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The Policy Divide: A Review of Botswana's HRH Strategy Development and Implementation in the Context of the Global Strategy on HRH2030

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Abstract

Health systems across Africa carry the significant burden of disease globally, a situation exacerbated by a critical shortage of health workforce required to meet this demand. This study assessed Botswana's Human Resource for Health HRH strategy, focusing on its development process, content, and implementation challenges within the context of the World Health Organization's Global Strategy on Human Resource for Health: Workforce 2030. A qualitative research design was used, involving document analysis through the policy triangle framework and key-informants' interviews. Thematic and content analysis were employed to interpret data from HRH strategic documents and 38 interviews with key stakeholders. The findings reveal that Botswana's HRH strategies are largely aligned with the global strategy particularly objective 1 & 2, emphasizing workforce performance and investment alignment. However, the strategy development process, though inclusive on paper, often lacks effective stakeholder engagement and is constrained by limited financial and human resources. These challenges contribute to weak implementation and poor sustainability of HRH initiatives. The study concludes while Botswana has made commendable progress in aligning its HRH efforts with global goals, addressing the systematic barriers, particularly stakeholder representation and resourcing, is critical to achieving long term improvements in health work force planning and implementation.

Keywords: *Human Resource for Health, Policy Implementation, Stakeholder Engagement, Workforce Planning and Development.*

Introduction

Health systems in sub-Saharan Africa continue to face an overwhelming share of global disease burden, a situation largely exacerbated by a persistent shortage of Human Resource for Health (HRH). [1] Strengthening the health workforce is therefore a key priority for achieving global initiatives such as universal health coverage (UHC) and the Sustainable Development Goals (SDGs) [2]. To address these challenges, the World Health Organization (WHO) introduced the Global Strategy on Human Resource for Health: Workforce 2030, which outlines four strategic objectives aimed at improving workforce performance, aligning investments with needs, addressing geographical and skill distribution imbalances, enhancing policy stewardship [3]. Like many other nations in the region, Botswana has made significant strides in developing national HRH strategies that aim to address workforce gaps and aligning with global standards [4]. However, the effectiveness of such strategies depends not only on their technical content, but also on the process through which they are developed and implemented [4].

This study investigates Botswana's Human Resource for Health strategy development through the lens of the WHO Global strategy on

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Human Resource for Health: Workforce 2030, focusing on the development process, content and implementation bottlenecks. Using a qualitative approach, this study assesses the extent to which Botswana's HRH for Health policy align with the WHO Global strategy on HRH: Workforce 2030 and examines the structural and operational factors influencing their implementation. Existing literature has documented several common issues that affect effective HRH strategy rollout, such as poor stakeholder engagement, limited infrastructure, inadequate monitoring mechanisms and a lack of coordinated implementation [6, 7]. Studies have also found that weak alignment between national strategies and the global framework often results in fragmented execution and poor accountability [8, 9]. By framing this investigation, with the WHO strategic framework, the study contributes to growing scholarship on HRH governance in low- and middle-income countries (LMICs) and offer evidence for more responsive and adaptive HRH planning practices.

Despite Botswana's stable governance and long standing healthcare improvements, the country continues to face persistent challenges in public health policy development and implementation, particularly in the area of HRH [5-7]. Although National Strategies exists, their tangible outcomes remain weak due to the combination of institutional, structural and financial limitations [9]. These includes, inadequate funding, limited engagement for frontline actors, weak inter-agency coordination and evaluation practices [10, 11]. Comparatively, other African nations such as Zambia, Ghana and Namibia face similar challenges in transforming policy practice. Namibia, for instance continues to face funding shortfalls and skills shortages that compromise HRH strategy implementation [13]. Zambia has received criticism for limited stakeholder engagement in policy making development process, resulting in lack of buy-in and weak policy implementation [12]. Ghana has dealt with fragmented institutional responsibilities and inconsistent policy monitoring [6].

These challenges are often rooted in a disconnect between policy designers and implementers, emphasizing the need for context-specific, inclusive, and resource-sensitive approaches to HRH policy formulation and execution. Understanding Botswana's experience offers valuable insights that can inform improved governance and strategy in similar LMICs settings.

Methodology

Study Design

A cross-sectional qualitative study was conducted within Botswana's Ministry of Health. This design was selected to capture participants' current experiences and perceptions at a specific point in time, without the need for longitudinal follow up. Data collection involved conducting key informant interviews with stakeholders drawn from a range of relevant sectors, providing rich and contextual insights into the research objectives.

