



REPUBLIC OF BOTSWANA

Ministry of Health

ORGANISATION: 1100

2026/2027 COMMITTEE OF SUPPLY SPEECH

PRESENTED BY

HON. LAWRENCE OOKEDITSE

ASSISTANT MINISTER OF HEALTH

5th March 2026

Vision: *A Healthy Nation.*

Values: *Botho, Equity, Timeliness, Customer Focus, Teamwork.
Accountability*



INTRODUCTION

1. **Mr. Chairman, Honourable Members**, I am honoured to present the Recurrent and Development budget for the Ministry of Health for the 2026/2027 financial year. I request an amount of **Seven Billion, Five Hundred and Eight Million, Eight Hundred and Seventy-Two Thousand, Five Hundred and Ninety Pula (P7, 508, 872, 590)** and **Six Hundred and Fifty-Three Million, Nine Hundred and Fifty-Eight Thousand, Nine Hundred and Sixty-One Pula (P653, 958, 961)** for the Recurrent and the Development Budget respectively.

2. **Mr. Chairman**, the Ministry of Health's transformation agenda for the forthcoming financial year will be anchored in the National Development Plan 12 (NDP 12) and the Botswana Economic Transformation Programme (BETP). Through this framework, the Ministry has outlined an ambitious reform programme aimed at strengthening essential health system capacities and achieving the following strategic outcomes;
 - A Universal Health Coverage (UHC) of at least 75 by 2030, driven by a revitalized primary health care as a basic philosophy and strategy for the provision of holistic healthcare, workforce development, digital innovation, and targeted inclusion of vulnerable and underserved populations.
 - Diversified Health Financing, with Government's contribution to the total health expenditure progressively reduced from

approximately 80 percent to 60 percent by 2030 based on new sources of funding. This transition will reflect a deliberate and managed shift towards increased private sector participation and alternative financing mechanisms, while safeguarding equity and access.

To realise these objectives, the reform programme will be implemented across three interlinked pillars over the immediate, medium, and long term:

- (a) **Immediate Resuscitation of the Health System** – addressing critical operational gaps, restoring essential services, and improving responsiveness.
- (b) **System Stabilisation** – strengthening governance, financing, human resources, and supply chain management to ensure reliability and efficiency.
- (c) **Building a High-Quality and Sustainable Health System** – institutionalising reforms, enhancing quality standards, leveraging innovation, and ensuring long-term financial and operational sustainability.

STRATEGIC FOCUS 1: REVITALISING PRIMARY HEALTH CARE

3. **Mr. Chairman,** Primary health care remains the cornerstone and the most effective pathway towards the attainment of universal health coverage. It is through strong, accessible, and people-

centred primary health care that we can ensure equitable access to essential health services for all. It is imperative to highlight that the ongoing relocation of primary health care services to the Ministry of Local Government and Traditional Affairs which commenced in April 2025 is expected to be completed by the end of March 2026. The relocation is intended to strengthen decentralised service delivery, enhance coordination at local level, and bring health services closer to the communities, thereby improving access, responsiveness, and overall health outcomes.

4. **Mr. Chairman,** I wish to highlight on a few primary health care programmes that have anchored our public health successes and challenges:

Non-communicable Diseases

5. **Mr. Chairman,** Non-communicable diseases particularly cardiovascular diseases, cancers, diabetes, and chronic respiratory diseases, remain the leading cause of premature mortality in Botswana, accounting for more than 58 percent of all annual deaths. This growing burden poses a serious challenge not only to the sustainability of the health system, but also to national development and economic productivity. In response, the Ministry through collaboration with the World Health Organization, has developed a National Cancer Control Plan to provide a coherent and comprehensive framework for prevention, early detection,

diagnosis, treatment, and palliative care across the entire cancer care continuum.

