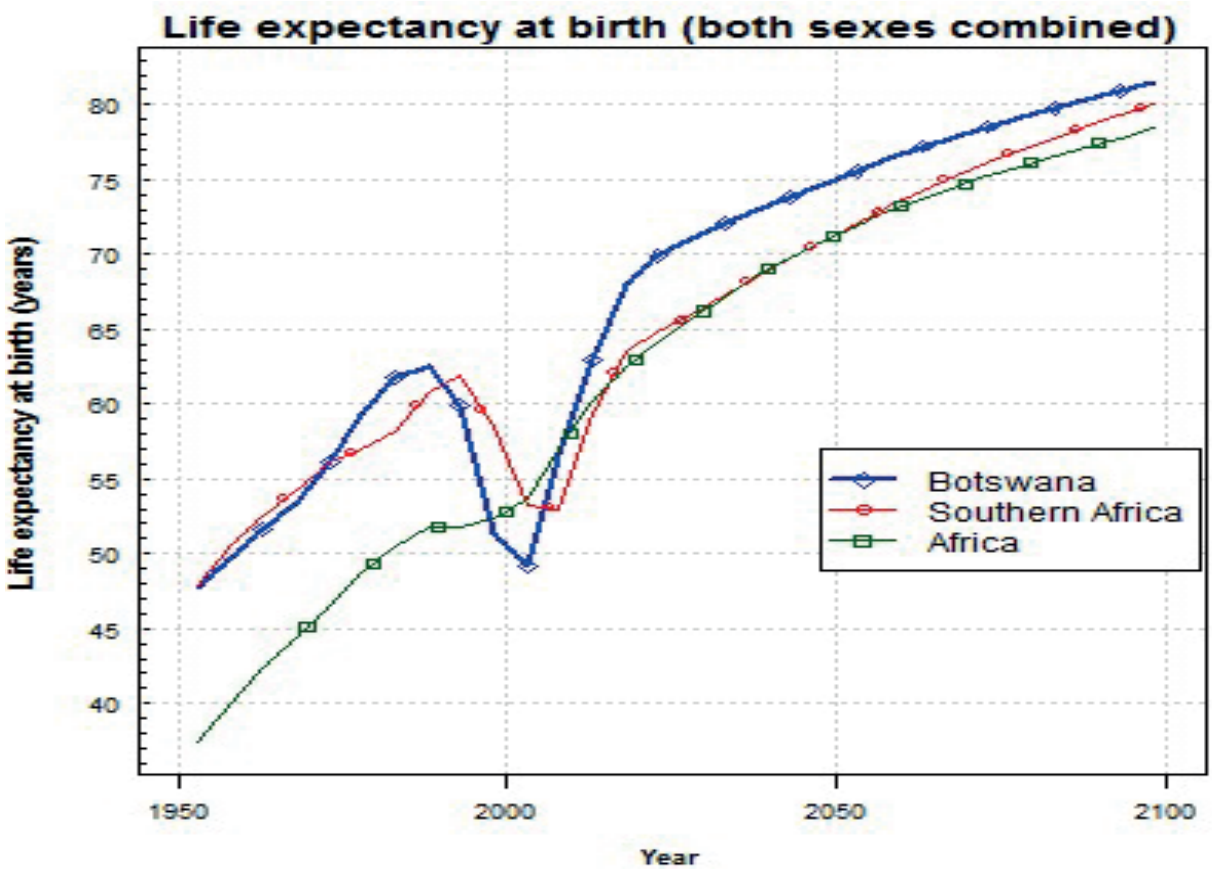

Figure 2: Increasing population of Older Adults in the African Region. Source: https://population.un.org/wpp/Graphs/DemographicProfiles/

1.3 Description of the Botswana's Health System

The Ministry of Health and Wellness is mandated with the overall oversight and delivery of health services for Batswana. It is responsible for the formulation of policies, regulations and norms, standards and guidelines of the health services. It is also a major provider of health services through a wide range of health facilities and management structures.

Nationally, 95% of the total population (89% of the rural population) live within eight kilometers of a health facility. The public sector is the predominant provider of health care services in Botswana, with

more than 80% of people receiving care from public facilities and programs.

The health care system of Botswana presents ample opportunities for advancing the Healthy and Active Ageing mission. The system is aligned to vision 2036 that emphasizes opportunities for all people and the development of the family and the community. It is also aligned to National Development Plan 11 (NDP 11) that commits to enhancing policies and strategies for cushioning vulnerable and disadvantaged groups, access to water, shelter, sanitation, and social protection. The Integrated Health Service Management Plan maximizes the participation of both the health care professionals and the non-health sectors.

1.4 Statement of Need for Health Ageing in Botswana

Socio-environmental circumstances of older adults

Some older adults are living alone, especially in rural villages. Having the company of others who can provide support when it is needed is important for older adults who often have mobility problems, disabilities such as blindness, and chronic illness such as diabetes and hypertension. Access to sanitation services is generally not very good as there are deficiencies even in cities and towns. The sanitation services are even poorer in rural villages where close to 30% of households have been reported to have no toilets at all. Lack of access to electricity may increase risk of fire; lack of a toilet is not only dehumanizing but can also be a challenge when an older adult has disability. Out-reach to homes of older adults is therefore important because it can facilitate accurate assessment and timely intervention.

Health status of older adults

It is arguable that older adults do not enjoy the quality of life enjoyed by many in the nation. About 33-39% of persons with disability in Botswana are older adults, with their common disabilities being visual impairment and mobility problems. There is evidence that often older adults with disabilities do not use assistive devices such as eye glasses and hearing aids for impaired vision and impaired hearing, respectively. Older adults often have physiological and memory problems that limit their self-care and day-to-day activities. Such problems manifests as poor bladder control, tremors, memory problems, and others.

Findings from the situational analysis report indicate that hypertension is leading in the diseases affecting older adults; and that HIV is still a burden for older adult, not only because of their own positive HIV status but also because they are often caregivers for HIV patients and children orphaned by AIDS. The burden of HIV is higher for females compared to males. Some of the diseases remain undiagnosed, and some remain so until they are at an advanced stage; and this may be partly because of the culture of episodic health seeking behavior and intervention versus routine health screening. Out-reach to

older adults at their homes/communities may help not only in motivating communities for healthy lifestyles but also in early diagnosis and treatment. For as long as out-reach to older adults in their normal habitat remains a low priority in the health care delivery system, some treatable health condition will remain undiagnosed, if not diagnosed late when little can be done to arrest the problem. The culture of regular health screening in the absence of symptoms needs to be cultivated among communities.

Major risks for non-communicable diseases among older adults

Consumption of fruits and vegetables and high BMI seem to be the most disturbing NDCs risk for older adults; even though drinking and use of tobacco also demand attention. Low consumption of fruits and vegetables may be related to their unaffordability for older adults, many of whom are poor. Especially in remote areas where fruits and vegetables may not be available in the market and where refrigerators may be uncommon, older adults may need to be assisted with dried fruits and vegetable packages. Community out-reach and home visiting can help identify those who need food supplements and could provide education on physical activity.

1.5 THE WHO POLICY FRAMEWORK

This strategy is guided by the WHO Global Strategy (2016 – 2020) which comprises six objectives being; commitment to action, alignment of health systems to the needs of older adults, development of age-friendly environments, strengthening of long-term care as well as improving measurement, monitoring and research.

1.5.1 Commitment to action on healthy ageing in botswana

Investment in the well-being of older adults will have significant economic and social returns, which can either be direct or indirect. Investments that are aligned to the needs of older adults will result in them experiencing greater intrinsic capacity which in turn will enable them to participate and contribute more actively. Other investments might not directly address the needs of older adults, but have an impact in their livelihoods and dignity as they promote personal growth, protect their families as well as meet their needs that resulted from their loss of capacity to maintain their lives. Much of the investment in infrastructure or policy to foster Healthy Ageing will also have direct benefits for other sections of the population. For example, improved access to transportation, public buildings and spaces, or assistive, information and communication technologies can facilitate inclusion and participation of all people, including those with disabilities and parents with young children.

1.5.2 Align health systems to the needs of the older adults

Botswana acknowledges that as people age they tend to experience chronic and complex conditions

that need multi-sectoral and multi-disciplinary approach and specialized care. Health systems and services that address multidimensional needs in an integrated way have been shown to be more effective than services that simply react to specific diseases independently. This results in health care and other services that are affordable, accessible and less costly for both older adults and the health system. There are barriers that limit older adults from accessing health care services such as lack of transport, unaffordability and ageism in health care delivery. These need to be addressed to promote healthy and active ageing. More integrated and person-centred health systems will benefit everyone.

1.5.3 Develop age-friendly environments

Environments that are age-friendly help to foster Healthy Ageing as they promote functional ability across the life course, and enable greater functionality and ability of the older adults in participation in activities they value.

When age-friendly actions are coordinated across multiple sectors and levels, they can enhance a range of domains of functional ability, including the capability to meet basic needs; to be mobile; to continue to learn, grow and make decisions; to build and maintain relationships; and to contribute. Coordinated efforts by all sectors and stakeholders can foster specific abilities that will help ensure that older adults age safely in a place that is right for them, are free from poverty, can continue to develop personally and can contribute to their communities while retaining autonomy and health.

Analysis of older adults in Botswana found that the majority of older adults are women and because of the patriarchal systems mainly through customary laws has in some situations compromised women's rights and prosperity. These conditions, coupled with other factors within the environment in which older women in Botswana live in, hinder intrinsic capacity of these women.

Older women in Botswana are known to be the major primary caregivers, with the burden of caring for the sick . HIV/AIDS orphans, and grandchildren. This increases the risk of some non-communicable diseases and stress related to caregiving as well as taking part in activities that they enjoy and self-care.

1.5.4 Strengthen long-term care

In life there will come a stage when one experiences a significant loss of capacity. This is especially true in older age. Older adults have a right to receive care and support that maintains the best possible level of care that promotes their functional ability. Globally, there is an increasing number of older adults requiring care and support, Botswana is not an exception. On the same note, the proportion of younger people who might be able to provide this care is declining, and women, who are traditionally caregivers within many families, are now involved in other social and economic roles. As a result, the assumption that families alone can meet the needs of older adults with significant losses of capacity is outdated and neither sustainable nor equitable. Botswana therefore needs to have a comprehensive system for

long-term care of the older adults at all levels of care.

In framing how this can be achieved, the strategy adopts the definition of long-term care used in the World report on ageing and health – "The activities undertaken by others to ensure that people with or at risk of a significant ongoing loss of intrinsic capacity can maintain a level of functional ability consistent with their basic rights, fundamental freedoms and human dignity".Longer term care can also be provided at peoples homes, in the community and at special institutions.

1.5.5 Improve measurement, monitoring & research

Progress on Healthy Ageing will require more research and evidence on age related issues, trends and distributions, and on what can be done to promote Healthy Ageing across the life course. Many basic questions remain to be answered. These include:

- What are older adults' needs and preferences? How diverse are these? What are the Healthy Ageing outcomes that people value and want societies to contribute to?
- What are current patterns of Healthy Ageing? Is increasing life expectancy associated with added years of health?
- What are the determinants of a long and healthy life, including structural, biological, social, individual or systems-related determinants? For example, what environmental features make a difference for Healthy Ageing outcomes? What biological or cellular advances can be made accessible and relevant to the widest range of people, particularly those with least resources?
- What are the current needs of older adults for health care and long-term care, and are they being appropriately met? How do we know whether someone has retained their autonomy?
- How should differences in Healthy Ageing be measured, especially differences that are relevant for policy and action?
- Are inequalities increasing or narrowing? For each context, what inequalities are inequities?
- Which interventions improve trajectories of Healthy Ageing, and in which contexts and population subgroups do they work?

The current metrics and methods used in the field of ageing are limited, preventing a comprehensive understanding of the health issues experienced by older adults and the usefulness of interventions to address them. Transparent discussions on values and priorities are needed, involving older adults and other stakeholders, to inform how operational definitions and metrics on a long and healthy life can be constructed and implemented within monitoring, surveillance and research. Consensus should be reached on common terminology and on which metrics, biological or other markers, data collection measures and reporting approaches are most appropriate. Improvements will draw on a range of disciplines and fields, and should meet clear criteria.

Fostering Healthy Ageing also requires promoting innovation, voluntary knowledge exchange and technology transfer, and attracting resources (people, institutions and financing) to address the major challenges faced. Development of innovations (in areas ranging from assistive technologies and pharmaceuticals to care models and forecasting of scenarios) must be inclusive of older adults well into the oldest age groups, in terms of design and evaluation that recognize the different physiology of older men and women. This will require significant strengthening of capacity at system, institutional and individual levels. It will also need greater collaboration across organizations, disciplines and countries.

Multidisciplinary research, incorporating gender-sensitive and equity-oriented analyses involving older adults at every stage, is needed to produce evidence that can inform new policies and evaluate existing ones. Ethical guidelines are needed to guide governments and stakeholders at all levels, to address competing demands for resources, and to develop more inclusive approaches that optimize the functional ability of every person.

Much innovation relevant to older adults will occur in disciplines other than gerontology and geriatrics. Yet outdated stereotypes of older age often limit the capacity of researchers in many fields to consider and identify opportunities for intervention. Even in health disciplines, ageist attitudes can limit research progress.

1.6 THE STRATEGY DEVELOPMENT PROCESS

The strategy development process employed a number of steps. The Ministry of Health and Wellness identified a gap in provision of services rendered to the older adults and established an office to coordinate the formulation of the Healthy and Active aging program. A concept paper was written, with a recommendation to conduct a situational analysis. Technical support was sought from WHO, which provided some of the expertise.