Study Setting

The study was conducted in Botswana, with informants recruited from both national and sub-national levels of the country's health system, to capture diverse perspective on human resource issues across different tiers of governance. Additionally, the study setting allowed exploration of how national policy translate into operational realities at service delivery points, particularly in resource constrained environments.

Study Population and Sampling

The study population comprised of a diverse group of policy makers and stakeholders occupying various levels of responsibility within the Ministry of Health and its key partner organisations. A total of 38 individuals participated, including Ministry of Health (MoH) policy makers, program managers, senior executives, focal persons, development

partners, private sector stakeholders and representatives from other relevant government ministries. Purposively, sampling was employed to select key informants based on their direct involvement in Human Resource for Health (HRH) planning, management, training and support. Eligibility criteria included employees of the MoH or affiliated stake holders serving in roles such as Unit Heads, Program Managers, Senior Executive Managers, supporting agencies providing HRH-related services, including private institutions providing health programs.

The lead researcher, assisted by trained research assistants, coordinated the scheduling and execution of interviews. Research assistants were trained in qualitative interviewing techniques and briefed on the study's objectives, ethical protocols, and procedures for obtaining informed consent. Prior to each interview, participants were fully informed about the study, assured confidentiality, and asked to sign a consent form before any data collection began. Interviews were audio recorded with participant permission to ensure accurate data capture and facilitate detailed analysis.

Data Collection

Data were collected through face-to-face, in-depth interviews, each lasting approximately 40 and 60 minutes. To ensure privacy and encourage open dialogue, interviews were conducted at the informants' workplace or offices. With prior consent, all interviews were audio recorded to maintain and allowed for detailed analysis. The face-to-face interview approach facilitated a deeper understanding of participants' perspectives by enabling interactive dialogue, clarifying responses and probing rich, contextual information. An open-ended interview guide, aligned with the study objectives, was used to maintain consistency while allowing flexibility to explore emerging themes. This approach ensured that participants could freely express their experiences, perceptions, and insights related to the development content and implementation of human resource for health strategies. Prior to each interview, participants were informed about the study's objectives, procedures, and written informed consent was obtained.

Data Analysis

Each audio-recorded interview was transcribed verbatim by the lead researcher, with assistance from two trained research assistants. Transcripts were meticulously reviewed to correct any transcription errors and ensure accuracy. Data were then analysed using thematic analysis, following a structured process that began with an initial thorough reading of the transcripts to identify emerging ideas and patterns. an open approach coding was employed, where meaningful units of text were labelled and grouped into preliminary categories. These codes were systematically reviewed, refined, and reorganised into broader themes that reflected recurring patterns across the dataset. To enhance the rigor and reliability of the analysis, ATLAS.ti. Version 9 software was utilized to manage the coding process, facilitate systematic retrieval of data segments, and ensure comprehensive identification of all relevant categories based on the developed coding framework. Throughout the analysis, the lead researcher, engaged in regular consultations with the co-authors who also served as study supervisors. These interactive consultations, helped to validate interpretations, refine thematic structures, and ensure that findings remained grounded in the participants' narratives.

Ethical Considerations

Ethical approval for this study was obtained from the Texila American University Institutional Review Board and the Ministry of Health Research Ethics Committee in Botswana. Additionally, a formal research permit was obtained before commencing the study. All participants were provided with

detailed information about the study's purpose, procedures, and their rights as participants. Written informed consent was obtained from each key informant prior to data collection. Participation was entirely voluntary, and participants were assured of confidentiality, with the right to withdraw from the study at any point without penalty.

Findings

Table 1. Study Participants' Demographics

Variables	Frequency f	Percentage %
Organization type		
MOHW	32	84
Regulatory Body (Health Professionals)	2	5
Academic institutions	3	8
HRDC	1	3
Partners	1	3
Type of Organization		
Government	33	87
Private	1	3
Parastatal	3	7
Multilateral	1	3
Gender		
Males	17	45
Females	21	55
Age groups		
18 – 25	0	0
26 – 35	5	13
36 – 45	13	34
46 – 55	13	34
56 +	7	19
Education Level		
Degree	11	29
Masters	26	68
PhD	1	3
Experience		
11 – 15	1	3
16 – 20	15	39
21 and above	22	58
Total	38	100

A total of 38 key informants took part in this study, majority of whom (84%) were drawn from the MOH, while a small portion represented the Human Resource Development

Council (3%) and various other organizations (13%), including development partners and private health sector institutions. More than half of the participants (55%) were females, and most held advanced academic qualification, with 68% possessing a master's degree or higher. Additionally, a substantial segment of the sample (58%) reported over 20 years of professional experience in health policy, planning, or human resource management. This diverse yet highly qualified cohort provides a robust foundation for understanding the process, content, and implementation challenges of Botswana's HRH strategy in alignment with the WHO's Global strategy on human resources for health: Workforce 2030.