6. **Mr. Chairman,** to further strengthen evidence-based decision-making, a population-based survey on risk factors for cancer and other non-communicable diseases was recently concluded. While we await the official launch of the full report, preliminary findings indicate that overweight rose from 32.0% in 2014 to 47.1% in 2024 with obesity nearly doubling from 12.4% in 2014 to 22.2% in 2024. Hypertension prevalence rose significantly from 31.1% in 2014 to 39.6% in 2024. Overall findings show that over a ten-year period from 2014 to 2024, Botswana made marginal gains in reducing some behavioural NCD risk factors, while biological risk factors have worsened considerably. Therefore, we must urgently strengthen the country's multisectoral NCD response to accelerate prevention, reduce risk factors, and improve treatment outcomes.

Sexual and Reproductive Health and Rights (SRHR)

7. **Mr Chairman,** Botswana has achieved near-universal access to births delivered in a health facility (facility/institutional births), with almost 99 percent of births occurring in health facilities. However, maternal mortality remains unacceptably high. In 2023, the Maternal Mortality Ratio stood at 176.7 deaths per 100,000 live births. Based on this data, Botswana is unlikely to meet the SDG target of reducing the maternal mortality ratio (MMR) to below 70 per 100,000 live births by 2030. This reality underscores the need to move beyond

access alone and to focus on quality, continuity, and equity of care through a whole-of-system approach.

8. **Mr Chairman,** Botswana in collaboration with strategic partners is advancing a shared mission to reduce maternal mortality and strengthen primary healthcare. This partnership supports a comprehensive agenda anchored in strong, nationally aligned policy and strategic frameworks. Key initiatives include the review and finalisation of the Reproductive Maternal Newborn Child and Adolescent Health Strategy (RMNCAH), the development of a National Primary Health Care Strategy and a Community-Based Health Strategy, and the systematic integration of family planning across government plans, with a particular focus on underserved and high-need populations.

9. My Ministry is also investing in the foundations of safe motherhood by strengthening the health workforce through recruitment of critical personnel, especially community health workers, training and upskilling of midwives and frontline providers. Infrastructure development, most notably the establishment of Integrated Community-Based Women and Children's Centres, will bring essential maternal and nutrition services closer to communities. Concurrently, investments in health information systems and digitalisation are enhancing data quality, timeliness, and utilization. Together, these interventions are enabling evidence-based planning, better service delivery, and accelerated progress towards improved maternal health outcomes in Botswana.

Alcohol and Substance Abuse

10. **Mr Chairman,** the harms associated with substance use transcend geographic, economic, social, and ethnic boundaries. Each year, hundreds of people—men and women, young and old, rich and poor—lose their lives due to substance use disorders, while many others are affected through substance-related violence and social harm. Beyond the direct impact on health and welfare, substance use disorders undermine economic productivity, weaken social cohesion, erode political stability, and pose broader risks to national security and development.

11. **Mr. Chairman,** the Government of Botswana acknowledges the urgent need to address substance use and its wide-ranging impacts. In response, government has implemented a combination of policy, prevention, and harm-reduction measures, including the implementation of the alcohol levy, public education and awareness campaigns, and targeted training initiatives, to reduce substance use and its associated harms.

12. **Mr. Chairman,** I am pleased to report that the inpatient rehabilitation centre at the repurposed Old Sekgoma Memorial Hospital is now 94 percent complete and is expected to be fully operational by July 2026. The centre will provide both outpatient and inpatient rehabilitation services, significantly strengthening access to treatment. While this facility will play a critical role in treatment and rehabilitation, the Ministry continues to work closely with

stakeholders on prevention and recovery, including creating supportive environments and strengthening community structures to sustain long-term prevention, treatment, and recovery efforts.