Terms of reference were then developed to guide a newly developed technical working group (TWG), which had broad representation from the Ministry of Health &Wellness, various ministries, and non-governmental and private organizations. A steering committee (SC) consisting of senior government officials and civic leaders was subsequently appointed, with its own terms of reference to receive and consider findings and recommendations from the TWG.

A Situational analysis was then conducted, with three main components, being desk reviews, key informant interviews, and field visits to gather information on "self-reported" current health status and living conditions for older adults.

The Situational Analysis report was presented to various stakeholders, following which the TWG met in a workshop to develop a draft strategy. The draft was further circulated to wider stakeholders for their input and comments, which informed the final version.

1.6.1 Theoretical Framework

The theoretical framework for this strategy was derived from a number of instruments, such as the Political declaration and Madrid international plan of action on ageing, WHO's Active ageing: a policy framework, International human rights norms and standards, International classification of functioning, disability on the rights of persons with disabilities, WHO series on long-term care: Towards long-term care systems in sub-Saharan Africa, SADC gender protocol, Botswana's long-term Vision 2036 and National Development Plan 11, Botswana multi-sectoral national strategy for prevention of non-communicable diseases 2018-2023, and others.

In developing the framework, the following key issues were given particular attention:

- diversity of experiences in older age and relevance of intervention regardless of one's health status;
- avoidance of ageism;
- older adults' empowerment to adapt to challenges they face as they age;
- consideration of older adults' living environments; and
- consideration of an older adults' health from the perspective of their trajectory of functioning rather than the disease or comorbidity they experience at a single point in time.

The strategy recognizes the value and contribution of older adults to society, while preventing their marginalization. Losses and other challenges experienced by older adults are acknowledged, and structured and comprehensive effort is made to address the problems.

The current strategy was thus based on the public-health framework on healthy ageing (WHO, 2015), (Figure 3), which promote interventions across the three common periods of intrinsic capacity across the ageing continuum.

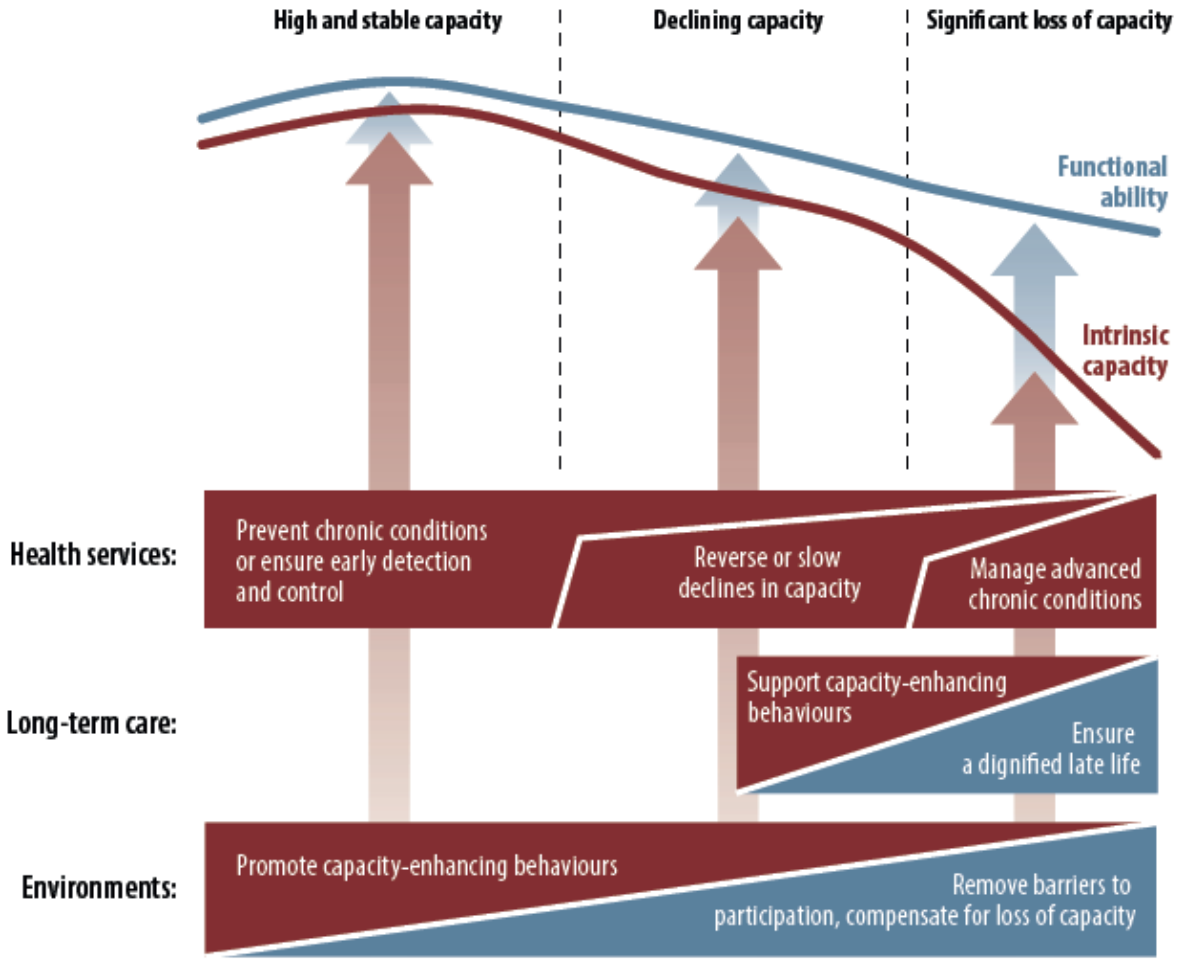

Figure 3. Public-health framework on healthy ageing, Source: WHO, 2015.

The public health framework for healthy ageing focuses on the goal of maintaining function across the life course. This holistic perspective offers an entry point for public health response to ageing population. It shows that across adult life, intrinsic capacity and functional ability does not remain constant, it declines with increasing age, as a result of underlying diseases and the ageing process. It promotes functional assessments which are far better predictors of positive outcomes in older age than single diseases and proposes interventions to build and maintain capacity and resilience, reverse, stop or slow loss of capacity or compensate for loss of capacity.

2. STRATEGIC PLAN AND IMPLEMENTATION FRAMEWORK

Vision, goals, objectives, priority interventions and strategies

The following vision and goals are in line with the global strategy and plan of action on healthy ageing.

2.1 Vision and Goals

2.1.1 Vision

Botswana in which older adults can live a dignified, healthy and productive life.

2.1 2 Goals

The goals are as follows:

By 2026, health, social systems and services responding to the needs of the older adults in an equitable and sustainable manner.

2.2. Strategic objectives and priority areas of action

The general objective is to create a favourable environment for implementation of actions that will ensure healthy ageing in Botswana.

The following are the strategic objectives of the national implementation framework:

2.2.1. Developing age-friendly environments.

2.2.2. Aligning national systems to the needs of older populations.

2.2.3. Developing sustainable and equitable systems for providing long-term care (home, communities and institutions).

2.2.4. Improving measurement, monitoring and research on Healthy Ageing.

2.2.5. Establish partnerships to support a decade of healthy ageing from 2020 to 2030

2.3 PRIORITY AREAS OF ACTION

2.3.1 Commitment to action on healthy ageing

Botswana has made major strides in providing services for the general population that positively impact ageing. Although there is no law that specifically talk to the participation of older adults in politics, generally older adults have a free will to participate in politics and leadership activities without opposition. The universal old age pension that was introduced in 1996 helps to meet some of their basic needs and the destitute policy gives priority to older adults and where necessary they are registered as permanent beneficiaries. Some of the initiatives for the older persons include priority when they seek services in public and private institutions. Despite the positive strides, the following gaps exist:

- There are no laws and policies that specifically protect the rights and wellbeing of older people.
- The universal old age pension does not adequately meet the basic needs of older adults.
- Traditional practices often marginalize older adults, for example in most cases older adults often lose control of their assets when they get older as they are deemed incapable of making decisions.

Strategic Areas of Action

Issues related to older adults should be mainstreamed into national development frameworks and poverty reduction strategies. This includes:

- Develop legislative framework; an act of parliament ;an olders adults Act; articulating benefit and rights of older adults in the country
- Development of overarching multi-sectoral policies for ageing and older adults

• Promote participation and recognise contribution of older adults to families, societies and economies

• Promote positive attitudes among the youth towards older adults.

Combating ageism to transform understanding of ageing and health.

• Mobilization of communities to participate on ageing issues and provision of community education on old age should be maximized for both the older adults and their significant others.

• Adopting an evidence-based legislation against age-based discrimination and to put in place related enforcement mechanisms.

• Conduct national campaign for elimination of ageism and stigmatization of old age.

• Strengthening intergenerational solidarity and the social fabric in both urban and rural areas.

Developing age friendly environment

Botswana has a number of policies that benefit older adults, even though they are not specifically targeting them. The country has never had any policy that speaks directly to the older adults, hence the current infrastructure is not user friendly to this population. As a result there is limited access to the few available social services. The country also does not have any provision for foster care or recreational facilities as well as support structures for the older adults.

To reduce inequity and ensure the right to healthy ageing and functional ability, an enabling environment needs to be created through the availability of policies, strategies, plans, laws, national bodies or comprehensive programmes on ageing/older adults, with their involvement. This should include awareness-raising and communication with communities, families and other stakeholders and partners. Older adults need to be engaged to increase their participation in development activities.Sanitation is still a problem with about 30% of household in rural areas having no toilet facilities at all. Absence of a toilet poses a health risk, not only for the affected household but also for the entire neighbourhood. There is limited availability on Internet in older adults' homes.

Strategic Areas of Actions

- Develop Policies, strategies, plans and laws that address issues of the older adults with their involvement.
- promotion of the environment that will enable the older adults to be able to move, continue to learn, grow, make decisions, to build and maintain relationships as well as to contribute.
- Support cities to join the global network of Age Friendly cities
- Introduction of older person wellness programs to address the health care needs of older adults
- Modify structures to ensure facilities are accessible to older adults eg. introduce ramps, rails in

the toilets etc

- Buildings act to integrate age friendly structures
- Advocate for needs of older adults in the buildings act implementation

Improve family and community support for older people.

Older adults make numerous social and economic contributions to their families, communities and society. They assist friends and neighbours, mentor peers and younger people, care for family members and the wider community. Thus investing in older adults through community groups, organizations of older people and selfhelp groups, for example, can facilitate older adults' engagement. In addition, it is important to identify and foster traditional community support systems as a means to enhance the abilities of families to care for older adults as well as build intergenerational solidarity. Families and communities can also play an important role in service delivery for older adults, especially in emergency situations. They can identify older adults at risk of isolation and loneliness, provide information, peer support and long-term care. Countries should therefore put in place supportive policies for family members who give care to older adults.

Strategic Areas of Action

- Facilitate formation of community groups, organizations and self-help groups of older adults. These should be supported by communities
- Re-engage older adults and tap into their wisdom, skills and knowledge
- Promote health centre committees to include older adults

Promote physical and recreational activities.

Physical activity protects against some of the most common health conditions among older adults. These include improved physical and mental capacity, preventing diseases and reducing risk and improving social outcomes. For example, physical inactivity may account for up to 20% of the population's attributable risk of dementia and it has been estimated that 10 million new cases globally may be avoided each year if older adults met recommendations of physical activity. Culturally appropriate community activities and supportive environmental conditions should be created to stimulate well-being, reduce the severity of disabilities, promote social contact and physical exercise throughout life and prevent loneliness, social isolation and exclusion.

Strategic Areas of Action

- Establishing recreational centres for older adults – such as meeting places, games and physical activities facilities, adult day care centres and social events.
- establishment of recreational, leisure facilities and rehabilitation centres for older adults

2.3.2.ALIGNING HEALTH SYSTEMS TO THE NEEDS OF OLDER PEOPLE

The Botswana Health Care System is aligned to the National Vision 2036 and the National Development Plan 11 which are the country's main guiding principles for development. The National Vision 2036 emphasizes opportunities for all people and the development of the family and the community while NDP 11 commits to enhancing policies and strategies for cushioning vulnerable and disadvantaged groups, access to water, shelter, sanitation, and social protection. The country also has the Integrated Health Service Management Plan (IHSP) which maximizes the participation of both the health care professionals and the non-health sectors. In addition, the country's health care system is based on the Primary Health Care concept which promotes availability, accessibility, affordable and equitable distribution of services.

However, the primary health care services are not old age user-friendly, denying(limited) older adults access to services such as screening, education on healthy lifestyles, rehabilitation and palliative care services. Most of these services are not accessible and available to older adults for many different reasons. The referral system is still limited in terms of allowing the older adults access to most services including specialised rehabilitation services and psychosocial support. In addition there is lack of capacity for health service providers to deal with older adults' health needs and lack of medicines for most non communicable diseases affecting older adults. Infrastructure in both public and private facilities are not user-friendly for the older adults, for example their bathrooms do not have rails and some buildings have slippery floors and do not have ramps.

Health systems are in place and are generally accessible to the general population (95% stays within 5km radius). Health services are free of charge to all citizens including the elderly. However the following challenges are experienced by older adults:

- The health care system has not developed infrastructure and services that are inclusive of older adults.
- Management of health services is disconnected and fragmented, and there is lack of coordination among health care providers. This results with health care and other services failing to adequately meet the needs of the older adults. Fragmentation and poor coordination leads to financial costs for the health system and older adults.
- Generally, the health services are not responsive to the needs of the ageing population and this is evidenced by the absence of disaggregated health Information management system (HIMS) statistics on this population group and their health needs.
- Intrinsic factors peculiar to the older adults such as chronic pain, difficulty in hearing and seeing, walking, and performing daily activities are often overlooked by health professionals because the

clinical focus of primary health care system is generally towards detection and treatment of diseases but most of the intrinsic factors are not framed as diseases.