Document Review Findings

Table 2. Document analysis in relation to HRH planning and development in Botswana in alignment to WHO Global strategy on HRH: Workforce 2030

National document (doc title and period of cover)	**Content (what are the goals, strategies, and interventions proposed to address the policy issue)**	**Context (circumstances surrounding the development of the policy)**	**Process (how was the policy developed – key steps, decisions and related actions)**	**Actors (who were the key players including their role)**	**Comment (alignment to WHO HRH2030)**	**Implications for Botswana**
National Health Policy (2011 – 2021)	Ensuring an appropriately skilled, motivated, well-distributed, and productive workforce for the provision of quality health services • Health workforce development • Recruitment and retention strategies • Development and implementation of performance standards and norms for service delivery	• Vision 2016 • MDG • SDH • Demographic transition • Health status • Service delivery	• Situational analysis • Stakeholder Reference Group • Thematic Groups • Consensus building through national stakeholder and regional consultation meetings.	• Ministry of Health • National and regional stakeholders group sessions	The National Health Policy content is aligned with the WHO HRH2030 objective #1 – "optimize performance quality and impact of the health workforce through evidence-informed policies on HRH contributing to healthy lives and well-being, effective UHC, resilience and strengthened health systems at all levels.	The policy supports strategic workforce planning with a focus on the distribution of health workforce as a critical pathway towards achieving UHC and delivering quality healthcare service. To ensure long term impact, Botswana must strengthen its monitoring & evaluation systems of the policy supports strategic workforce planning prioritizing fair

						distribution of health workforce as a means to achieving UHC and quality healthcare. Botswana should strengthen its monitoring & evaluation systems to track progress and inform continuous improvement
Integrated Health Service Plan (IHSP) (2010-2020)	Ensuring an appropriately skilled, motivated, well-distributed, and productive workforce providing quality health services effectively and efficiently • Ensuring staff have the necessary skills • Human resource performance and motivation • Establishing a coordinated approach to human resource planning • Addressing the shortage of heal professionals • Improving the distribution of health professionals • Co-ordination of human resource planning for the health sector	• Vision 2016 • Mission • Values • MDGs • SDG • Service Delivery • Socio economic • Health Status	• Situational analysis • Development Partners • Consensus building through national and regional consultation meetings	• Ministry of Health -National Regional stakeholders • Health Districts • Group sessions	The IHSP content is aligned with WHO HRH 2030 objective #2 “Align investment in human resources for health with the current and future needs of the population and of health systems, taking account of labor market dynamics and education policies; to address shortages and improve distribution of health workers, so as to enable maximum	Emphasizes the importance of data driven HRH policies. To sustain investment and improve coordination in HRH of Botswana should enhance intersectoral collaboration

					improvements in health outcomes, social welfare, employment creation and economic growth.	
Retention strategy For Health Workers 2011	• Ensuring that all health facilities are staffed by appropriate numbers of committed, competent professionals to achieve the goal of improved health status. • Implementation of the human resource strategy • Introduction of a robust system of Human Resource planning • Introduction of fair and transparent deployment and promotion practices • Strengthen Opportunities for Professional Development and Career Advancement • Improve Availability and Quality of Health Worker Housing • Develop an Attractive Incentives package • Develop a Rural Incentives Package	• MDGs • Service delivery • Acute Shortage of healthcare professionals	• Baseline assessment • Document review • Focus groups • Workshops • Key informant interviews	• Ministry of Health National & Regional stakeholders	The Retention Strategy for Health Workers content is aligned with WHO HRH 2030 objective #2 "Align investment in human resources for health with the current and future needs of the population and of health systems, taking account of labor market dynamics and education policies; to address shortages and improve distribution of health workers, so as to enable maximum improvements in health outcomes, social welfare, employment creation and	Highlights critical retention challenges both in rural & urban areas. The development & implementation of competitive incentive packages & improved working conditions are essential for Botswana to retain its health workforce, meet the current and future needs of the population, and enhance the health outcomes.