HIV / AIDS

13. **Mr Chairman,** Botswana has surpassed the 95-95-95 HIV targets, achieving 95-98-98 in 2021, and has attained Gold Tier status on the Path to Elimination of Mother-to-Child Transmission of HIV. Our current focus is on closing the remaining gaps—particularly the first “95,” as undiagnosed individuals are increasingly difficult to reach, and the second “95,” which is affected by laboratory system constraints. We are also intensifying efforts to eliminate vertical transmission of hepatitis B and syphilis.
14. To address these gaps, strengthening active partner notification, expanding access to HIV self-testing, improving testing quality through a three-tier testing algorithm, and accelerating implementation of the HIV Prevention Roadmap. While progress in reducing new infections has been made, it remains below target, underscoring the need to scale up comprehensive prevention interventions, including condoms, pre-exposure prophylaxis, and targeted behavioural and structural approaches.
15. **Mr. Chairman,** as we prepare for the phased transition and sun-setting of the support from the United States Government, which has played a critical role in supporting community-based HIV services, it

is imperative that we strengthen sustainability planning. This includes increased domestic resource mobilisation, integration of donor-supported services into government systems, and capacity building for community health workers. Expanding community-based service delivery and strengthening civil society engagement will be essential to sustain gains and maintain progress toward epidemic control.

Malaria

16. **Mr. Chairman,** Botswana remains firmly committed to the elimination of malaria by 2030, building on more than a decade of sustained progress in reducing both infections and deaths. The country's malaria incidence rate has remained below one case per 1,000 population since 2011, clearly demonstrating that Botswana is well positioned to achieve elimination. This consistently low incidence confirms that malaria elimination is not merely an aspiration, but an attainable national goal.

17. **Mr. Chairman,** to drive the country toward zero local transmission, comprehensive malaria elimination strategies continue to be implemented. These include prompt diagnosis and effective treatment, robust case-based surveillance with case and foci investigations at community level, universal coverage of vector control interventions in targeted districts, strengthened community engagement and health education, as well as close collaboration with development and implementing partners.

18. I further wish to inform this Honourable House, that an innovative mosquito spatial repellent intervention has been introduced, in partnership with Johnson & Johnson, in the most affected district, Okavango. This intervention complements Indoor Residual Spraying and Long-Lasting Insecticidal Nets and will enhance protection for communities at highest risk. Government remains resolute in its commitment to achieving malaria elimination in Botswana.
19. At the pinnacle of success in malaria elimination by 2030 is the stewardship of President Advocate Duma Gideon Boko as the Chair of African Leaders Malaria Alliance (ALMA). At the just ended 39th Ordinary Session of the African Union Summit, President Boko called for renewed financial commitment for an African led malaria elimination, highlighting that twelve (12) Member States have now launched End Malaria Councils and Funds, and to date, these Councils have mobilised over \$188 million to close gaps in African countries' national malaria responses. The Ministry of Health will establish Botswana's End Malaria Council during the financial year 2026/27.

STRATEGIC FOCUS 2: OPTIMISING SPECIALISED HEALTH SERVICES

Specialised Health Care Services and Patient Care

20. **Mr. Chairman,** specialised healthcare services in public hospitals continue to experience rising demand, congestion at tertiary level, prolonged waiting times, inconsistent clinical outcomes, and inequitable access for rural populations. These pressures are

compounded by inefficient referral pathways and weak clinical governance arrangements. To address these challenges, the Ministry is finalising the revised Essential Health Service Package (EHSP) and will implement national referral guidelines to streamline and standardise patient flow across the country. An EHSP serves as a strategic tool to align health sector investments with population needs, ensuring services are both available and affordable.

21. **Mr Chairman,** there remains a critical shortage of specialised personnel across several professional cadres. The Ministry will address these gaps through the implementation of needs-based training plans and targeted recruitment strategies. These interventions are expected to ease congestion, reduce waiting times, and enhance the overall efficiency and quality of care within public health facilities in the long run.

Sir Ketumile Masire Teaching Hospital (SKMTH)

22. **Mr Chairman,** Government has resolved to expedite the transition of Sir Ketumile Masire Teaching Hospital (SKMTH) from a private entity to a fully functional public institution. This strategic move is intended to fully optimise use of SKMTH, strengthen national referral capacity, relieve current system pressures, and restore safe, equitable access to critical and specialised healthcare services.
23. This transition responds to the current national health crisis characterized by severe congestion at Princess Marina Hospital

(PMH), constrained critical care capacity, delayed diagnostics and surgery, and elevated patient safety risks. The program prioritizes the rapid activation, stabilization, and commissioning of key clinical services to absorb overflow from PMH, restore system resilience, and ensure continuity of life-saving care within the public health system. The transition of SKMTH into a fully operational public hospital is in a phased approach, with full transition by the 1st April 2026 aligned to Government policy, legal, governance, and funding frameworks.