• Health care systems are not designed around the needs of older adults and as a result older adults are not involved in service planning.

• The health system is largely institutionalized and therefore negatively affects the older adults' accessibility to services as well as their health seeking behavior.

Strategic Areas of Action

In order to align health systems to the needs of the older adults, several systems need to be put in place. These include the following:

- Strengthem governance and leadership towards prioritization of needs of the older adults
- Institute integrated care for older adults (ICOPE) at frontline health facilities; age-friendly primary health care services comprising of health promotion campaigns for adoption of healthy lifestyles, assessement of intrinsic capacities, early detection of chronic diseases and cancers as well as curative, referral, rehabilitative and palliative services to prevent rapid decline in functional ability, social support and referreal. These services should be affordable and age-friendly
- Orient social work around integrated care, community support and ageing in place
- Promote older adults participation in planning of the health service delivery and supporting programmes
- Enhance the quality of health service by tailoring services to specific older adults' health needs including areas on self-care, family and community. For example establishment of older adults' friendly health facilities.
- Implement integrated care for older adults at the frontline services

Invest in appropriate human resources to meet the health needs of older adults

- Introduction of Geriatric & social gerontology education/training in the curricula at all levels
- Re-orientate health workers on geriatrics and gerontology for them to respond to the health needs of the older adults
- Development of continuing modules for service providers in line with ageing and health by health training institutions and facility management

Promote access to health services by the older adults

- Revival of community outreach programs
- Stakeholder collaboration to facilitate access to health facilities by the older adults
- Include drugs for treatment of old age diseases in the essential drug list at all levels of health care service

- Strengthen palliative care for the terminally ill older adults
- Support health care service providers with the latest technologies to enable them to better serve the older adults eg ehealth

Affordable services and financial protection

- Re-engineer PHC services to reduce referrals of older adults to tertiary facilities
- Advocate for greater inclusion of older adults in the current social protection instruments such as harmonized social cash transfer
- Increase funding towards establishment of nutrition-focussed programs, regardless of drought risk
- Involved older adults in planning and designing of health care services to facilitate their accessibility to services.

2.3.3. DEVELOPING SUSTAINABLE AND EQUITABLE SYSTEMS FOR PROVIDING LONG-TERM CARE

Improve nutrition and social support for older adults.

The situational analysis revealed that there are multiple interrelated factors that put older adults at risk of poverty. The majority are females who had none or low level education even if they were employed their jobs could not earn them pension. The custom or selfishness of relatives denies widows to inherit estates belonging to their husband fuels poverty among older adults. HIV/AIDS contributed negatively to older adults' care as the burden of orphan care is dumped on them. Community and family care have challenges but still remains the most effective system to manage long term care for older adults. Though there is no policy directly catering for older adults they are exempted from paying medical bills at medical facilities. The homeless are catered for under the destitution care and the presidential housing appeal. Lack of medical insurance for the older adults denies them access to medical especially in the private sector.

Long term care models should be developed based on country contexts and may include a combination of older adults' homes, community outreaches for older adults and home visits that encourage ageing in place and institutional care. For older adults living in poverty, malnutrition is one of the main factors contributing to disease and disability. In addition, they are subject to poor oral health and dental problems leading to difficult chewing and inflammation of the gums. All these factors, combined with poor diet quality, increase the risk of malnutrition. Yet, there are no specific nutrition programmes for elderly adults. Country-specific strategies to improve nutrition for older adults should be implemented. Priority interventions may notably include: development of income-generating projects, introduction of universal old age pension and social support for older adults.

Consumption of fruits and vegetables and high BMI seem to be the most disturbing NDCs risk for older

adults; even though drinking and use of tobacco also demand attention. Low consumption of fruits and vegetables may be related to their unaffordability for older adults, many of whom are poor. Especially in rural areas where fruits and vegetables may not be available in the market and where refrigerators may be uncommon, older adults may need to be assisted with dried fruits and vegetable packages. Community out-reach and home visiting can help identify those who need dietary related intervention. Revival of the old systems for social integration and community out-reach

Strategic Areas of action

- Develop a strategy and integrate it into the existing programmes to support long term care for the older adults
- Harmonize training of community health workers and other volunteers to include long term care
- Develop age and gender relevant programmes to assist poor older women
- Develop and implement strategies aiming at promoting healthy ageing and social well being
- Develop medical insurance covering older adults as part of social protection
- Develop a budget line for older adults to cater for medical insurance, monthly allowance, housing, etc
- Establish homes, day care center, settlements for older adults
- Develop standards for long term care
- Assistive technologies
- Develop and integrate older adults care into existing nutrition & feeding strategies
- Revive social integration of older adults into the community
- Develop culture appropriate ageing by place programs to care for older adults in their homes
- Develop programmes training informal caretakers on care for older adults care
- Develop home health services for older adults
- Develop & implement levy funding old age care

Implement gender-sensitive interventions.

Special social protection measures are required to address the feminization of poverty, in particular among older women. For effective interventions, developing age and gender-relevant poverty indicators will be a means of identifying the needs of poor older women. To be effective, interventions must recognize the specific impacts of ageing on women and men, and address the ways in which gender affects the individual's capacity and behaviour. It is therefore essential to ensure the integration of a gender perspective into all policies, programmes and legislation.

Strategic Areas of Action

-Identify and address special issues of older women and men based on gender considerations

Promote partnerships for a holistic and cross-sectoral approach.

Promotion and improvement of the health of the elderly population will need a multisectoral approach involving sectors such as social welfare, finance, health, law, education, urban planning and development, police and security, civil society, the media, the private sector including the older adults themselves.

Strategic Areas of Action

- establish high-level national structure or body for coordinating the plan of action, monitoring the implementation of activities and indicating progress.

2.3.4. MEASUREMENT, MONITORING AND RESEARCH FOR HEALTHY AGEING

Institute mechanisms for availability of information on older adults.

There is a number of national data sources from which information on older adults may be obtained. The sources include Population Census 2011, Demographic Health Survey 2017, Botswana Aids Impact Survey 4 (5) [BAIS], and Multi-topic Household Survey, with the last three sources drawing their sample sizes from the Population Census. However, these sources do not provide real-time data and at times do not include other age ranges; for example, the BAIS does not include those 65 years in age and older.

There is a need for more comprehensive and real-time data that should be integrated into functional national health (IPMS, PIMS, DHIS2, etc) and other systems. The data should be disaggregated by age and sex throughout the lifespan, and by important social and economic characteristics. The government and other stakeholders will thus be able to understand better the needs of older adults and facilitate prioritization in planning and monitoring progress. In addition, the information could further identify research needs on older adults.

Priority Areas of Actions:

- Advocate for the development of an interphased national information system
- Update existing data systems so that older adults' data are disaggregated by age, sex, and key social and economic characteristics.
- Integrate older adults' data into the existing national health information system
- Strengthen a culture of research on ageing

2.3.5. ESTABLISH PARTNERSHIPS TO SUPPORT A DECADE OF HEALTHY AGEING FROM 2020 TO

2026

Promote actions in support of the decade of healthy ageing 2020-2030.

The decade of concerted global action on Healthy Ageing 2020-2030 will ensure that more than 1 billion people aged 60 years or older, mostly living in low- and middle-income countries have access to basic resources necessary for a life of meaning and of dignity. The vision for the Decade is a world in which everyone can live a longer and healthier life. It is also connected to the 2030 Agenda to leave no one behind and Universal Health Coverage (UHC). Botswana will focus on enablers across the three action areas of the Decade on Healthy Ageing.

Strategic Areas of Action

- create awareness about ageing issues, including combating ageism.
- mobilise older adults to participate in the design, implementation, monitoring and evaluation of actions;
- strengthen leadership and building capacity at all levels to take appropriate action that is integrated across sectors;
- share lessons learned locally and internationally;
- intensify research and innovation to identify successful interventions.

2.3.6. IMPLEMENTATION OF THE STRATEGY

Coordination

Implementation of the strategy will be coordinated by the Ministry of Health and Wellness through the Department of Health Service Management.

The MoHW will be responsible for the day to day coordination of strategy implementation. Progress on the strategy implementation will also be closely monitored by the steering committee on healthy ageing.

Steering Committee for Healthy and Active Ageing will be composed by senior officers from different ministries, NGOs, partners and civil society organisations. It is being established by the Ministry of Health and Wellness to facilitate the establishment of the Healthy and Active Ageing programme. One of its main roles includes representing the MOHW in this project and it accounts to the ministry senior management team.

The roles and responsibilities of the steering committee will include guiding the project scope and approaches; establishing interventions that address strategic level issues and project risks; evaluate proposed approaches to the project and program and approve or reject as necessary and ensure timely deliverables and ensure alignment to the budget. Furthermore, it will monitors project implementation

and provides the necessary guidance, ensure multi-sectorial coordination and partnerships for Healthy and Active Ageing and review of necessary documents and policy frameworks and provide quality assurance.

The Steering Committee will therefore work with the Healthy and Active Ageing Technical Working Team (TWT) on this project until its completion.

The Healthy and Active Ageing Technical Working Team (TWT) will comprise of technical experts from different sectors; including government, private, NGOs, partners and civil society organisations. It is being established by the Ministry of Health and Wellness to support the establishment of the Healthy and Active Ageing programme. The TWT will play the under listed roles:

- Provide technical guidance to the project during the situational analysis that is meant to establish the health needs of the ageing population as well as during the development of the strategic plan.
- Facilitate sharing of information necessary to guide the project, both within and across sectors, including data on older adults'needs, best practices, lessons learned and research findings.
- Identify systemic bottlenecks in the project and determine appropriate solutions.
- Ensure rationalization and best use of financial and human resources throughout the whole project.
- Keep stakeholders abreast of new research findings and their implications.
- Promote integration of programmes within the ministry and across the different sectors for maximum health benefits
- Guide the development of program indicators across the different sectors through development and implementation of monitoring and evaluation framework
- Reports on project progress to the project steering committee

STRATEGIC OBJECTIVE 1: CREATE AGE FRIENDLY ENVIRONMENT					
Priority Area of Action	**Output**	**Performance Indicators**	**Lead** /Responsible Agency	**Timeline**	**Budget**
Commitment to action on Healthy Ageing a. Increase political will and commitment **Broad Activities:** 1. Development of older adults' Act. 2. Development of older adults' policy. 3. Development of long term care policy 4. Development of older adults guidelines/ standards program 5. Establish National Coordination Council **Strategy:** Lobbying and advocacy Multi-sectorial collaboration Coordination	1. Older adults' Act developed 2. Older adults' Policy developed 3. Long term care policy developed 4. Older adults' program guidelines /standards developed 5. National Coordination Council established	1. Compliance to guiding documents(policies, guidelines and acts)in all sectors implementing older adults agenda 2. Old adults agenda expenditure per annum	1**.MoHW** 2. MOPAGPA 3. MELSD 4. MFED 5. MoTE 6. MoBE 7. MIH 8. MLWS 9. MoA 10. MLG & RD 11. MDJS 12. MTC 13. MYSC 14.MNIG 15. MITI 16. MMGE 17. MIAC 18. MENT	2025	70,862,835.18

Commitment to action on Healthy Ageing b. Combat ageism and transform understanding of ageing and health **Broad Activities:** 1. Community mobilization 2. Conduct a national campaign for elimination of ageism and stigmatization of old age. **Strategy:** • Capacity Building • Strengthening community and social support systems • Resource mobilization • Multi-sectorial collaboration • Coordination	1. Mobilized Community 2. National Campaign conducted for elimination of ageism and stigmatization of old age.	1. The number of sectors (government ministries) implementing and reporting older adults programs.	**1.MoHW** 2. MOPAGPA 3. MELSD 4. MFED 5. MoTE 6. MoBE 7. MIH 8. MLWS 9. MoA 10. MLG & RD 11. MDJS 12. MTC 13. MYSC 14.MNIG 15. MITI 16. MMGE 17. MIAC 18. MENT	2025	

Create age friendly environment Broad activities 1. Promote implementation of age friendly environment initiatives 2. Support cities, towns and villages to join the global network of age friendly cities 3. Revise Building Control Act to include age friendly requirements 4. Re-modify public structures and facilities to be age friendly	1. Implementation of age friendly initiatives promoted. 2. Cities, towns and villages supported to join the global network of age friendly cities 3. Building Control Act revised to include age friendly environments 4. Public structures and facilities Re-modified to be age friendly	1. Number of age friendly initiatives implemented 2. Proportion of older adults living in inhabitable housing 3. Number of functional recreational spaces incorporating the needs of older adults	**1.MoHW** 2. MOPAGPA 3. MELSD 4. MFED 5. MoTE 6. MoBE 7. MIH 8. MLWS 9. MoA 10. MLG & RD 11. DJS 12. MTC 13. MYSC 14.MNIG 15. Trade 16. MMGE 17. MIAC 18. MENT	2025	

Improve family and community support for older adults Broad activities 1. Facilitate formation of community groups, organizations and self-help groups of older adults. These should be supported by communities. 2. Facilitate inclusion of older adults in district committees 3. Promote engagement of older adults in community activities to tap onto their wisdom skills and knowledge	1. Formation of community groups, organizations and self-help groups of older adults facilitated. 2. Inclusion of older adults in district health committees facilitated 3. Engagement of older adults in community activities to tap onto their wisdom skills and knowledge promoted.	1. Number of functional older adults focused groups established 2. Proportion of district health committees with older adults	**1. MoHW** 2. MOPAGPA 3. MELSD 4. MFED 5. MoTE 6. MoBE 7. MIH 8. MLWS 9. MoA 10. MLG & RD 11. DJS 12. MTC 13. MYSC 14.MNIG 15. Trade 16. MMGE 17. MIAC 18. MENT	2025	
STRATEGIC OBJECTIVE 2: ALIGNING NATIONAL SYSTEMS TO THE NEEDS OF OLDER PEOPLE					
1. Align national systems to the needs of the elderly **Broad Activities: ACTIONS**	1. Leadership and governance of all sectors strengthened to prioritize the needs of older adults	1. Number of sector (government ministries) offering and reporting old-age friendly services.	**1. MoHW** 2. MOPAGPA 3. MELSD 4. MFED	2025	85,245,680.00