	• Review salaries and benefits using the WHO Job Classification Scheme • Develop distinct career paths for health professionals • Train all managers in management and leadership skills				economic growth.	
Botswana Human Resource's Strategic Plan (2007-2016)	• Ensure equitable distribution of HR • Ensure access to services through the availability of human resources • Phased affordability of human resources up to 2016 • Guidelines on implementation of HR including recruitment & training strategies	• Vision • Mission • Vision 2016 • National Development Plan Nine (NDP9) • Integrated Service Delivery Framework within the context of Botswana	• National perspective through collection of relevant health sector data though: • HR Development Team • HRH management meetings • Group discussion forums • Document reviews • Stakeholder consultation • Key Informants Interviews • District workshops	• Ministry of Health • Reference groups • Technical working groups • Development partners • Non-Governmental Organizations • Relevant Government Ministries	The Botswana Human Resource's Strategic Plan content is aligned with WHO HRH 2030 objective #2 "Align investment in human resources for health with the current and future needs of the population and of health systems, taking account of labor market dynamics and education policies; to address shortages and improve distribution of health workers, so as to enable maximum improvements	Demonstrates a commitment to long term planning. There is a need for an updated or reviewed HRH strategic plan that incorporates current and future labor market dynamics to ensure relevance and sustainability.

					in health outcomes, social welfare, employment creation and economic growth.	
National document (doc title and period of cover)	**Content (what are the goals, strategies, and interventions proposed to address the policy issue)**	**Context (circumstances surrounding the development of the Policy)**	**Process (how was the policy developed – key steps, decisions and related actions)**	**Actors (who were the key players including their role)**	**Comment (alignment to WHO HRH2030)**	
Ministry of Health Training Plan (2024-2025)	• Ensuring an adequate, motivated and skilled health workforce in the right places at the right time • Access basic skills for health workers and provide support where applicable • Ensure staff have the right skills to deliver required services • Intake of students to training institutions aligned with projected HR needs • Ensure continuous professional development • Ensure that the workforce is aware of & prepared to meet country 's present & future needs. Minimize staff turnover	• Vision • Mission • Values • IHSP • General Order & DPSM Training Management Hand book 1999 • Disruption of services • Have properly trained & competent workforce	Process not indicated-	Ministry of Health	Ministry of Health Training Plan content aligns with WHO HRH 2030 2030 objective #2 "align investment in human resources for health with the current and future needs of the population and of health systems, taking account of labor market dynamics and education policies; to address shortages and improve distribution of health workers, so as to enable maximum improvements in health	Provides a future focused perspective. Continuous professional development should be institutionalized with training programs informed by data and aligned with current and emerging health demands. Strengthening collaboration between education and health sectors is essential for minimizing skills mismatches and enhancing workforce retention in Botswana.

					outcomes, social welfare, employment creation and economic growth.	
Essential Health Services Package (EHSP) (2010-2020)	Attainment of universal coverage of high-quality package of essential health services. • Staffing standards are based on staff-mix by levels of service delivery • Develop strategies for the production of optimum human resources. • Standards norms assist to plan for deployment and recruitment of staff.	National Health Policy 2010 IHSP	• Situational analysis • National & regional Stakeholder consultation	• Ministry of Health • Stakeholders • Thematic groups • Other Government • Ministries • NGO's • Development Partners	Essential Health Service Package content is aligned with WHO HRH 2030 objective #2 "Align investment in human resources for health with the current and future needs of the population and of health systems, taking account of labor market dynamics and education policies; to address shortages and improve distribution of health workers, so as to enable maximum improvements in health outcomes, social welfare, employment creation and economic growth.	Underscores the link between service delivery packages and HRH requirements. Given the current disease burdens and evolving health demands, Botswana should revise its staffing guidelines to better align with service delivery planning with HRH strategies, ensuring quality care across all levels of the health system.