Clinical Support Services

24. **Mr Chairman**, diagnostic services are central to quality patient care, as early detection significantly reduces disease progression and treatment costs. However, obsolete equipment and frequent breakdowns have constrained service delivery and clinical decision-making.
25. To address this, the Ministry will strengthen laboratory and radiology services through a placement model to ensure continuous and reliable operations across facilities nationwide. In addition, the introduction of a Picture Archiving and Communication System (PACS) will digitally link X-ray and CT scan services with experts for reporting, thereby reducing the need for patients to travel long distances. These measures will enhance efficiency, quality, and equitable access to diagnostic services.

STRATEGIC FOCUS 3: RE-ENGINEERING OUR OPERATIONS

26. **Mr. Chairman**, my ministry continues to strive to improve efficiency in our operations in order to drive its vision of a healthy nation.

Innovative Health Financing Mechanisms, National Health Insurance and Strategic Purchasing

27. Mr. Chairman, My Ministry is expanding innovative financing instruments — including cost recovery mechanisms, and reference tariffs to strengthen fiscal sustainability. We are also looking at ways for public health facilities to generate income through collaboration with the private sector to jointly fund and support health innovation.
28. One strategic reform in the health financing space is the introduction of the National Health Insurance (NHI) which aims to advance Universal Health Coverage through innovative Financing and Strategic Purchasing. The NHI is designed to secure financial protection for all citizens through pooled risk-sharing, efficient purchasing, and equitable access to care. A budget allocation amounting to P77,807,100 has been provided for operationalisation of the NHI Unit. It will ensure that no Motswana faces financial hardship because of illness. This reform is supported by technical work in actuarial modelling, benefit design, and integration of digital systems to enhance efficiency and transparency.

Digitalisation of Health Services

29. **Mr. Chairman**, I am pleased to report progress in strengthening the digital foundations of our health sector through the implementation of the Health Information Exchange (HIE). Two core components are now ready for deployment: a Client Registry enabling unique patient identification using Omang or passport numbers, and a Facilities Registry providing unique identification of all health facilities nationwide. As the HIE expands, it will further enhance the identification, tracing, and tracking of medicinal commodities, thereby improving efficiency, transparency, and accountability in the next financial year.

30. **Mr. Chairman**, a key milestone is the establishment of the National Health Intelligence Centre, scheduled for completion before the end of the current financial year. This Centre will function as a national platform for collecting, processing, and analysing real-time health data across all levels of care from community health workers to tertiary referral hospitals. The objective is to provide Government with a comprehensive real-time picture of Botswana's health landscape to enable evidence-based planning and policy development.

31. The Centre will benefit from the on-going Phase 1 rollout of centralized Electronic Medical Record (EMR). To date, the EMR has been implemented in 22 health facilities in Ngami and will be extended to 21 facilities in Okavango district by end of March 2026.

The Ministry of Health and the Ministry of Local Government and Traditional Affairs will jointly roll out the completed EMR system to the remaining 29 districts during the 2026/27 financial year. Furthermore, a Hospital Electronic Health Record (EHR) system will be implemented to replace the platform currently in use across all public hospitals.

Supply Chain Management

32. Central Medical Stores (CMS) is the backbone of the healthcare system, mandated to procure and distribute medicines and related medical supplies. The entire range of public healthcare services such as prevention, screening, testing, diagnosis, treatment, surgery, rehabilitation and palliation, depends largely on the supplies from CMS.
33. During the year under review, a State of Emergency on Public Health was declared in response to severe shortages of medicines and medical supplies. This enabled the mobilisation of donor support to improve stock levels nationwide. Mr. Chairman, through the Presidential Task Force and the Botswana Defence Force (BDF), strategic procurements were undertaken to stabilise supply and support service delivery. As of January 2026, average stock levels of Vital, Essential and Necessary (VEN) medicines at health facilities had risen to above 60 percent.
34. **Mr. Chairman**, in line with the Botswana Economic Transformation Plan (BETP), the Central Medical Stores (CMS) is undertaking two

priority projects: (i) institutional transformation, and (ii) digitalisation of medical commodity inventories.