1. Strengthen leadership and governance of all sectors to prioritize the needs of older adults 2. Integrate older persons agenda in all government sectors 3. Advocate for subsidies in bill payment for older adults across sectors. **Strategy:** • Lobbying and advocacy • Strengthening community and social support systems • Resource mobilization • Multi-sectorial collaboration • Coordination	2. Older persons agenda integrated in all government sectors 3. Advocacy for subsidies in bill payment for older adults done across sectors.	2. Number of Sectors with subsidized bills for older adults.	5. MoTE 6. MoBE 7. MIH 8. MLWS 9. MoA 10. MLG & RD 11. DJS 12. MTC 13. MYSC 14.MNIG 15. Trade 16. MMGE 17. MIAC 18. MENT		
2. Invest in appropriate sector human resources to meet the needs of older adults **Broad Activities: ACTIONSs** 1. Develop in-service training material for public service providers on older persons' agenda 2. Train national trainers on older persons' agenda 3. Develop and incorporate curriculum on older adults' agenda at all levels of education	1. Public service providers in-service Training materials developed on older persons' agenda 2. Trained national trainers on older adults' agenda 3. Curriculum on older adults' agenda developed and incorporated at all levels of education. 4. Curriculum on local languages developed	1. Percentage of service providers trained in older adults' agenda. 2. The number of Sectors with service providers trained on older adults' agenda. 3. % Curriculum on older adults' agenda developed and incorporated	**1. MoHW** 2. MOPAGPA 3. MELSD 4. MFED 5. MoTE 6. MoBE 7. MIH 8. MLWS 9. MoA 10. MLG & RD	2025	

4. Develop and incorporate local languages curriculum in all levels of education **Strategy:** • Supportive supervision, monitoring and evaluation • Coordination	and incorporated at all levels of education.	in all levels of education 4. Number of local languages incorporated in all levels of education.	11. DJS 12. MTC 13. MYSC 14.MNIG 15. MITI 16. MMGE 17. MIAC 18. MENT		

STRATEGIC OBJECTIVE 3: DEVELOPING SUSTAINABLE AND EQUITABLE SYSTEMS FOR PROVIDING LONG TERM CARE					
Priority Area of Action	**Output**	**Performance Indicators**	**Lead Agency/** Responsible Sector	**Timeline in years**	**Budget**
1. Improving nutritional support for older adults Broad activities: • Integrate older adults' nutritional needs into the national nutrition program • Revive system for nutrition program integration into community outreach e.g. home health services and ageing in-place programs for older adults	1. Older adults' nutritional needs integrated into the National Nutritional program 2. System for nutrition program Integration into community outreach revived.	• Proportion of districts implementing the national nutrition program • Proportion of districts implementing community outreach services for older adults • Percentage of older adults who are malnourished	**MOHW** MLGRD MOA MFED	2023	6,610,000.00

2. Improve health care and social support for older persons • Establish older persons homes, day care centers, and long term institutions • Develop social insurance schemes for older persons • Develop standard and minimum package for long term care including strategy to scale up assistive devices • Integrate older persons Agenda into community home based care and palliative care 3. Train formal and informal care providers on long term care	1. Older persons homes and longer term care institutions established 2. Social insurance schemes for older persons developed 3. Standard and minimum package for longer term care developed for older persons. 4. Older persons Agenda Integrated into community home based care and palliative care Formal and informal care providers trained on long term care.	1. Number of sectors implementing the minimum package for long term care 2. Number of Districts implementing the minimum package for long term care 3. Proportion of older persons needing long term care 4. Proportion of older persons receiving long term care Number of formal and informal care providers trained	**1. MoHW** 2. MOPAGPA 3. MELSD 4. MFED 5. MoTE 6. MoBE 7. MIH 8. MLWS 9. MoA 10. MLG & RD 11. DJS 12. MTC 13. MYSC 14.MNIG 15. MITI 16. MMGE 17. MIAC 18. MENT	2025	

4. Implement gender-sensitive interventions Broad activities: • Address special situations of older men and women based on gender consideration • Facilitate availability of older person specific social protection policy and guidelines. • Avail gender focused interventions for older men and women	1. Special situations of older men and women based on gender consideration addressed. 2. Availability of older person specific social protection policy and guidelines facilitated. 3. Gender focused interventions available for older men and women	1. Number of Sectors complying with guiding documents on gender sensitive interventions.	**1. MoHW** 2. MOPAGPA 3. MELSD 4. MFED 5. MoTE 6. MoBE 7. MIH 8. MLWS 9. MoA 10. MLG & RD 11. MDJS 12. MTC 13. MYSC 14.MNIG 15. MITI 16. MMGE 17. MIAC 18. MENT	2025	

5. Promote partnership for holistic and cross sectorial approach Broad activities: • Establish national multi-sectorial committees on healthy ageing Strategies: 1. Lobbying and advocacy 2. Strengthening community and social support system 3. Capacity building 4. Supportive supervision and monitoring and evaluation 5. Resource mobilization 6. Coordination	Multi-sectorial committees for healthy ageing established		**1. MoHW** 2. MOPAGPA 3. MELSD 4. MFED 5. MoTE 6. MoBE 7. MIH 8. MLWS 9. MoA 10. MLG & RD 11. DJS 12. MTC 13. MYSC 14.MNIG 15. Trade 16. MMGE 17. MIAC 18. MENT	2025	

STRATEGIC OBJECTIVE 4. MEASUREMENT, MONITORING AND RESEARCH FOR HEALTHY AGEING					
Priority Area of Action	**Output**	**Performance Indicators**	**Lead Agency/** Responsible Sector	**Timeline**	**Budget**
Institute mechanisms for availability of information on older people. **Broad Activities:** - Advocate for the development of an interfaced national information system - Update existing data collection registers & reporting systems so that older persons' data are disaggregated by age, sex, and key health, social, and economic characteristics. - Integrate older adults' data into the existing Sector information systems - Strengthen research on ageing **Strategy:** - Supportive supervision, monitoring and evaluation	- Advocacy for the development of an interfaced national information system done. - Existing data collection tools and reporting systems updated so that older persons' data are disaggregated by age, sex, and key health, social, and economic characteristics. - Older adults data integrated into the existing Sector information systems - Research on ageing Strengthened.	1. Total number of sectors reporting older persons agenda 2. Availability of older persons data 3. Number of researches (publications & reports) conducted in the previous year	**1. MoHW** 2. MOPAGPA 3. MELSD 4. MFED 5. MoTE 6. MoBE 7. MIH 8. MLWS 9. MoA 10. MLG & RD 11. DJS 12. MTC 13. MYSC 14.MNIG 15. MITI 16. MMGE 17. MIAC 18. MENT	2025	7,490,000.00

- Multi-sectorial collaboration Coordination - Capacity building - Resource mobilization					
STRATEGIC OBJECTIVE 5: ESTABLISH PARTNERSHIPS TO SUPPORT A DECADE OF HEALTHY AGEING FROM 2020 TO 2030					
Priority Area of Action	**Output**	**Performance Indicators**	**Lead Agency/** Responsible Sector	**Timeline**	**Budget**
Promote actions in support of the decade of healthy ageing 2020-2030 **Broad Activities:** - Facilitate community mobilization programs. - Facilitate National campaign for elimination of ageism and stigmatization of old age. - Conduct a national training on HAA. - Mobilise sectors to implement partnerships of HAA strategy. - Mobilise funding for the campaign from local and international donors. **Strategy:** - Multi-sectorial collaboration - Resource mobilization - Coordination	- Community mobilization programs facilitated. - National campaign for elimination of ageism and stigmatization of old age facilitated. - A national training on HAA conducted - Sectors mobilized to implement partnerships the HAA strategy. - Funding for the campaign from local and international donors mobilized.	1. Old persons agenda expenditure per annum	**1. MoHW** 2. MOPAGPA 3. MELSD 4. MFED 5. MoTE 6. MoBE 7. MIH 8. MLWS 9. MoA 10. MLG & RD 11. DJS 12. MTC 13. MYSC 14.MNIG 15. Trade	2025	0.00

- Lobbying and advocacy - Strengthening community and social support systems - Leadership and governance			16. MMGE 17. MIAC 18. MENT		

3. Monitoring and Evaluation Framework

Monitoring and evaluation of this strategy will be integrated within the current health information system. Current tools will be revised to capture health information for the aged. Indicators to measure performance of the strategy are presented in Table 3.

Table 2: Performance measures for the strategy

Strategic objectives				
Strategic Objective 1: Develop age-friendly environments	1. Compliance to guiding documents(policies, guidelines and acts)in all sectors implementing older persons agenda 2. Old persons agenda expenditure per annum	Sector Reports	Sector older persons' focal person	Annually
Strategic Objective 2: Align health systems to the needs of older persons	1. Number of sector (government ministries) offering and reporting old-age friendly services 2. The number of sectors service workers trained in geriatric health care	Sector Reports	Sector older persons' focal person	Annually
Strategic Objective 3: Strengthen long-term care	1. Proportion of districts implementing community outreach services for older persons 2. Number of long term care facilities(homes, institutions) established 3. Number of facilities implementing the minimum package and standards including for assistive devices 4. Number of formal and informal care givers trained 5. Proportion of districts implementing the social protection program for older person	Sector Reports	Sector older persons' focal person	Annually

Strategic Objective 4: Improve measurement, monitoring, and research	1. Number of researches, publications, reports etc. conducted	Sector Reports	Sector older persons' focal person	Annually
Strategic Objective 5: Establish partnerships to support a decade of healthy ageing from 2020 to 2030	1. Proportion of sectors (government) involved in activities that support a decade of healthy ageing	Sector Reports	Sector older persons' focal person	Annually

3.1 Reporting

Disaggregated data for older persons will use available data collection systems. The MoHW will review and modify the current data collection tools to include disaggregate age groups up to more than 60 years. This will also involve development of data capture tools where they are not available, and incorporation of all the updated tools in the DHIS and other systems.

The monitoring system of the strategy shall comprise two reports:

1. Monthly Report
2. Quarterly Report
3. Annual Report

Monthly Reports

The monthly report will be mostly service utilization report from various programmes. It will indicate the number, sex and some equity stratifiers including place of dwelling.

Quarterly Reports

The quarterly report will provide information on utilisation of health services by older persons disaggregated by age and sex. It will highlight the availability of key medicines for older person and skills and knowledge among health workers at facilities. Challenges and opportunities for entrenching healthy ageing will be identified.

Annual Report

An annual report which provides a summary of the progress on key indicators in Table 3 will be provided. As with the quarterly report the annual report will provide information on challenges, opportunities and threats for the success of the strategy.

The National Healthy Ageing Strategy will be evaluated midway during implementation and with a Final Evaluation at the end of the strategy period.

Special evaluative studies will also be commissioned by the Healthy Ageing Committee such as impact and value for money assessment of promising models of care to build evidence for scale up.

4. CHANGE MANAGEMENT FRAMEWORK

INTRODUCTION

The Change Management Framework for the Healthy and Active Aging (HAA) Strategy has been adapted from the Botswana Change Management Framework for the Public Service (February 2021). The framework transitions through five key change management stages (Attention; Engagement; Resolve; Action and Integration). The intension of the framework is to coordinate successful implementation of the HAA Strategy.

The CMF-HAA Strategy was developed by a Sub-Committee of the Technical Working Group, under the leadership of the HAA Program Coordinator and technical expertise of the Office of Strategy Management/Change Management at the Ministry of Health and Wellness. The Committee was taken through a Capacity Building session on Change Management to equip them to develop the framework.

STAGE 1: ATTENTION

BACKGROUND

Ageing is a natural, inevitable process which everyone experiences as they develop and grow up. Healthy Ageing is "the process of developing and maintaining the functional ability that enables well-being in older age . Functional ability is about having the capabilities that enable all people to be and do what they have reason to value. These include a person's ability to meet their basic needs, learn, grow and make decisions, be mobile, build and maintain relationships, and contribute to society.

Need For Change

The older adult population (60+) in Botswana is 6.2% of the overall population . It is projected that by 2026, the older adult population will be 8.9% of the overall population. A situational analysis shows that the elderly in Botswana are mostly living alone, especially in rural areas and access to social services is limited. Older adults with disability do not use assistive devices such as eye glasses and hearing aids. Physiological and memory issues limit self-care and daily activities. Hypertesnion andDiabetes are prevelent and HIV is still a burden. Nuitrition is wanting, most likely due to afforbalility issues as many older adults are poor. Community based outreach and services are not adequate thus leaving those in need unidentified and social insurance schemes for the eldering are grosely underdeveloped.

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1. World report on ageing and health. World Health Organisation; 2015
2. Botswana census, 2011

What The Change Sets Out To Achieve

The Ministry of Health and Wellness (MoHW) identified the gap in the provision of services for the older adult co-hort and established an office under the Departmant of Health Services Management (HSM) to coordinate a Healthy and Active Aging Program. The office facilitated a situational analysis with technical assistance from the World Health Organisation (WHO), guided by their Public Health Framework on Healthy Aging and Global Stragtegy, 2016-2020 .