MOH Transfer Guidelines 2012	Ensure effective & efficient utilization of human resources. • Review of transfer guidelines • Outline procedure to be followed when transferring officers with a view to ensure that transfers, redeployments and postings are done in a transparent manner • Take into consideration employees' welfare when transferring them without necessarily compromising service delivery. • Guard against keeping employee in one duty station more especially in remote areas for longer periods except where it is an employee's choice. • Assures all employees fair treatment.	• Public Service Act, Director of Public Service Management Directives • Government rules and regulations governing transfers.	Not indicated	Ministry of Health	The Ministry of Health Transfer guidelines content is aligned with WHO HRH 2030 objective #2 "Align investment in human resources for health with the current and future needs of the population and of health systems, taking account of labor market dynamics and education policies; to address shortages and improve distribution of health workers, so as to enable maximum improvements in health outcomes, social welfare, employment creation and economic growth.	Addresses inequity in staff transfers particularly in rural areas. Developing & implementing fair, transparent and equitable transfer policies is crucial to enhance employee morale and ensure balanced staffing levels across all levels of the health system.
HRDC Health Sector Human Resource Development plan 2016	Map out a strategy for the development of a skilled workforce in the health sector	• Vision 2016 • Vision 2036 • NDP 11 • National Health Policy 2011	Key informant interviews Consultations of key stakeholders including Professional	• Ministry of Health • Key informant interviews • Health Sector Committee's	The Human Resource Development Council Plan HR Development	Promotes a cross-sectoral comprehensive approach that emphasizes curricular

	• Reducing the shortage of health professionals, • Improving the distribution of health professionals • Ensuring staff have the necessary skills to deliver the required services, • Improving performance and motivation of human resources • Coordination of human resource planning across the health sector. • Improve curriculum relevance to the needs of the health labor market • Develop Work Plan for Health Professionals (Work – Place Learning) • Develop career guidance • Improve Staff Retention • Improve Service Delivery in Remote Areas • Improve Management of Recruitment (Effectiveness & Timeliness • Create an Enabling Work Environment for all Health Workers	• Government's policies and strategies in the Health sector • Ministry of Education and Skills Development's (MoESD) Strategic Plan,	bodies and Botswana Nurses Union	• Key Stakeholders e.g. MoH, DPSM, MoESD, BQA, HRDC, Profession al Bodies, Training Institutions, Statistics Botswana, Private Sector	Plan content isDevelopment Council is aligned with WHO HRH 2030 objective #2 "Align investment in human resources for health with the current and future needs of the population and of health systems, taking account of labor market dynamics and education policies; to address shortages and improve distribution of health workers, so as to enable maximum improvements in health outcomes, social welfare, employment creation and economic growth.	relevance and workplace learning to reduce skills mismatches and effectively respond to the evolving demands of the health sector. HRDC needs to strengthen labour market intelligence systems to anticipate current and future health workforce needs and establish regular inter-ministerial forums and data platforms for health workforce planning.

Botswana e-Health Strategy 2020-2024	• Develop & implement a comprehensive eHealth human resource strategy to address manpower shortages at central, District, hospital & facility levels. • Develop a human capital plan for those leading & managing the eHealth Strategy • Conduct skills assessment for eHealth management workforce • Develop skills retention policy for eHealth professional staff	• Vision • Mission • Values • Vision 2036 • NDP 11 • SDGs • UHC • National Health Policy 2011 • Government Strategy. • Maitamo Policy • M& E Plan • National eHealth Strategic goals	• Situational analysis • Key informant interviews • Stakeholder consultations • Technical Teams	Ministry of Health -National &Regional Stakeholder contributions -Development Partners -Technical Teams • -WHO Country Office & -WHO AFRO Regional Office.	The Botswana e-Health Strategy content is aligned with WHO HRH 2030 objective #2 "Align investment in human resources for health with the current and future needs of the population and of health systems, taking account of labor market dynamics and education policies; to address shortages and improve distribution of health workers, so as to enable maximum improvements in health outcomes, social welfare, employment creation and economic growth.	Highlights the critical need for digital transformation in HRH management. To sustain health sector digitization. Botswana should invest in robust digital infrastructure and enhance its ICT workforce capacity. This will enable the Ministry to make data-informed decisions and develop responsive polices.
Human Resource Management Guidelines 2012	Ensure the best fit between employees and jobs while avoiding manpower shortages or surpluses. • attracting and retaining	• Vision • Mission • Values • Relevant policies and Legislation	Not indicated	Ministry of Health	The Human Resource's Management Guidelines content is aligned with WHO HRH	Promotes evidence driven workforce planning. To enable proactive and strategic HRH

	competent human resources. • forecasting labor demand • analyzing present labor supply, • balancing projected labor demand and supply. • ensure that its recruitment and selection procedures are fair				2030 objective #2 "Align investment in human resources for health with the current and future needs of the population and of health systems, taking account of labor market dynamics and education policies; to address shortages and improve distribution of health workers, so as to enable maximum improvements in health outcomes, social welfare, employment creation and economic growth.	planning, Botswana, should establish comprehensive real-time HRH information system that supports data driven decision-making and policy development.