Transformation of Central Medical Stores (CMS)

35. The transition of CMS into an independent entity is aligned with the National Supply Chain Strategy (2023–2028) and the BETP. The reform seeks to establish a reliable, resilient, and sustainable supply chain that guarantees national commodity security. This will require legislative and policy reforms to enhance operational efficiency, ensure sustainable financing, and enable strategic sourcing of quality-assured products at competitive prices.

Digitilisation of Inventories

36. **Mr. Chairman**, digitalisation of inventories at key facilities, and their integration with health information management systems, will enable end-to-end traceability and real-time stock visibility. This intervention will strengthen inventory control, reduce wastage, improve forecasting, promote equitable distribution, and support Universal Health Coverage. The immediate target is to digitalise and integrate at least 20 percent of facilities that account for 80 percent of CMS supply volumes. The digitalization and integration of inventories project will be financed by the World Bank through the Electronic Logistics Management Information System (eLMIS) initiative.

37. Furthermore, outsourced distribution services will be expanded to improve last-mile access in hard-to-reach areas. Expedited write-off and disposal of obsolete and expired stock will also be prioritised to reduce storage pressures and recurring management costs.

STRATEGIC FOCUS 4: REGULATION AND OVERSIGHT

38. **Mr Chairman,** the absence of robust regulatory frameworks, coupled with outdated legislation and limited oversight capacity, has resulted in insufficient regulation of medicines, food products, health research, and service quality across the health, pharmaceutical, and food sectors. This regulatory gap poses significant risks to public health and patient safety.

39. It has emerged that weak and fragmented standards constrain industry growth, innovation, and competitiveness by limiting the sector's ability to mature in line with international benchmarks. Strengthening and modernising the legislative and regulatory environment is therefore imperative—not only to safeguard the public, but also to create a predictable, transparent, and standards-driven ecosystem that supports sustainable industry development and investor confidence.

40. The Health Sector will, therefore, embark on a transformative regulatory reform agenda aimed at modernizing oversight, strengthening health security, and enhancing public trust in the health, pharmaceutical, and food industries. These reforms will

review outdated laws, close regulatory gaps, and stimulate innovation and industry development while ensuring the highest standards of public health protection.

HEALTH INFRASTRUCTURE

Development Manager (DM) Model Projects

41. **Mr. Chairman**, the Ministry of Health has 15 projects which were affected by the government decision to revoke the use of the Development Manager (DM) Model as a method of management, implementation and delivery of public works projects in Botswana. The projects were at Stage 2 (Concept and Viability stage) at the time of review. Therefore, my Ministry awaits conclusion and recommendations on the review of DM projects by the Ministry of Transport and Infrastructure in the next financial year.

Non-Development Manager (DM) Model Projects

Construction of Hospitals

42. **Mr. Chairman**, construction of Moshupa Primary Hospital has reached 99 percent completion rate against the projected 100 percent. The project is now anticipated to be completed by the end of March 2026. The delay was primarily due to poor performance by the mechanical sub-contractor, whose contract was subsequently terminated. Notable progress has since been realized following the

appointment of a new mechanical contractor to complete the outstanding works.

Staff Houses

43. **Mr. Chairman** Construction of additional thirty-six (36) staff houses at JP Kavindama Primary Hospital, is on-going and behind schedule owing to contractors' slow. The projects are in two packages, Package A with twenty-four (24) housing units and Package B, with twelve (12). Progress for these projects stand at 90% and 80% respectively. The projects are anticipated to be completed by the second quarter of 2026/27.