The results of the situational anaysis and the framework for Public Health on Healthy Aging led the development of the Botswana Healthy and Active Aging Program Strategy. The strategy sets the way forward to health, social systems and services responding to the needs of the older adults in an equitable and sustainavle manner, by 2026.

Vision

A Botswana in which older adults live a dignified, healthy and productive life.

Objectives

- Developing age-friendly environments.
- Aligning national systems to the needs of older populations.
- Developing sustainable and equitable systems for providing long-term care (home, communities and institutions).
- Improving measurement, monitoring and research on Healthy Ageing.
- Establish partnerships to support a decade of healthy ageing from 2020 to 2030.

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3 .Public Health Framework on Health Aging. World Health Organization; 2015

4. Global Strategy and action on aging and health services; WHO 2016

ENVIRONMENTAL ASSESSMENT

Sponsor Map

Executive Sponsor	Permanent Secretary – Ministry of Health and Wellness (MOHW)
Primary Sponsor	Deputy Permananet Secretary – Health Services Management Senior Consultant – Primary Health Care
Direct Sponsors	Advisor – Community Health Services Advisor – Integrated Health Services DHMT Coordinators
Suport/Implementation level Sponsors	Manager – Community Health Services/DHMT (or PHS/Preventive Services)

Change Team

Lead	Program Coordinator – Healthy & Active Ageing	
Core Members	Core Technical Working Group	
	Public Relations & Communications/Corp. Services	Communication Planning
	Policy and Planning/HPRD	Strategy Costing
	Partnerships/HPRD	Stakeholder analysis
	Monitoring & Evaluation/HSMMEQA	Implementation and Monitoring framework
	Mental Health/HSM	Psychosocial Issues
	Community Home Based Care/Paliative Care	Long-term care Issues
	Nursing Office/HSM	Clinical care
	Eye health/HSM	Disease control
	Nutrician and Food Safety	Nuiticion Issues
Direct Members	DHMT Members	
	MLGRD - Department of Social Protection	
	MOPAGPA-Disability	
	MFED	

Key Elements to be Addressed

- Definition of Older Adult

This Strategy adopted the standardized WHO definition an older adult as 60 and above.

- Multi-method Approach

It has been shown that older adult services are multidisciplinary by nature and require a multi-sectorial approach. A person-centric focus will facilitate the development of program methodology to cater for such. It is important to ensure engagement by all stakeholders in defining the determinants of an Older Adult.

- Ethical considerations

Ethical considerations need to considered and identified to guide Older Adult programming. General ethical principles include; issues of autonomy, the right of a person to determine their own destiny, justice, beneficence by doing good on behalf of the individual rather than healthcare professionals, do no harm and fidelity.

- Older Adults – Women

The majority of older adults in Botswana are women and because of the patriarchal systems mainly through customary laws has in some situations compromised women's rights and prosperity. These conditions, coupled with other factors within the environment in which older women in Botswana live in, may hinder intrinsic capacity of older women. It is important to take this into consideration and identify key strategic actions to overcome this. Also noting the increased risks, such as stress and non-communicable diseases, to older women who see themselves as primary care-givers to orphans and grandchildren.

Health System Organizational Assessment

The Botswana Health System presents ample opportunities for advancing the Healthy and Active Ageing vision. The system is facilitated by a National Health Policy (NHP, 2011) that is aligned to national and global agendas that support opportunities for all people and emphasizes the development of the family and the community. It is also important to note that it is reflected in the National Development Plan 11 (NDP 11) that commits to enhancing policies and strategies for cushioning vulnerable and disadvantaged groups, access to water, shelter, sanitation, and social protection.This also include prevention of infection and severe complication during pandemics such as COVID-19.The Integrated Health Service Management Plan maximizes the participation of both the health care professionals and the non-health sectors.

Coordinated efforts by all sectors and stakeholders fosters specific abilities that will help ensure that older adults age safely in a place that is right for them, free from poverty, able to continue to develop personally and contribute to their communities while retaining autonomy and health.

Alignment to Existing Policy/Strategies

The Healthy and Active Aging strategy sets out to be in sync and aligned to existing policy and/or strategy. This alignment will enable an integrated approach to health service delivery and facilitate a comprehensive multi-sectorial approach.

Policy/Strategy Mapping for Alignment

Policy/Strategy	Lead
National Health Policy	MoHw
Community Health Strategy	MoHW
Integrated Community Health Worker Implementation Guidelines	MoHW
Community Home based Care Strategy (Palliative Care Guidelines)	MoHW
Mental Health Policy	MoHW
Mental Health Act	MoHW
HIV/AIDS Strategy	MoHW
Malaria Policy	MoHW
National Policy on Blood Transfusion	MoHW
Botswana National Policy on HIV AIDS	MoHW
Public Health Bill	MoHW
National Alcohol Policy	MoHW
Botswana National Drug Policy	MoHW
Botswana National Multi - Sectorial Strategy for the Prevention and control of Non-Communicable Diseases.	MoHW
Revised National Policy on Destitute Persons	MOLGRD- Department of Social Protection
Guidelines of Provision of Social Safety Nets for Community Home Based Care Patients	MOLGRD- Department of Social Protection
Disability Policy	MOPAGPA- Disability Department

STAGE 2: ENGAGEMENT

ENVIRONMENTAL ASSESSMENT

The stakeholder analysis (attached in Appendix 1) identifies the key stakeholders in the Healthy and Active Aging Strategy, their roles and expectations. Potential and anticipated resistance issues have been identified and viable interventions have been identified for timeous mediation. The analysis further recognizes the types of communication needed for various audiences throughout the change process and implementation of the Strategy.

Communication and risk management plans will be integrated into the annual planning processes.

STAGE 3: READINESS

TThe Ministry of Health and Wellness has appointed a Program Office to manage the Healthy and Active Ageing Program and it will operate as a Unit under Community Health Services Division/Health Services Management Department.

The Strategy outlines how the Program will be set up, including development of relevant policy and implementation modalities. The Program is committed to the integrated approach to health service delivery, as per the National Health Policy of 2011, and will work to align to relevant system structures as Botswana moves towards universal health coverage by 2030.

STAGE 4: IMPLEMENTATION

ANNUAL PLANNING

Annual Implementation Plans, including budget, will be developed in preparation for each year of the strategy. These will be aligned to the MoHw through existing planning processes.

The HAA Annual Plans will incorporate risk and relevant mitigation plans as well as communication plans. The action plan for year one (2022/2023) will be completed by March 31st, 2022.

MONITORING AND EVALUATION

A Monitoring and Evaluation Framework has been developed for the Strategy. It will form part and parcel of the annual review and planning processes.

STAGE 5: TRANSITION FROM STRATEGY TO PROGRAM

The Healthy and Active Aging Strategy will transition to a program integrated into the health services delivery system. Program monitoring will be done for continuous quality improvement and program strengthening.

Evaluation of the program will be done every year.

APPENDICES:
Stakeholder Analysis
Strategy Costing

CMF TWG (Sub Committee)

NAME	ORGANISATION
Ms Heather Mothibedi	Ministry of Health and Wellness Department of Corporate Services Office of Strategy Management (Change Management Plan Unit)
Ms Ogopoleng Batisi	Ministry of Health and Wellness Department of Health Services Management Healthy and Active Ageing Program
Ms Nellie Mafa	Ministry of Health and Wellness Department of Health Services Management Mental Health Unit
Ms Irene Leteane	Ministry of Health and Wellness Department of Health Services Management Health Promotion Unit
Ms Onalenna Lekoba	Ministry of Health and Wellness Department of Health Services Management Physical Rehabilitation Unit
Mr Moses Modise	Ministry of Health and Wellness Department of Health Services Management Monitoring and Evaluation Unit
Ms Malebogo Mmereki	Ministry of Health and Wellness Department of Health Services Management Eye Health Unit
Mr Khayalethu M. M. Mpofu	Ministry of Health and Wellness Department of Health Policy Research and Development Partnerships Unit
Mr Benedict Moeng	Ministry of Health and Wellness Department of Health Policy Research and Development Policy and Planning and Financing Unit
Ms Onalenna Mokena	Ministry of Health and Wellness Department of Health Policy Research and Development Policy and Planning and Financing Unit
Ms Thamiso Sebolao	Ministry of Health and Wellness Department of Health Policy Research and Development Policy and Planning and Financing Unit
Ms Ludo Chube	Ministry of Health and Wellness Department of Health Policy Research and Development Partnerships Unit
Ms Gomotsanang N. Manne	Ministry of Local Government and Rural Development Department of Social Protection

ANNEXES

1. HEALTHY AND ACTIVE AGEING (HAA) STAKEHOLDER ANALYSIS

GROUP 1: GOVERNMENT STAKEHOLDERS

Government stakeholders	Ministries and High level government bodies: MoHW, MOPAGPA,MLGRD, MIH, MFED, MoBE, MLWS ,MELSD, MYSC, MTC, MOA, MoTE	District administration : DDCs, DHC, District Commissioner	Traditional Authorities: Dikgosi and Village Head people.	Public training institutions: UB,BUIST,BUAN,BOU, IHS BQA etc
Role/Mandate	• Coordination of public policy administration and service delivery in their sector	• Deliver public services at district and local levels	• Traditional Leaders • DHC • Community members	• Develop human resources
Motivation to act in support of HAA	• Ensuring that the older adults are well served through efficient, effective and high quality public policy, administration and service delivery • Delivering on government.	• Improved access to health care by the older adults • Socio economic determinants of health	• Improved access to health care and other services by the older adults	• Increased public service skills; health service and social skills in particular.
Desired actions/attitudes	• Support for the development and implementation of the HAA programme. • Harmonisation and alignment of relevant policy, administrative support and service delivery (i.e improved service enabling	• Effective delivery of HAA at decentralised levels(local, district) • Support for the changes in delivery of HAA services.	• Endorsement of support of HAA services • Uptake in HAA services	• Increased training Human Resource Health. • Incorporate HAA into curriculum

	environment for HAA implementation) • Provision of adequate resources to implement HAA			
Influenced by	• The president ,Cabinet, Permanent Secretaries, Parliamentary committees and senior politicians and ministry appointees (high level of influence • Dikgosi • Public opinion &media coverage ,other ministries • Prevailing policies and legislative environment • Development partners • Intergovernmental organisations (WHO, UNDP, high influence)	• Central government • Traditional authorities • Community members	• Central government • District local government • Community members	• MoTE • Central government • Community needs
Influences on other stakeholders	• Direct influence on district administrative teams	• Have significant influence on demand creation for health services • Significant influence – access and utilisation of health care is dependent on available infrastructure	• High with local populations/communities	• Standard quality training • Regulation of training
Barriers to change/concerns & risks	• Lack clarity about the change process	• Inadequate capacity and lack of resources	• Inadequate consultations lead to change being perceived as being imposed by central government.	• Lack of capacity for geriatrics and gerontology

	• Inadequate of communication and advocacy for change. • Lack of awareness/understanding on HAA.	• Slow decision making process in resource allocation. • Risk that if DHMTs are not capacitated, service delivery may stall. • Legal, Policy and government procedures not yet developed for HAA. • Insufficient consultation at district and community level threatens ownership, implementation and uptake of HAA services.	• Lack of knowledge on HAA and National Health Policy, or understanding of implications for decentralised health,MLGRD, MIH, ,MoBE,MLWS,MYSC,MTC,MOA,MoTE services delivery at local and district levels. • Limited and uneven capacity in public administration development and health MOPAGPA,MLGRD, MIH, MFED, MoBE, MLWS, MELSD, MYSC, MTC, MOA, MoTE, policies and administration and public relations.	training at the University. • Lack of alignment of training provision with human resources for older adult's demands.
Enablers/facilitators for change	• HAA Strategy approved and in place • Change management Unit in place (MoHW) to guide change process. • Internal communications channels in place in ministries (newsletters, emails, staff meetings, etc.	• DHMTs RAC, Local government authorities(MOPAGPA,MLGRD, MFED, MoBE, MELSD, MYSC, MTC, MOA, MoTE are on the ground and are undergoing orientation training on changes needed to effectively implement the HAA • Consultation at all levels.	• Traditional kgotla meetings enable strong ties with the community. • Platform for consultation and buy-in.	• Training institutions are undergoing orientation training on changes needed to effectively integrate the HAA program in their curriculum design.

Channels	• Internal: e-newsletters meetings ,suggestion box • External :open Days ,newsletters ,placing stories in the media ,ad – hoc stakeholders consultations • Inter-ministerial: saving grams, official letters.	• Internal; cross cutting meetings • Correspondences • External; Open Days, newsletters, primary health care providers, health promotion activities (campaigns, rallies, existing forums). • Training sessions • Internal staff communications • Timely, honest acknowledgement of challenges brought about by change • Updates of on-going situation • Sharing success stories • Peer learning through study tours	• Ntlo ya dikgosi • Kgotla meeting • VHC capacity building	• MoTE; Curriculum design • BQA accreditation requirement
Communication Strategies	• High level advocacy to gain commitment and support from leadership (high priority)	• Clear accurate communication on HAA involvement &participation on the way forward for Districts • Engagement in demand creation and social and behaviour change communication • High level of advocacy	• Advocacy with Ntlo ya Dikgosi • Address at kgotla • Give health talks etc.	• Advocacy with MoTE; curriculum design.

