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General data

POPULATION, 2023
2,675,352

PHYSICIANS/1000 INH, 2020-2022
0.38

NURSES/1000 INH, 2020-2022
3.05

LIFE EXPECTANCY, 2022
69.43

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper middle income

HUMAN DEVELOPMENT INDEX RANKING, 2023
112

GDP PER CAPITA (US\$), 2023
7,820.23

HEALTH EXPENDITURE, 2021
457.47

UNIVERSAL HEALTH COVERAGE, 2021
55



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ① EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ② POLICIES
- ③ RESEARCH
- ④ USE OF ESSENTIAL MEDICINES
- ⑤ EDUCATION AND TRAINING
- ⑥ PROVISION OF PC

LEVEL OF DEVELOPMENT

① EMERGING
② PROGRESSING
③ ESTABLISHED
④ ADVANCED

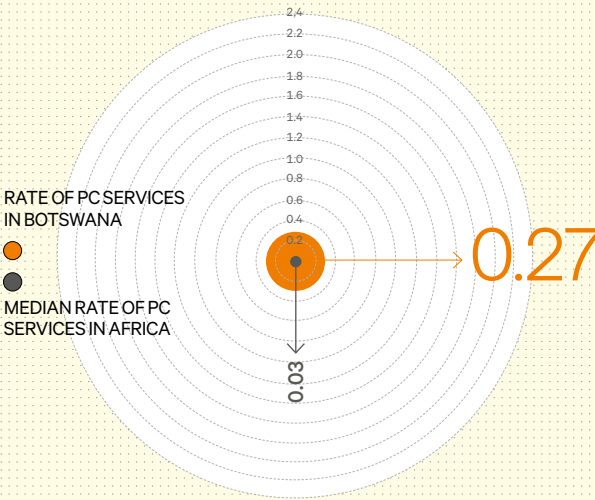
Botswana

Provision of PC (Specialised Services)

Total number of Specialised PC services
7

Rate of PC services per 100,000 inhabitants
0.27

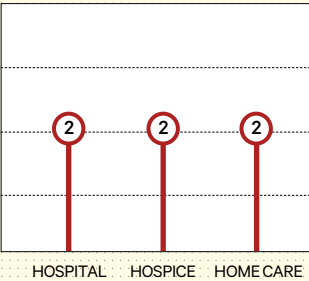
Botswana in the context of African continent



Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION
1

TOTAL NUMBER
2

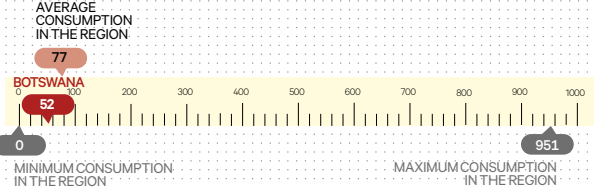
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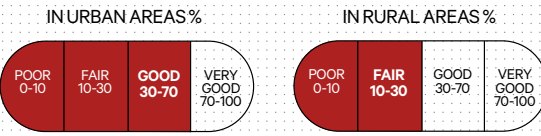
Use of essential medicines

Opioids consumption (excluding methadone)
52
S-DDD/MILL INHABITANTS/DAY

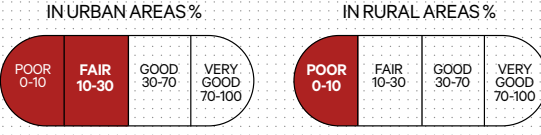
Botswana in the context of African continent



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



Research

PC-related research articles

2

Existence of PC congresses or scientific meetings

1



National Association: Botswana Hospice & Palliative Care Association.

Consultants: Babe Eunice Gaosebale; Onalenna Baphono Moseki-Kago.

Data collected: From December 2023 to March 2024.