Maintenance and Refurbishment of Health Facilities

44. **Mr. Chairman**, my ministry has prioritised refurbishment of the four referral hospitals being Sir Ketumile Teaching Memorial Hospital, Princess Marina, Nyangabgwe and Sbrana Psychiatric Hospitals. Phase I of the refurbishment works at Sbrana Psychiatric Hospital is complete and plans are underway to transition to phase II in the next financial year. The other referral hospitals through collaboration with the Ministry of Finance will utilise the ringfenced funds to refurbish key infrastructure and equipment to bring hospitals to an appropriate state for full optimisation. Furthermore, a team comprising of engineers and other relevant experts will undertake assessment of the facilities to determine the scope of work and cost in preparation for works to be done in the next financial year. Maintenance works of other health facilities will follow through as per prioritisation. The

phased maintenance will be rolled out to other facilities subject to availability of funding.

BUDGET ESTIMATES FOR 2026/2027 FINANCIAL YEAR

45. **Mr Chairman**, allow me now to present the budget proposals under my Ministry for the financial year 2026/27.
46. The proposed budget for the financial year 2026/27 amounts to **Eight Billion, One Hundred and Sixty-Two Million, Eight Hundred and thirty-One Thousand, Five Hundred and Fifty-One Pula** (P8, 162, 831, 551) of which **Seven Billion, Five Hundred and Eight Million, Eight Hundred and Seventy-Two Thousand, Five Hundred and Ninety Pula** (P7,508,872,590) or 92% is for Recurrent Budget while **Six Hundred and Fifty-Three Million, Nine Hundred and Fifty-Eight Thousand, Nine Hundred and Sixty-One Pula**, (P653, 958, 961) or 8% is for Development Budget.

2026/2027 RECURRENT BUDGET ESTIMATES

47. **Mr Chairman**, the Proposed Recurrent Budget amount for the Ministry of Health will cater for Personnel Emoluments and other Operational Expenses, and will be apportioned as under.
- a. **Personnel Emoluments (PEs)**- This parent account will be allocated **Three Billion, Four Hundred and forty-One Million, Nine Hundred and Seventy-Six Thousand, Six**

Hundred and Ten Pula (P3,441,976,610) or 46% of the proposed Recurrent Budget allocation for financial year 2026/2027. The Ministry PEs allocation includes the relocation of NAHPA Budget from the Ministry for State President, Defence and Security, amounting to **Fifty-Three Million, Six Hundred and Eighty-Four Thousand, Eight Hundred and Thirty Pula** (P53,684,830).

- b. **Operational Expenses / Other Charges** - An amount of **Four Billion, Sixty-Six Million, Eight Hundred and Ninety-Five Thousand, Nine Hundred and Eighty Pula** (P 4,066,895,980) or 54% of the proposed Recurrent Budget allocation is requested for financial year 2026/2027. The Ministry other allocation includes the relocation of NAHPA Budget from the Ministry for State President, Defence and Security, amounting to **Ninety Million, Six Hundred and Fifty-Six Thousand, Eight Hundred and Ninety Pula** (P90,656,890). Additionally, the Operational Expenses budget estimate has been reduced by **Two Hundred and Seventy-Seven Million, Two Hundred and Twenty-Five Thousand, Five Hundred and Sixty Pula** (P277,225,560) or 7%. The decrease will largely affect the related core mandate and support service expenses, which includes Subventions, General Expenses and Supplies, Institutional Running Expenses, Maintenance of Equipment & Buildings, Training, and Special Expenditures.

48. **Mr Chairman**, the largest share of the proposed overall budget is allocated to the Department of Public Health headquarter with a total

amount of **Two Billion, One Hundred Million, Four Hundred Thousand, Nine Hundred and Thirty Pula** (2,100,400,930) or **28%** of the proposed overall budget, and at least **92.7%** of this allocation is reserved for Salaries and Allowances, and less than **8%** is allocated to Operational Expenses under the Department's headquarter.