		• Support for internal communication among(MoLGRD MOPAGPA,MLGRD, ,MoBE,MELSD,MYSC,MTC ,MOA,MoTE, employees(both centralised and at district /local level) (through provision of stories ,information to MoLGRD(MOPAGPA,MLGRD, ,MoBE,MELSD,MYSC,MTC ,MOA,MoTE, internal communications teams)		

GROUP 2: PRIVATE SERVICE PROVIDERS, PROFESSIONAL ORGANISATIONS AND TRADE UNIONS

GROUP 2	Business Botswana. Private hospitals ,doctors, dispensing chemists, etc.. Medical Aids. Pensions. Etc.	Professional and regulatory bodies: All	Trade Unions : All
Role/Mandate	• private service provision	• Regulate and professional accreditation of service providers	• Collective bargaining to enhance professional working conditions and remuneration and service delivery.
Motivation for change	• Increase clientele	• Service regulation • Service quality	• Provider support and advocacy.
Desired actions/attitudes	• Collaboration with the government in developing and operationalizing public private partnerships. • Provide HAA services.	• Members actively support HAA • Regulation of HAA service providers.	• Members actively support and implement HAA.
Influenced by	• Public policy ,legislation and professional standards • Client base	• Public policy and legislation	• members
Influences on other stakeholders	• If private service providers expand services to rural areas, this could significantly influence equitable distributions of services, and reduce congestion in public institutions.	• Influence policy and accreditation of professionals. • Regulates HAA related service delivery, providers and training institutions.	• Members • Other service providers • Can influence media coverage • Have strong influence on communities on access and utilisation of public services.

Barriers to change/concerns & risks	• They are competitors with public sector institutions, especially in cases where public service is seen to be lesser quality. • A decline in client numbers may impact on the quality of service delivery. • Private Service providers may establish more institutions in rural setting and expand the scope of service provision if they can garner adequate benefits from doing so.	• Regulation of Geriatrics and Gerontology • Shortage of HAA service providers/specialists.	• Resistance to tasks/responsibilities and changes in terms of service.
Enablers/facilitators for change	• Global and regional demand and uptake of private service provision • Expansion of private social insurance coverage Can potentially increase client based profits for private service providers • Development and operationalization of public private partnerships institutions. • Increased access • Increased service provision.	• Recognition and regulation of HAA service providers'	• Professionals are overworked ,so better clarification of roles and responsibilities may lighten their work load
Channels	• Meetings • Correspondences	• Meetings • Correspondences	• State media news agency • Public sectors PR teams • Media(print and broadcasting)
Communication Strategies	• Initiate communication campaign to explain the alignment of public sectors to HAA & opportunities for public –private partnerships.	• Advocate for smooth registration process of professionals and enforcing ethical standards for the older adults. • Advocate through council to ensure that the institutions are accredited and start local training of HAA.	• Improve labour relations between the authorities and the professional workforce through on-going Strategic communication and advocacy.

GROUP 3: CIVIL SOCIETY , THE MEDIA AND THE TRADITIONAL PRACTITIONERS

GROUP 3	BOCONGO, National Umbrella Civil Society Organisation, (BONEPWA,BONELA,BOCAAIP,BBCA,BONASO) etc.	The Media TV, radio and print media journalists, gatekeepers(MISA) etc.	Faith Based Organisations	Traditional Practitioners
Role/Mandate	• Fill in gaps in public service provision, campaign for rights of vulnerable populations.	• Report news, increase accountability of government to people, invite public debate and investigate what's really happening and why.	• Potential for mainstreaming information on HAA, due to high reservoir for older adults' clientele.	• Potential for mainstreaming information on HAA, due to high reservoir for older adults clientele.
Motivation for change	• Need for a clear framework of collaboration/partnerships with central government and districts that clarifies their role in public service based on their comparative advantage	• Media are automatically interested in change-in the absence of real facts they are inclined to speculate.	• Need for a clear framework of collaboration/ partnerships with central government and districts that clarifies their role in public service based on their comparative advantage	• Need for a clear framework of collaboration/ partnerships with central government and districts that clarifies their role in public service based on their comparative advantage

Desired actions/attitudes	• Endorsement and support implementation of HAA • Influencing their members /the wider public as to benefit of HAA • Increase service provision at community level	• Timely and accurate reporting of changes and achievements.	• Influencing their members to benefit of HAA	• Influencing their members to benefit of HAA
Influenced by	• Public • International best practice	• All sectors	• Public • Government	• Public • Government
Influences on other stakeholders	• Have significant influence on public opinion, including local councillors and parliamentarians. • Drivers of community level services.	• Very influential on public opinion • Can influence policy development, public administration and legislative changes.	• Very influential on public opinion	• Public opinion, older adults in particular; more inclined on myths than facts.
Barriers to change/concerns & risks	• Non-engagement on HAA for integration into service provision.	• Lack of information about HAA programme.	• Lack of information about HAA programme.	• Past government – traditional service provision

		• Misinformation about HAA programme.		(traditional doctors) agreements have been ad hoc &slow to implement. They have little or no political influence or in policy formulation.
Enablers/facilitators for change	• Open to collaboration with the government.	• Everyone is interested in public services (especially health).	• Open to collaboration with the government. • A more than half of Batswana are attend churches.	• Open to collaboration with the government. • A significant number of older adults are interested in their services.
Channels	• Pitso • Open days • Kgotla meetings	• Radio and TV time allocate for government public service announcements • Print media space allocated for public service coverage. • Language/community specific	• BBC • EFB • OIAC, etc	• Interim committee.

Communication Strategies	• Develop a framework of collaboration with civil society organisations for provision of HAA.	• Pro –active engagement with the media.	• Initiate dialogue to strengthen working relationships with churches.	• Initiate dialogue to strengthen working relationships with traditional practitioners.

GROUP 4: DEVELOPMENT PARTNERS

GROUP 4	**Multi –Lateral and bilateral aid agencies: All**
Role/Mandate	• Provision of technical advice on public service provision • Provision of funding(aid grants and loans) • Support strengthening and expansion of public service delivery in Botswana
Motivation for change	• Strengthening of national systems, attainment of SDGs and improvement of the quality public services provision.
Desired actions/attitudes	• Strengthened collaboration with government. • Review and strengthen the bilateral partnership arrangement. • Provision of technical assistance ,stopgap capacity support ,and high level advocacy to support HAA
Influenced by	• international best practices • International agreements (SDGs, global standard) • Prevailing donor landscape •
Influence On other stakeholder	• Given influence based on their resources, technical and political base.

Barriers to change/concerns and risk	• Demand Creation • Sustainability of services • Quality of services
Enablers /facilitators for change	• Support in-country initiatives
channels	• Internal :Joint UN committees, Assembly meetings etc • External :Development Partner forums
Communication Strategies	• Advocacy and communication to improve partnership.

2. COSTED IMPLEMENTATION PLAN

IMPLEMENTATION PLAN: OBJECTIVE 1

Strategic Objective 1:	**To create Age Friendly Environment by March 2026**								
Output 1:	**Kickstarting the strategy by March 2022**								
Activity	**Resources required**	**Target**	**Timelines**	**Measure**	**Quantity of items/No of person**	**Description**	**Unit cost**	**Total cost**	**Lead-Sector**
Developing an implementation plan for the strategy	Updated Technical Working Group	All selected key sectors	Nov 2021-Feb 2022	No of sectors represented, Participation rat	60.00	TWG Participants during planning	0.00	0.00	MoHW
Strategy Endorsement	TWG	PIC Force, Cabinet	Feb 2022-Jun 2022	No of Ministerial leadership represented; Representativeness of cabinet	0.00	presentation for endorsement by PIC force & Cabir	0.00	0.00	MoHW
Secure Support and resources	Strategy	Cabinet, MFED	Feb 2022-Jun 2022	No of Ministerial leadership represented; Representativeness of cabinet	0.00	presentation for endorsement by PIC force & Cabir	0.00	0.00	MoHW
Printing of the strategy	Funds, Memory Sticks, Hard drive	Partners, Implementers, Civil Society, government Departments	44,593.00	No of Stakeholders given copies of strategy	2,000.00	No of both hard and soft copies	56.00	112,000.00	MoHW
								BWP 112,000.00	**Total**
Output 2:	**Strategy Implementation: Community Sensetisation and Mobilisation**								
Strategy Dissemination: National Strategy launch Campaign;District Strategy launch Campaign	Mobile truck	Nationally and Districts, Community	Apr 2022-Jun 2022	No of stakeholders that attended; No of aged people attended; No of communities mobilised	19	launches to be conducted nationally and for all districts	10,000.00	190,000.00	MOHW
	Entertainers						20,000.00	380,000.00	MOHW
	Memorabilia,						20,000.00	380,000.00	MOHW
	Refreshments						100,000.00	1,900,000.00	MOHW
	Media						50,000.00	950,000.00	MOHW
:Strategy Sensetisation Virtual Meetings	Wifi	Sectors		No of sectors represented, Participation rat	18	no of sectors of sector supported in 5yrs	60,000.00	1,080,000.00	MOHW
Community Education on Ageing: Development of IEC Material	Gazebo	Community	Sept-2022-Mar-2023	Total no of community members reached, no of members reached by age category, no of older adults reached, no of caregivers reached	50	per 18 sectors	9,500.00	475,000.00	MOHW
	Banners Pull up				10	per 18 sectors	1,300.00	13,000.00	MOHW
	Banners Tear drop				40	per 18 sectors	1,100.00	44,000.00	MOHW
	Poster		Sept-2022-Mar-2026		100000	per 18 sectors in 4yrs	15.00	1,500,000.00	MOHW
	Booklets				100000	per 18 sectors in 4yrs	20.00	2,000,000.00	MOHW
	Trifold Brochures				1000000	per 18 sectors in 4yrs	2.50	2,500,000.00	MOHW
								BWP 11,412,000.00	**Total**
Output 3:	**Ageing Initiatives Implemented**								MoHW
Development of Ageing Guidelines/Standards	Sectors	Older Adults	Feb 2021-Mar 2026	No of key stakeholders represented; No of t	90	5 Days of Conference facility for 18 sectors	50,000.00	4,500,000.00	MoHW
Piloting of ICOPE	Draft Guidelines, Printed ICOPE M&E tools, Support Visits, Age Friendly Medical equipments, Informatics	Selected Districts	Jul 2022-Sept 2022	No of districts piloting ICOPE; No of facilitie	0	0	0.00	0.00	MoHW
Benchmarking on Ageing	Flight	Selected Sectors	Jul 2022-Sept 2022	No of sectors represented, Participation rate	14	No of stakeholder representattives	50,000.00	700,000.00	MoHW
	Pedium						35,000.00	0.00	MoHW
Evaluation of ICOPE Piloting	Key Implementers, Older Adults	Implementers & Older Adults	Oct-22	No of implementing districts represeted, no of facilities represented, no of thematic areas represented	2	conference facility	50,000.00	100,000.00	MoHW
Finalisation & Endorsement of ICOPE guidelines	TWG, Senior Management Team(SMT), DHMT Heads	TWG, SMT	Oct-22	No of senior stakeholders represented	0	Nil	0.00	0.00	MoHW
Printing of Guidelines	Funds, Memory Sticks	Implementers	Oct 2022-Mar 2026	No of copies printed, no of sectors issued c	180000	10000 copies per sector	56.00	10,080,000.00	MoHW
Training of ICOPE ToTs	DHMT Focal Persons, Conference facility, ICOPE M&E tools, Accomodation, Transport	DHMTs	Nov-22	No of DHMTs with trained ToTs, no of tools	18	No of DHMTs	50,000.00	900,000.00	MoHW
Cascading/roll-out of ICOPE Initiative	National ToTs	DHMTs	Nov-22	No of districts that cascaded ICOPE	18	No of DHMTs	20,000.00	360,000.00	MoHW
Social Service Support for the elderly	Minimum Support Package	Districts	Apr 2022-Mar 2026	No of districts providing social support to t	4000	No of adults assisted for 18 districts for 5years	5,000.00	20,000,000.00	MoHW
								BWP 36,640,000.00	**Total**