Date validated by consultants: Yes

Endorsed by National PC Association: No

Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Education & Training

Medical schools with mandatory PC teaching
0/1

Nursing schools with mandatory PC teaching
8/8

Recognition of PC specialty
1

Policies

National PC plan or strategy
2

Responsible authority for PC in the Ministry of Health
3





Inclusion of PC in the basic health package at the primary care level
3

Empowerment of people and communities





Groups promoting the rights of PC patients
3

Advanced care planning-related policies
1

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Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	 Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/program areas.	The Botswana Hospice and Palliative Care Association (BHPCA) was established in January 2013 by professionals from various disciplines and is registered as a non-governmental association. It included 45 members, such as medical doctors, social workers, pharmacists, trainers, caregivers, students, and three hospices. The Association aimed to advocate for appropriate palliative care services, support training for policy-makers and providers, promote care standards, and improve quality of life for patients and families. It also focused on policy and regulatory support for opioid availability and accessibility. According to the African Palliative Care Association (APCA), BHPCA is currently not operational.
Ind2 Is there a national policy or guideline on advance directives or advance care planning?	 There is no national policy or guideline on advance care planning.	
Ind3 3.1. There is a current national PC plan, programme, policy, or strategy. 3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.	 Developed over 5 years ago.  There is a stand-alone national palliative care plan AND/OR there is national palliative care law/legislation/government decrees on PC.	Botswana's National Hospice and Palliative Care Policy Guideline (2015) and the Service Specific Standards – Hospice and Palliative Care (2018) provide a regulatory framework for service delivery, management, human resources, and quality improvement. These documents have not been updated. Palliative care is included in the Integrated Health Service Plan (2010–2020) as a strategic element of HIV/AIDS care and support. It is also incorporated into the National Guideline for Integrated Community-Based Health Services as part of the minimum package delivered by Community Health Workers. The Multi-Sectoral Strategy for Non-Communicable Diseases Prevention and Control (2018–2023) includes three palliative care indicators.

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3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented.	
Ind4 PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.	 Included in the essential list of services recognized by a government decree or law but not in the General Health Law.	Palliative care is included in Botswana's 2010 Essential Health Service Package under the Communicable Diseases programme (HIV/AIDS subprogramme), the Non-Communicable Diseases and Conditions programme (Cancer subprogramme), and in community-based home-based care services. However, palliative care is not referenced in the country's General Health Law.
Ind5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health? 5.2. The national authority has concrete functions, budget and staff.	 There is a coordinating entity but has an incomplete structure (lack of scientific or technical section).  There are concrete functions but do not have a budget or staff.	The Ministry of Health of Botswana includes departments such as Corporate Services, Clinical Services, Public Health, HIV & AIDS Prevention and Care, Regulatory Services, Health Policy Development, and the Health Hub. According to reported information, the palliative care programme is currently housed under the community-based programme within this structure. There is no dedicated funding specifically allocated to palliative care.

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Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC.	<div><div>1</div><div></div><div></div><div></div></div> <div>There are no national congresses or scientific meetings related to palliative care.</div>	<div>There is no scientific congress or meetings dedicated to palliative care. However, the 8th African Palliative Care International Conference will be held in Gaborone, Botswana, in September 2025.</div>
Ind7 Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.	<div><div></div><div>2</div><div></div><div></div></div> <div>Reflects a limited number of articles published.</div>	<div>A comprehensive scoping review conducted in March 2023, covering publications from 2017 onward, identified 11 peer-reviewed articles on palliative care in Botswana that met the inclusion criteria for this indicator.</div>
Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.	<div><div></div><div></div><div></div><div></div></div>	<div><div><div><div></div></div><div>52</div></div><div>S-DDD PER MILLION INHAB /DAY</div></div> <div><div>COUNTRY VS REGION</div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>77</div></div><div><div>BOTSWANA</div><div>52</div></div><div><div>0</div><div>100</div><div>200</div><div>300</div><div>400</div><div>500</div><div>600</div><div>700</div><div>800</div><div>900</div><div>1000</div></div><div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>0</div></div><div><div>MAXIMUM CONSUMPTION IN THE REGION</div><div>951</div></div></div>

