

**REGIONAL WORKSHOP ON THE
INTER-LINKAGES BETWEEN
BIODIVERSITY AND HUMAN
HEALTH**

(2-5 APRIL 2013)

Maputo

**Dr. G Morupisi
Mr. L Seakanyeng**

OVERVIEW

- ▶ Botswana is a landlocked country with a total area of 581, 730 km².
- ▶ Population – 2,038,228 according to the 2011 census
- ▶ Climate – characterized by low erratic rainfall and frequent droughts
- ▶ Economy – is predominated by mining especially diamonds, tourism and beef production



Location of Botswana


MULTILATERAL AGREEMENTS

- ▶ Botswana has ratified a number of Multilateral Agreements on health and environment :
 - Convention on Biological Diversity: 1995
 - Libreville Declaration: 2008

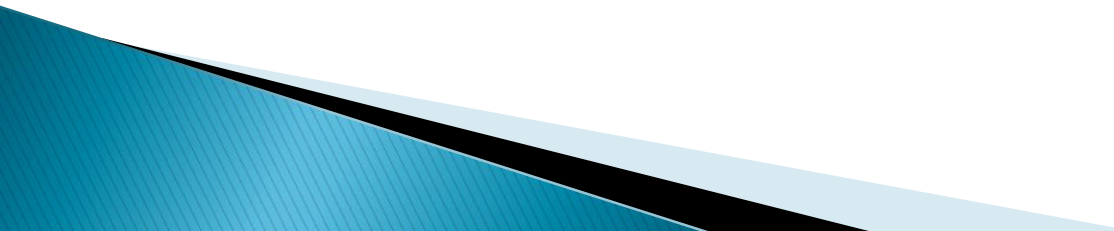
CURRENT STATUS OF HESA

- ▶ The key central government institutions mandated with health and environment are the MoH and MEWT.
- ▶ Other sectors which offer health and environment services are:
 - ✓ MLGRD
 - ✓ Local Authorities
 - ✓ Non Governmental Organizations
- ▶ *Botswana does not have a formal inter-sectoral mechanism at central government level*

CURRENT STATUS CONT'

- ▶ Botswana has various institutions & organizations of central & local government that are responsible for health and environmental issues, but none is explicitly mandated with strategic alliance for health & environment
 - ▶ There are various policy frameworks & strategies that have a bearing on environment & health
 - ▶ *This fragmented approach often result in duplication of effort during implementation mainly due to the multiplicity of authorities which have conflicting and overlapping functions*
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CURRENT STATUS CONT'

- ▶ There are no specific budget allocations for health and environment linkages
 - ▶ Human resources and institutional capacity for the management of health and environment linkages in Botswana remains a challenge.
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CURRENT STATUS CONT'

- ▶ Botswana does not have specific research agenda for health and environment
- ▶ This is mainly due to lack of an institution mandated with coordination of the linkages between health and environment

There are ongoing researches in environment & in health but none with consideration to the inter-linkages between the two



CURRENT STATUS CONT'

- ▶ While there is lack of a dedicated environment surveillance system, some government ministries and other agencies routinely collect data on environment and health related parameters in accordance with their respective mandates
 - ▶ There is an established online Environmental Information System (EIS) which is mainly a platform for environmental information dissemination
 - ▶ Integrated Disease Surveillance and Response (IDSR) was adopted to transform the existing fragmented system for disease surveillance into a multi-disease integrated system for reporting of notifiable diseases.
 - ▶ There is no specific linkage between the IDSR and the EIS.
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SANA PROCESS AND NBSAP

- ▶ SANA process started in 2011
- ▶ Multi-Sectoral CCC formed from different government and Non governmental sectors
- ▶ Data collection for the SANA report was quite comprehensive and the final report has been signed by the 2 ministers of health and MEWT
- ▶ NBSAP developed in 2004 and revised in 2007
- ▶ Various projects have been implemented nationally
- ▶ Projects focused on management of protected areas, wetland resources (ODMP) and dry lands (MFMP)