Objective 1: Cont……									
Output 4:	**ICOPE Instruments Availed**								
Activity	**Resources required**	**Target**	**Timelines**	**Measure**	**Quantity of items/No of person**	**Description**	**Unit cost**	**Total cost**	**Lead-Sector**
Procurement of geatric equipments: Physiotherapy Occupational Health	Mobility instruments	Older Adults	2022-2026	No of older adults supported	18	No of districts	51,350.00	924,300.00	MoHW
Prosthesis and orthotics	Supportive devices	Older Adults	2022-2026	No of older adults supported	18	No of districts	271,297.50	4,883,355.00	MoHW
Audiology	Supportive devices	Older Adults	2022-2026	No of older adults supported	18	No of districts	412,300.00	7,421,400.00	MoHW
Speech	Supportive devices	Older Adults	2022-2026	No of older adults supported	18	No of districts	19,126.67	344,280.06	MoHW
Procurement of Community Home Based Care Supplies	Linen Server, Pads, Nappies	Older Adults	2022-2026	No of older adults supported	18	No of districts	23,166.67	417,000.06	MoHW
Oral Health	Dents	Older Adults	2022-2026	No of older adults supported	18	No of districts	23,166.67	417,000.06	MoHW
								BWP 14,407,335.18	**Total**
Output 5	**National Coordination Council established by Dec 2022**								
Activity	**Resources required**	**Target**	**Timelines**	**Measure**	**Quantity of items/No of person**	**Description**	**Unit cost**	**Total cost**	**Lead-Sector**
1. ToRs development	Technical Working Group	Ageing TWG	Oct 2022-Dec 2022	No of stakeholders represented	40	Selected relevant stakeholders to drive the process	0.00	0.00	MoHW
	Conference Facilities	ToRs		Conference secured	2	No of times attended	50,000.00	100,000.00	MoHW
2. Setting up of various Technical Groups as well as Steering Committee	Nil	Stakeholders, Directors of Sectors		No of stakeholders represented	0	Nil	0.00	0.00	MoHW
3. Appointments of the council	Nil	Sectors		No of sectors represented, Participation rat	20	Total Council Members	0.00	0.00	MoHW
4. Sitting, travel allowances	Members	Council Members	Oct 2022-Dec 2026	Particpartion rate	20	Council Chairperson's sitting allowance for 5 years @P1,575.00	1,575.00	31,500.00	MoHW
	Conference Facilities	Council Members			4	Attend meeting quarterly for 5 years	50,000.00	200,000.00	MoHW
								BWP 331,500.00	**Total**
Output 6:	Older Adults Act Developed by August 2023								
2. Development of the position paper and sent to Cabinet for approval as Cab Memo	Technical Working Group	National TWG, Refence group	January 2023-August 2023		0	Nil	0.00	0.00	MoHW
	Conference Facilities				3	2 for TWG(20), 1 for Reference(32)	50,000.00	150,000.00	MoHW
3. The drafting of the bill in conjuction with Attorney General and HAA	Nil				0	Nil	0.00	0.00	MoHW
4. The bill is introduced to the stakeholders	Technical Working Group	National TWG, Refence group			5	Nil	0.00	0.00	MoHW
	Conference Facilities				2	2 for TWG, 2 for consultations	50,000.00	100,000.00	MoHW
5. The bill goes to Steering Committee/SMT	Technical Working Group	National TWG, Refence group			0	Nil	0.00	0.00	MoHW
	Conference Facilities				3	2 for TWG(20), 1 for Reference(32)	50,000.00	150,000.00	MoHW
7. Bill goes to other government ministries/deptments for their input	Nil	Other Ministries			0	Nil	0.00	0.00	MoHW
8. Cabinet Approval	NIL	Cabinet			0	Nil	0.00	0.00	MoHW
9. Bill goes to Government gazette for the public input	NIL	Public			0	Nil	0.00	0.00	MoHW
10. The bill goes to Parliament for review	NIL	Parliament			0	Nil	0.00	0.00	MoHW
11. Bill goes back to parliament for voting and approval	Nil	Parliament			0	Nil	0.00	0.00	MoHW
								BWP 400,000.00	**Total**
Output 6	**National campaign for elimination of ageism and stigmatization of old age facilitated by 2025**								
Activity	**Resources required**	**Target**	**Timelines**	**Measure**	**Quantity of items/No of person**	**Description**	**Unit cost**	**Total cost**	**Lead-Sector**
Conduct a campaign for elimination of ageism and stigmatization of older adults	Mobile truck	Nationally and Districts, Community	**Apr 2024-Jun 2024**	No of stakeholders that attended; No of aged people attended; No of communities mobilised	19	launches to be conducted nationally and for all districts	10,000.00	190,000.00	MoHW
	Entertainers						20,000.00	380,000.00	MoHW
	Memorabilia,						20,000.00	380,000.00	MoHW
	Refreshments						100,000.00	1,900,000.00	MoHW
	Media						50,000.00	950,000.00	MoHW
								BWP 3,800,000.00	**Total**

Objective 1: Cont……									
Output 2	Older adults' Policy developed by August 2023								
Activity	Resources required		Timelines	Measure	Quantity/No person	Description	Unit cost	Total cost	
1. ToRs development	Technical Working Group	Ageing TWG	Sept 2023-Feb 2024	Participartion rate	40	Selected relevant stakeholders to drive the process	0.00	0.00	MoHW
	Technical Assistance	Consultants			1	To guide the whole project	2,500,000.00	2,500,000.00	MoHW
	Conference Facilities	Policy Project			3	2 for TWG, 1 for Reference	50,000.00	150,000.00	MoHW
2. Setting up of various Technical Groups as well as Steering Committee	Technical Working Group	Nil			0	Nil	0.00	0.00	MoHW
	Conference Facilities	Nil			0	Nil	0.00	0.00	MoHW
3. Agenda setting	Technical Working Group	National TWG, Refencegroup			5	Nil	0.00	0.00	MoHW
	Conference Facilities				2	1 for TWG, 1 for Reference	50,000.00	100,000.00	MoHW
4. Policy Process Briefing Meetings	Technical Working Group	National TWG, Refencegroup			0	Nil	0.00	0.00	MoHW
	Conference Facilities				6	3 for TWG, 3 for Reference	50,000.00	300,000.00	MoHW
5. Policy dissemination	Printing	Final Ageing Policy document			5000	Hard copies of policy document	56.00	280,000.00	MoHW
	Soft-copies, memory sticks				5000	Soft copies of policy document	56.00	280,000.00	MoHW
6. Policy Process Evaluation	Technical Working Group	National TWG, Refencegroup			0	Nil	0.00	0.00	MoHW
	Conference Facilities				3	2 for TWG, 1 for Reference	50,000.00	150,000.00	MoHW
								BWP 3,760,000.00	Total
				BWP 70,862,835.18					Grand Total

IMPLEMENTATION PLAN: OBJECTIVE 2

Strategic Objective 2:	**To align National System to the needs of older adults by March 2026**								
Output 1:	**leadership and governance strengthened in all sectors to prioritise the needs of older adults**								
Activity	**Resources required**	**Target**	**Timeline**	**Measure**	**Quantity of items/No person**	**Description**	**Unit cost**	**Total cost**	Lead-Sector
Conduct consultations with cabinet	Transport	Cabinet once	Apr-Jun 2022	No of meetings conducted	0	0.00	0.00	0.00	MoHW
Conduct consultations with full councils	Officers	18 Districts	Apr2022-Mar 2023	No of districts consulted	51	Imprest for 3 officers in 17 trips	5,000.00	255,000.00	MoHW
	Transport	1 vehicle per trip	Apr2022-Mar 2024	No of trips made per district	17	Tranport to 17 districts	5,000.00	85,000.00	MoHW
Conduct consultations with PIC FORCE	Transport	1 meeting	Jan-Mar 2021	No of meetings conducted	0	0.00	0.00	0.00	MoHW
								BWP 340,000.00	**Total**
Output 2:	**Older persons agenda integrated in all government sectors by March 2026**								
Activity	**Resources required**	**Target**	**Timeline**	**Measure**	**Quantity/No person**	**Description**	**Unit cost**	**Total cost**	
Setting up of various Technical Groups as well as	Correspondences per sector	18 Sectors	July2022-Sep2022	No of sectors with teams	18	No of sectors represented	0	0.00	MoHW
Sector Implementation Plan Development	Conference facility	18 sectors	Apr2022-Mar 2023	No of sectors with plans	18	Planning meeting for 18 sectors	50,000.00	900,000.00	MoHW
	Accomodation	180	Apr2022-Mar 2023	No of participants accomodated per	180	10 external participants per sector	5,000	900,000.00	MoHW
Human Resources at Headquarters	Program coordinators per sector	3 per sector	Apr2022-Mar 2023	No of coordinators provided per sec	18	D1 Scale, per annum/5years	1,670,940.00	30,076,920.00	MoHW
			Apr2022-Mar 2023		18	D2 Scale, per annum /5 years	1,455,540.00	26,199,720.00	MoHW
			Apr2022-Mar 2023		18	D3 Scale, per annum /5 years	1,268,280.00	22,829,040.00	MoHW
Policy/guideline review	Old Sector Policies/guidelines	units per 18 Sectors	Apr2022-Mar 2026	No of sectors who have reviewed atl	0	0	0.00	0.00	MoHW
				No of sectors who have reviewed atl	0	0	0.00	0.00	MoHW
Sectors Progress report Meetings	Conference facility	All Sectors	Apr2023-Mar2026	No of sectors with progress reports, No of sectors who have integrated Ageing in their sector, No of sectors who managed to review their policies, No of sectors who managed to develop their sectoral	4	Progress briefing meetings	50,000.00	200,000.00	MoHW
								81,105,680.00	**Total**
Output 3:	**Advocacy for subsidies in bill payment for older adults done across sectors by March 2026**								
Activity	**Resources required**				**Quantity/No person**	**Description**	**Unit cost**	**Total cost**	
1. ToRs development	INTERGRATION	All Sectors	Q1 2022-Q4 2026	No of sector that have integrated Ageing in their services, No of sectors that have subsidies older adults, number of subsidies per sector	18	No of sectors	0.00	0.00	MoHW
	INTERGRATION	All Sectors			18	No of sectors	0.00	0.00	MoHW
	INTERGRATION	All Sectors			18	No of sectors	0.00	0.00	MoHW
	INTERGRATION	All Sectors			18	No of sectors	0.00	0.00	MoHW
	INTERGRATION	All Sectors			18	No of sectors	0.00	0.00	MoHW
2. Setting up of various Technical Groups as well as Steering Committee	INTERGRATION	All Sectors			18	No of sectors	0.00	0.00	MoHW
Policy/guideline review	INTERGRATION	All Sectors			18	No of sectors	0.00	0.00	MoHW
	INTERGRATION	All Sectors			18	No of sectors	0.00	0.00	MoHW
	INTERGRATION	All Sectors			18	No of sectors	0.00	0.00	MoHW
	INTERGRATION	All Sectors			18	No of sectors	0.00	0.00	MoHW
	INTERGRATION	All Sectors			18	No of sectors	0.00	0.00	MoHW
Implementation	INTERGRATION	All Sectors			18	No of sectors	0.00	0.00	MoHW
Evaluation of Subsidy bill Implementation	Conference facility	All Sectors			4	Annual Evaluation conference	50,000.00	200,000.00	MoHW
								BWP 200,000.00	**Total**
Output 4:	**Trained national trainers on older adults' agenda by March 2026**								
Activity	**Resources required**	**Target**	**Timeline**	**Measure**	**Quantity/No person**	**Description**	**Unit cost**	**Total cost**	
1. Development of training packages	Conference facility	All Sectors	Q1 2022-Q4 2026	No of Sectors with training packages developed	18	Meetings to develop training pa	50,000.00	900,000.00	MoHW
	TWGs	Sector TWGs			0	Nil	0.00	0.00	MoHW
	Printing & soft copies	Training Packages			18	No of sectors to develop training packages @1000	100,000.00	1,800,000.00	MoHW
2. Training of ToTs	Conference facility	All Sectors		No of sectors that trained their ToTs			50,000.00	900,000.00	MoHW
	National Master Trainers	All Sectors		No of Sectors that supported their T	18	Sector ToTs trainings	0.00	0.00	MoHW
								BWP 3,600,000.00	**Total**
									Grand total

BWP 85,245,680.00

IMPLEMENTATION PLAN: OBJECTIVE 3

Strategic Objective 3	To Develop sustainable and equitable system for providing long term care by March 2026								
Output1:	**Long term care policy developed by Aug 2024**								
Activity	**Resources required**	**Target**	**Timelines**	**Measure**	**Quantity of items/No of person**	**Description**	**Unit cost**	**Total cost**	**Lead-Sector**
1. ToRs development	Technical Working Group	Ageing TWG	Jan2024-August 2024	ToRs developed	40.00	Selected relevant stakeholders to drive th	0.00	0.00	MoHW
	Technical Assistance	Consultants			1.00	To guide the whole project	2,500,000.00	2,500,000.00	MoHW
	Conference Facilities	Policy Project			3.00	2 for TWG, 1 for Reference	50,000.00	150,000.00	MoHW
2. Setting up of various Technical Groups as well as Steering Committee	Technical Working Group	Nil		Stakeholder representativeness	0.00	Nil	0.00	0.00	MoHW
	Conference Facilities	Nil			0.00	Nil	0	0	MoHW
					3.00	2 for TWG, 1 for Reference	50,000.00	150,000.00	MoHW
3. Agenda setting	Technical Working Group	National TWG, Refence group		Thematic areas in the agenda	5.00	Nil	0.00	0.00	MoHW
	Conference Facilities				2.00	1 for TWG, 1 for Reference	50,000.00	100,000.00	MoHW
4. Policy Process Briefing Me	Technical Working Group	National TWG, Refence group		Progress towards policy finalisation, level of compliance to tender brief	0.00	Nil	0.00	0.00	MoHW
	Conference Facilities				6.00	3 for TWG, 3 for Reference	50,000.00	350,000.00	MoHW
6. Policy Process Evaluation	Technical Working Group	National TWG, Refence group		Participartion rate	0.00	Nil	0.00	0.00	MoHW
	Conference Facilities				3.00	2 for TWG, 1 for Reference	50,000.00	150,000.00	MoHW
6. Policy dissemination	Printing	Final Ageing Policy document		No of stakeholders reached	5,000.00	Hard copies of policy document	56.00	280,000.00	MoHW
	Soft-copies, memory sticks				5,000.00	Soft copies of policy document	56.00	280,000.00	MoHW
				BWP 3,960,000.00					**Total**
Output 2:	**Social Insurance Strategy developed by October 2023**								
1. ToRs development	Technical Working Group	Ageing TWG	Mar2023-Oct 2023	ToRs developed	40.00	Selected relevant stakeholders to drive th	0.00	0.00	MoHW
	Conference Facilities	Policy Project			3.00	2 for TWG, 1 for Reference	50,000.00	150,000.00	MoHW
	Technical Assistance	Consultants		Ageing themes covered in social insurance	1.00	To guide the whole project	2,500,000.00	2,500,000.00	MoHW
				BWP 2,650,000.00					**Total**
Output 3:	**Older Adults Community Care Structures Established by December 2026**								
Development of Older Adults Community Care Structures	TWG, Community	Community members	Mar2022-Dec2022	No of community structures developed per village	0	TBD	0	0	MoHW
Output 4:	**Older Adults Social Clubs established by Dec 2026**								
Establishment of Older Adults Social Clubs	TWG, Community	Community members	Mar2022-Dec2022	No of social clubs developed per village	0	TBD	0	0	MoHW
Output 5:	**Adopt an Adult initiative Implemented by March 2026**								
r Adults Initiatives Impleme	**TWG, Community**	Community members	Mar2022-Dec2022	No of adults adopted per village	0	TBD	0	0	MoHW
Output 6:	**Multi-sectorial committees for healthy ageing established by March 2026**								
Establishment of Multi-Sectoral Committees	TWG, Community	Sectors	Mar2022-Dec2022	No of sectors represented	1	Committees per district	0	0	MoHW
				BWP 0.00					**Total**
				BWP 6,610,000.00					**Grand Total**