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Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.	<div><div><div></div><div></div><div>3</div><div></div></div><div>Good: Between 30% to 70%</div></div> <div><div><div></div><div>2</div><div></div><div></div></div><div>Fair: Between 10% to 30%</div></div>	<div>According to the Botswana Master Health Facility List, the country has 1,002 health facilities: 603 government, 396 private, and 3 mission-based. Distribution is uneven, with 397 facilities located in Gaborone and surrounding areas, and only 3 in the far east. Of the total, 457 are classified as primary care services. The Botswana Essential Medicines List (3rd edition, 2016) classifies several palliative care medicines as “vital”, including paracetamol syrup, morphine (injection and 10 mg tablets), ondansetron, and diazepam injections. These medicines must be consistently available. Other palliative care medicines from the WHO list are also included, primarily under the “essential” category, meaning they should be available but are not mandatory. Clients receiving private care typically have access to the full range of pain medications.</div>
Ind10 10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).	<div><div><div></div><div>2</div><div></div><div></div></div><div>Fair: Between 10% to 30%</div></div> <div><div><div>1</div><div></div><div></div><div></div></div><div>Poor: Between 0% to 10%.</div></div>	<div>According to the Botswana Essential Medicines List (3rd edition, 2016), morphine sulphate 2 mg/mL syrup and 10 mg tablets are classified as vital medicines, with mandatory availability at health facilities. Each district is authorised to stock opioids, stored in secured cabinets. Prescriptions are restricted to licensed medical practitioners, and dispensing requires a minimum of three authorised personnel. The Botswana Master Health Facility List does not differentiate urban from rural facilities, but the concentration of 397 out of 1,002 facilities in Gaborone, and only three in the far east, indicates geographic variation in access. Despite the regulatory framework, reports note persistent shortages of oral morphine.</div>

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Ind11	11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)	0/1	 <p>The University of Botswana is the country’s only medical school and does not include palliative care in its undergraduate curriculum, either as a compulsory or optional subject. Palliative care is currently offered only as an additional topic. Plans to formally include it in the curriculum are under consideration. According to consulted sources, all undergraduate nursing schools in Botswana include a compulsory palliative care course or module. Institutions offering nursing education include the University of Botswana and six Institutes of Health Sciences located in Francistown, Gaborone, Lobatse, Molepolole, Serowe, and Kanye, as well as the Seventh Day School of Nursing. No information is available regarding optional teaching of palliative care in undergraduate nursing programmes.</p>
	11.2. The proportion of medical schools with OPTIONAL teaching in PC.	0/1	
	11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).	8/8	
	11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	NA/8	
Ind12	Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.	 <p>There is no process on specialization for palliative care physicians.</p>	There are no Palliative Care Specializations, nor is recognized as a specialty in the country.

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Ind13	13.1. There is a system of specialised PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	 <p>No or minimal provision of palliative care specialized services or teams exist in the country.</p>	<p>Hospital-based palliative care is available at Princess Marina Hospital, Botswana’s national referral hospital. Three stand-alone hospices—Holy Cross Hospice, Pabalelong Hospice, and Bamalete Lutheran Hospital—provide palliative care services in southern Botswana. Pabalelong Hospice also offers a home care programme with a dedicated doctor and nurse serving nearby villages. Community home-based care teams provide general support that may include palliative care, although they are not specialised. Some private oncology clinics offer outpatient palliative care services. Paediatric palliative care is limited to two known services nationally. Overall access remains uneven, with specialised services concentrated in urban areas and a noted shortage of trained clinicians in rural districts.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p>  <p>7 ← SPECIALISED PALLIATIVE CARE SERVICES</p>
	13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.	 <p>Ad hoc/ in some parts of the country.</p>	
	13.3. Free-standing HOSPICES (including hospices with inpatient beds).	 <p>Ad hoc/ in some parts of the country.</p>	
	13.4. HOME CARE teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	 <p>Ad hoc/ in some parts of the country.</p>	
	13.5. Total number of specialised PC services or teams in the country.		
Ind14	14.1. There is a system of specialised PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	 <p>No or minimal provision of palliative care specialized services or teams for children exists in country.</p>	<p>Botswana has an established paediatric palliative care service at the University Teaching Hospital, integrated within intensive care, paediatric oncology, haematology, and nephrology units. The service is led by a dedicated team of paediatricians. The Botswana-Baylor Children’s Clinical Centre of Excellence in Gaborone supports paediatric care nationally, offering continuous patient monitoring and a 24-hour telephone hotline for families. A residential facility allows families from remote areas to stay near the centre during treatment. While these services contribute to continuity of care, the limited number of trained paediatric oncologists in relation to patient needs places operational pressure on existing staff.</p>
	14.2. Number of pediatric specialised PC services or teams in the country.	 <p>PPC TEAMS</p>	