49. The second largest share of the proposed overall budget is allocated to the Ministry Headquarters at **One Billion, Four Hundred and Forty-Four Million, Five Hundred and Ninety-Three Thousand, Six Hundred and Ten Pula** (P1,444,593,610) or 19.2% of the proposed overall budget. A significant part of this budget estimate, amounting to **Four Hundred and Sixty-One Million, Five Hundred and Forty-Seven Thousand Pula** (P461,547,000) is earmarked for the Employer contributions towards Medical Aid for all civil servants (for both the Central Government and Local Government), and pensioners who opted to remain in the Fund. The other significant allocation under the Ministry Headquarters goes to Mission Hospitals, NGOs, NHI, Partnerships, SKMTH, BoMRA subventions with a total amount of **Five Hundred and Seventy-Six Million, Four Hundred and Seventy-Six Thousand, Nine Hundred and Thirty Pula** (P576,476,930).
50. The third largest share of **One Billion, One Hundred and Ninety-Three Million, Three Hundred and Thirty Thousand, Seven Hundred and Thirty Pula** (P1,193,330,730) or 15.9% of the

Ministry proposed overall budget is allocated to Central Medical Stores.

51. **Mr. Chairman**, the remaining balance from the proposed budget allocations for financial year 2025/2026, which is **Two Billion, Seven Hundred Seventy Million, Five Hundred Forty-Seven Thousand, Three Hundred and Ten Pula** (P2,770,547,310) or 36.9% of the overall proposed budget will be shared by the following twelve (12) Ministry Departments: Health Inspectorate, Botswana Public Health Institute, Clinical Support Services, Nursing and Midwifery Services; Referral hospitals (Nyangabgwe, Princess Marina, S'brana), Primary Health Care (PHC), Specialised Health Care (SHC), National Health Laboratory (NHL), Health Services, and National AIDS and Health Promotion Agency (NAHPA).

2025/2026 DEVELOPMENT BUDGET ESTIMATES

52. **Mr. Chairman**, the Ministry will focus on modernizing and refurbishing existing infrastructure during the next financial in order to optimise services to the citizens. To this effect my ministry requests an amount of **Six Hundred and Fifty-Three Million, Nine Hundred and Fifty-Eight Thousand, Nine Hundred and Sixty-One Pula** (P653,958,961) to continue with implementation of development projects that remain under its purview. The allocation of the requested budget is proposed as follows;

53. The largest share of this proposed budget, which is **Four Hundred and Ninety-One Million, Four Hundred and Twenty-Four Thousand, Nine Hundred and Sixty-One Pula** (P491, 424,961) or **75%** is allocated to the Department of Primary Health Care to implement infrastructure projects and programmes. The budget caters for commencement of works at Tutume Primary hospital, construction of staff houses for health personnel, refurbishment of Primary hospitals as well as designs for Letlhakeng and Gumare Level I Primary Hospitals. The budget also include allocation for implementation of HIV/AIDS programmes under National AIDS and Health Promotion Agency (NAHPA).
54. Hospital Services programme has been allocated the second largest share of the budget amounting to **One Hundred Million** (P100, 000,000) or **15%** is earmarked for refurbishment of referral hospitals.
55. **Mr. Chairman**, the remaining **Sixty-Two Million, Five Hundred and Thirty-Four Thousand Pula** (P62, 534, 000) or **10%** is allocated to the Ministry Headquarters for Consultancies, Computerisation and Fleet Expansion Programmes. Funds will facilitate implementation of National Health Insurance Consultancy, Digitalization of Health Services Project, Quality Information Management System (QIMS), Health Care Standards and procurement of vehicles both non-ambulance and ambulance fleet.

CONCLUSION

56. **Mr. Chairman**, this concludes my presentation of the 2026/27 recurrent and development budget requests for my Ministry. I therefore move that the sum of **Seven Billion, Five Hundred and Eight Million, Eight Hundred and Seventy-Two Thousand, Five Hundred and Ninety Pula** (P7, 508, 872, 590) under the Recurrent Budget and **Six Hundred and Fifty-Three Million, Nine Hundred and Fifty-Eight Thousand, Nine Hundred and Sixty-One Pula** (P653, 958, 961) under the Development Budget be approved and stand part of the Schedule of the 2026/27 Appropriation Bill for Head 1100 in the Development Fund Estimates.

I thank you **Mr. Chairman**.