SANA PROCESS

NBSAP

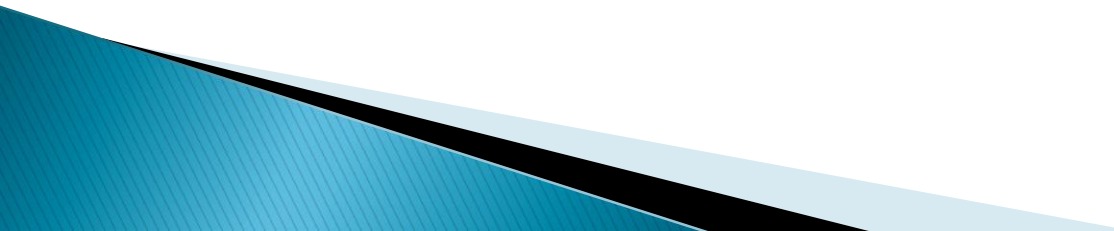
SANA PROCESS AND NBSAP CONT'

- ▶ Awaiting the official launching of the SANA report by the 2 ministries of Health and that of Environment before submission WHO Secretariat
- ▶ Botswana will then embark on phase II (NPJA) of the Libreville Declaration
- ▶ The existing National Biodiversity Authority (NBDA) does not have representation from the health Sector
- ▶ In line with the decision adopted by COP 10, Botswana is aligning its NBSAP to address issues raised in the 2011–2020 Strategic Plan

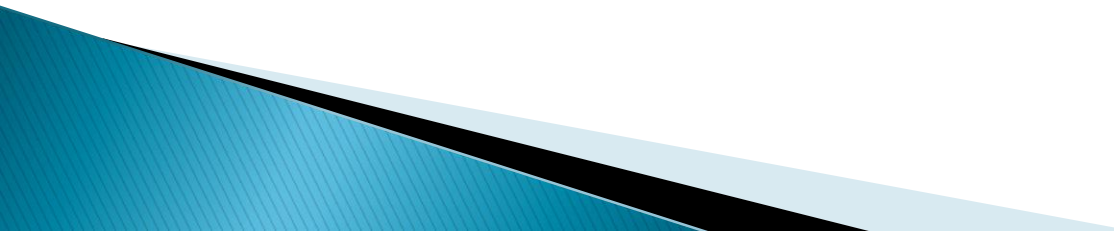
SANA PROCESS

NBSAP

RECOMMENDATIONS

- ▶ The Botswana SANA study shows the need for strategic approaches to the establishment of alliances between health and environment
 - ▶ Policies on health and environment will need to integrate the linkages between health and environment
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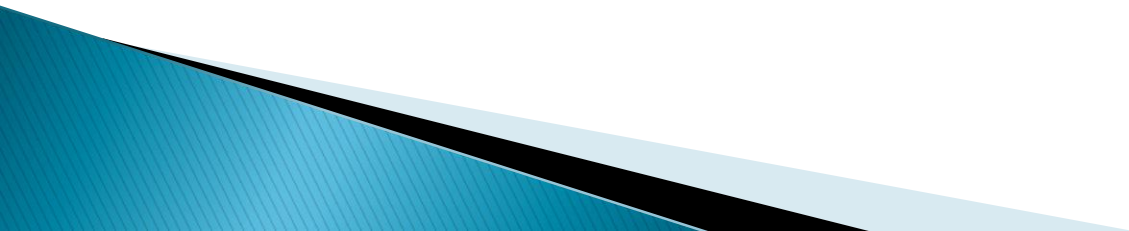
RECOMMENDATIONS CONT'

- ▶ For effective functioning of the structure, there should be adequate finance, human resources and logistics.
 - ▶ Advocacy for the existence of the structure with adequate political and administrative recognition is essential for implementation of HESA.
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CONCLUSION

Despite the challenges alluded to in this presentation, Botswana has made commendable progress in the management of her health and environment

The key hindrances for further excellence is the fragmented approach to health and environment issues



CONCLUSION CONT'

With improvements to

- policy planning and strategy
- resource allocation and efficiency
- capacity for relevant institutions
- research
- information management
- monitoring and evaluation
- effective advocacy
- continued commitment to the ideals of the Libreville Declaration and the CBD 2011–2020 Strategic Plan

Botswana will be well positioned to realize her aspirations for a clean and safe environment and health for all



END OF PRESENTATION

THANK YOU FOR YOUR ATTENTION!