IMPLEMENTATION PLAN: OBJECTIVE 4

Strategic Objective 4	**To measure, monitor and research for healthy ageing by March 2026**								
Output 1:	**Facilitate for the development of an interfaced national information system done by March 2026**								
Activity	**Resources required**	**Target**	**Timelines**	**Measure**	**Quantity of items/No of person**	**Description**	**Unit cost**	**Total cost**	**Lead-Sector**
Integrate Ageing within the Health Information Management System	Evaluation committee, TWG	Informatics, M&E Officers, IT Officers	Mar 2022-Dec 2026	No of sector Information system Interfaced	18	Sector M&E training	50,000.00	900,000.00	MoHW
BWP 900,000.00									
Output 2:	**M&E embedded within the HAA for evidence based strategy implementation**								
Formation of evaluation committees	TWG	All Stakeholders, M&E Officers	Mar 2022-Aug 2022	Number of Evaluation committees Formed	30	Committee target number both nationally and regionally	0.00	0.00	MoHW
Biannual Evaluations	Evaluation Committe	Implementers, Evaluation Committee	Oct2022-Mar 2026	Perfomance Indicators	18	All Implementing sectors	0.00	0.00	MoHW
Reviewing of M&E tools to integrate HAA	Evaluation committee, TWG,	Evaluation Committee, M&E Officers	Mar2022-Mar 2026	No of staff trained per sector	18	Sector M&E training	50,000.00	900,000.00	MoHW
	Imprest	Implementers, M&E Officers			108	District and national trainings	5,000.00	540,000.00	MoHW
Mid-term Review & Dissemination	Evaluation committee, TWG	Evaluation Committee, M&E Officers, Implementers	2024	No of sectors reviewed, Perfomance Indicators	4	4 meetings @50 pple	50,000.00	200,000.00	MoHW
	Technical Assistance	Consultants		No of sectors reviewed, Perfomance Indicators	1	Evaluation Tender	###########	1,500,000.00	MoHW
Experience Sharing:Best Practices Seminar	Conference facility	Implementers	annually	No of sectors represented, best shared initiatives	5	**No of conference**	50,000.00	250,000.00	MoHW
Final evaluation & Dissemination	Evaluation committee, TWG	Evaluation Committee, M&E Officers, Implementers	2024	No of sectors reviewed, Perfomance Indicators	4	4 meetings @50 pple	50,000.00	200,000.00	MoHW
	Technical Assistance	Consultants		No of sectors reviewed, Perfomance Indicators	1	Evaluation Tender	###########	2,500,000.00	MoHW
BWP 6,090,000.00									
Output3:	**Evidence Based Research on older adults and system change promoted**								
Collaborating with Tertiary schools	TWG, Research teams	Tertiary Education	Oct 2022-Dec2022	No of tertiary education reached, No of tertiary education supporting Ageing	All	All Tertiary centres	0.00	0.00	MoHW
Conducting Research conferences	TWG, Research teams	Community, Stakeholders	Oct2022-Dec2026	No of Ageing themes covered	5	1 conferences+ awards	100,000.00	500,000.00	MoHW
BWP 500,000.00									**TOTAL**
BWP 7,490,000.00									

IMPLEMENTATION PLAN: OBJECTIVE 5

STRATEGIC OBJECTIVE 5:	**ESTABLISH PARTNERSHIPS TO SUPPORT A DECADE OF HEALTHY AGEING FROM 2020 TO 2030**								
Activity	**Resources required**	**Target**	**Timelines**	**Measure**	**Quantity of items/No of person**	**Description**	**Unit cost**	**Total cost**	**Lead-Sector**
Output 1:	**Community mobilization programs facilitated by 2026**								
Continuous Community Pitso	IEC Material	Community	2022-2026	No of people reached by age categories	100%	All districts reached	0.00	0.00	MoHW
Output 2:	**Partners & Sectors mobilized to implement the HAA strategy**								
Conduct Meetings with all partners and sectors	Partners, TWG,Sectors	Civil Society, Local & International Partners	2019-2026	Partners and sectors reached	All	Available stakeholders	0.00	0.00	MoHW
Output 3:	**Funding for the campaign from local and international donors mobilized**								
Conduct Resource Mobilisation Meetings	Transport	Local businesses & International Partners	Jan 2023-Mar 2023	International Partners and local Business	All	Available stakeholders	0.00	0.00	MoHW
0.00									**Grand Total**

HAA STRATEGY COSTING SUMMARY: This strategy applied a bottom-up approach of strategy costing using the activity based costing. Ingredients method was applied for the different activities and price estimates used were from the current market price. Nominal Prices were used and kept constant at the highest current market prices to adjust for inflation. It is thus, therefore critical that these costs may be reviewed annually to align them to the planning year prevailing prices. The costing has also been summarised per the different outputs; for further references refer to the attached implementation plan.To enhance ownership and stakeholder involvement the Technical Working Group, which is a multi-sectoral committee were spearheading the development of the implementation plan to inform the strategy costing. Prioritisation and synchronisation of activities according to the different objectives and ouputs were done to reduce costs and for logical Impactful strategy. The strategy will also leverage on the current existing resources for cost-effectiveness, thus through integration of Ageing initiatives in existing country structures.

OBJECTIVE	2021/22	2022/23	2023/24	2024/25	2025/26	TOTAL
Objective 1: Create Age Friendly Environment	0.00	21,888,708.80	17,564,708.80	17,604,708.80	13,804,708.80	**BWP 70,862,835.20**
Objective 2: Alligning National Systems to the needs of Older People	0.00	82,203,180.00	1,042,500.00	1,000,000.00	1,000,000.00	**BWP 85,245,680.00**
Objective 3: Developing Sustainable & Equitable Systems for Providing long term Care	0.00	0.00	2,650,000.00	3,960,000.00	0.00	**BWP 6,610,000.00**
Objective 4: Monitor, Evaluate & Research for Healthy Aging	0.00	772,500.00	5,172,500.00	772,500.00	772,500.00	**BWP 7,490,000.00**
Objective 5: Establish Partnerships to support a decade of Healthy Ageing from 2020-2030	0.00	0.00	0.00	0.00	0.00	**BWP 0.00**
Overall Total	**0.00**	**104,864,388.80**	**26,429,708.80**	**23,337,208.80**	**15,577,208.80**	**BWP 170,208,515.20**
						BWP 170,208,515.20

3. ORGANISATIONS THAT PARTICIPATED DURING THE OLDER ADULTS SITUATIONAL ANALSIS AND STRATEGY DEVELOPMENT PROCESSES

HEALTHY AND ACTIVE AGEING PROGRAM STEERING COMMITTEE

NO	ORGANISATION	REPRESENTATIVE
1	Ministry of Health and Wellness DPS Health Service Management	Dr Tshepho Machacha
2	Ministry of Health and Wellness DPS Health Service Management	Dr Mareko Ramotsababa
3	Ministry of Health and Wellness DPS Health Service Management	Dr Morrison Sinvula
4	Ministry of Health and Wellness Health Service Management Rehabilitation & Mental Health (RHMD) Division Head	Mr Patrick Zibochwa
5	Ministry of Health and Wellness Health Service Management Rehabilitation & Mental Health Division Head	Ms Gaboelwe Rammekwa
6	Ministry of Health and Wellness Health Service Management RMHD-Healthy and Active Ageing Program.	Ms Ogopoleng Batisi
7	Ministry of Health and Wellness Health Service Management Nursing Office	Ms Onthatile Medupe
8	Ministry of Health and Wellness Health Service Management Community Home Based Care	Ms Penny Makuruetsa
9	Ministry of Health and Wellness Legal Advisor	Mr Rakubu Kagisano
10	Ministry of Tertiary Education, Research, Science and Technology	Ms Bosa R. Lebotse
11	Ministry of Transport and Communications	Mr Olefile Moakofi
12	Presidential Affairs, Governance and Public Administration	Ms Thapelo Moshia Moalusi
13	Presidential Affairs, Governance and Public Administration	Ms Katlego Sekabodiile
14	Ministry of Mineral Resources, Green Technology and Energy Security	Mr Midas Sekgabo
15	Ministry of Agriculture Development and Food Security	Ms Chada Koketso
16	Ministry of Infrastructure and Housing Development Building and Engineering Services Department	Mr Oteng Mashumba
17	Ministry of Infrastructure and Housing Development Building and Engineering Services Department	Mr Kelebogile Shomanah

18	Ministry of Land Management, Water and Sanitation Services Town and Country Planning Department	Ms Eunice Naledi Mmono
19	Ministry of Land Management, Water and Sanitation Services Town and Country Planning Department	Mr Leungo Mogotetsi
20	Ministry of Local Government and Rural Development Social Protection	Ms Mosidi C. Batsalelwang
21	Ministry of Local Government and Rural Development Social Protection	Ms Margret Mokgachane
22	Ministry of Local Government and Rural Development Tribal Administration	Ms Malebogo Mokotedi
23	Ministry of Local Government and Rural Development Tribal Administration	Mr Baboloki Phalaagae
24	Ministry of Finance and Economic Development	Ms Molly G. Makondo
25	Ministry of Employment, Labour Productivity and Skills Development	Ms Kgomotso B. Watemo
26	Ministry of Employment, Labour Productivity and Skills Development	Mr Nathaniel Tlhalerwa
27	Ministry of Youth Empowerment, Sport and Culture Development	Mr Moreetsi Bogosi
28	Ministry of Nationality, immigration and Gender	Mr Nonofo E. Leteane
29	Ministry of International Affairs and Cooperation	Ms Violet Losike
30	Ministry of International Affairs and Cooperation	Ms Omolemo Selato
31	Ministry of Basic Education	Ms Neo Habangana
32	University of Botswana Faculty of Medicine	Dr BillyTsima
33	University of Botswana Faculty of Health Sciences School Of Nursing	Dr Kefalotse Sylvia Dithole
34	University of Botswana Faculty of Social Sciences Department of Law	Professor Bonolo Dinokopila
35	University of Botswana Faculty of Social Sciences Department Social Work	Dr Tumani Malinga
36	University of Botswana Faculty of Social Sciences Department Of Demography	Dr Enock Ngome
37	Statistics Botswana	Mr Keamogetse Moreo
38	Media Institute of Southern Africa (MISA)	Mr Tefo Phatshwane
39	Ditshwanelo - The Botswana Centre For Human Rights	Ms Florah Kedibonye
40	Botswana Council of Non-Governmental Organisations (BOCONGO)	Mr Allen Tshekedi
41	Botswana Civil Service Pensioners Association (BCSPA)	Ms Nkae V. D. Molefe
42	Associated Fund Administrators (AFA)	Ms Thato Lesetedi

43	Associated Fund Administrators (AFA)	Ms Matshediso Matome
44	Botswana Council of Churches (BCC)	Mr Onkemetse S. Mathabathe
45	Organisation of African Instituted Churches (OAIC)	Mr Olebile Christopher Modikwa
46	Evangelical Fellowship of Botswana (EFB)	Pastor Balatedi Peggy Ratsebe
47	Interim Committee Traditional Doctors	Mr Kitso Peter Mbenge
48	World Health Organisation (WHO)	Ms Lucy S. Maribe
49	World Health Organisation (WHO)	Ms Mpona Manthe

HEALTHY AND ACTIVE AGEING PROGRAM TECHINCAL WORKING TEAM

NO	ORGANISATION	REPRESENTATIVE
1	Ministry of Health and Wellness Health Services Management Community Health Service Advisor	Mr Samuel Kolane
2	Ministry of Health and Wellness Health Service Management Rehabilitation & Mental Health Division (RMHD) Head	Mr Patrick Zibochwa
3	Ministry of Health and Wellness Health Service Management Rehabilitation & Mental Health Division Head	Ms Gaboelwe Rammekwa
4	Ministry of Health and Wellness Health Services Management RMHD-Healthy and Active Ageing Program.	Ms Ogopoleng Batisi
5	Ministry of Health and Wellness Health Services Management RMHD-Mental Health Unit	Ms Nellie Mafa
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10	Ministry of Health and Wellness Health Services Management RMHD-Monitoring & Evaluation	Mr Moses Modise
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19	Ministry of Health and Wellness Health Services Management Environmental Health Division	Mr Kabelo Gobe Zwinila
20	Ministry of Health and Wellness Health Services Management Sexual and Reproductive Health Division	Ms Lesego Mokganya
21	Ministry of Health and Wellness Health Services Management Sexual and Reproductive Health Division	Mrs Gosatla Gaealafswe
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23	Ministry of Health and Wellness Nutrition and Food Control Division	Ms Kehumile Modise
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52	University of Botswana Faculty of Medicine	Dr. Maikutlo Kebaetse

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56	Botswana Hospice and Palliative Care Association (BHPCA)	Mr Alfred Ntshonono
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58	Botswana Retired Nurses Society	Ms Idah Nseula
59	Botswana Retired Nurses Society	Ms Goitsemang Boiteto
60	There 4 U Adult Care	Ms Chawa Enyatseng
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62	Botswana Civil Service Pensioners Association (BCSPA)	Ms Bontle Patle

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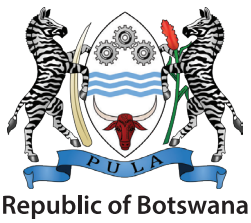

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