Document Review Analysis

The analysis of the ten strategic documents (as summarized in Table 2) reveal that Botswana's health workforce instruments are largely aligned with WHO Global Strategy HRH: Workforce 2030, with a particular strong emphasis on objective #1 and #2. The development of strategies has leveraged established stakeholders' engagement mechanisms – such as technical working groups and reference groups, as part of the consultation process. However, despite these efforts, implementation remains inconsistent. This inconsistency is evidenced by lack of monitoring and evaluation reports, as well as the absence of a comprehensive HRH information system, compounded further by fragmented HRH management structures. As a result, the meaningful participation and sustained contribution of key stakeholders are hindered. Furthermore, the review highlighted that several policy documents are now obsolete

and urgently require revision to reflect the evolving health sector needs and contextual reality.

Poor Implementation of the Strategy

A central theme that emerged from the data regarding challenges in implementing the HRH strategy was the lack of understanding and awareness among the key stakeholders. This gap is clearly reflected from respondents' statements such as;

"*One of the biggest problems is that people really don't understand the aspect of policy cycle. So that they end up not doing certain things. leadership is not clear on leadership restructuring*". **Key informant 2**

Additionally, key informants identified several factors contributing to the poor implementation of the strategy. A critical issue raised was the shortage of skilled personnel, further exacerbated by the immigration of health workers seeking better opportunities locally and internationally. Another recurring issue was inconsistency in the execution of the HRH strategy. When asked about the existence of the strategy, a significant number of key informants reported being unaware of it, as highlighted by the following response

"I have never seen it" **Key informant 7***"I don't know"* **Key informant 6**

"I don't know" **Key informant 6**

Nonetheless, a few key informants acknowledged the existence of the HRH strategy but emphasized that it is outdated and no longer aligned with the current health sector needs. For example:

"The strategy is available but obsolete" **Key informant 5**

These findings suggest that a notable proportion of officers, including senior staff within the ministry of Health, are either unaware of or disconnected from the HRH strategy. This lack of awareness and engagement indicated that the strategy was not adequately disseminated and has not been effectively implemented across all operational levels.

Discussion

Botswana 's health system operates within a socio-economic and epidemiological context characterized by a high burden of disease and communicable and non-communicable diseases, persistent workforce shortages, and fiscal constraints [1]. These contextual factors have significantly influenced the development of the country's HRH policies, which aim to align with broader national development goals such as Botswana Vision 2036. Regional commitments and the WHO Global strategy on HRH: Workforce 2030 have also provided important guiding frameworks for these policies. However, the successful implementation of HRH strategies remains constrained by structural limitations, including limited financing, inadequate workforce planning capacity and a reliance on donor – funded programs [2].

Although Botswana is recognized for developing well-crafted policies, research findings from previous studies reveal persistent difficulties in translating these strategies into effective action. Key barriers include a lack of role clarity across different management levels and insufficient training for managers tasked with executing the policies. Moreover, the absence of detailed operational plans has resulted in ambiguous implementation processes and weak accountability mechanisms. Consequently, critical goals such as achieving equitable health workforce distribution and integrated workforce planning remain largely unattained, particularly across different levels of the health system [14].

Lack of Resources

Another major bottleneck identified through the interviews was the persistent lack of resources necessary for the effective implementation of the HRH strategy. Several key informants emphasized that financial

constraints, staffing shortages and fragmented health information system hinder the full realization of strategic goals. This was expressed by participant 10, who stated:

Participant 10.

"There is lack of funds, shortage of staff and fragmented health information from facilities".

In addition to resource limitations, the lack of commitment from the leadership was highlighted as a critical challenge. **Key informant 2** elaborated:

On the same vein, Key informants indicated the lack of commitment by leadership by stating that.

"One of the biggest problems is that people really don't understand the aspect of policy cycle. So that they end up not executing what is supposed to be done. Leadership is not clear on leadership restructuring".

These insights suggest that beyond financial and infrastructural deficiencies, weak leadership commitment undermines efforts to mobilize and allocate necessary resources effectively. Leadership gaps in understanding strategic processes further exacerbates delays and inefficiencies in the implementation of the HRH strategy, threatening the overall progress of workforce planning and development initiatives. Further compounding these challenges is the issue of inadequate resourcing, where limited financial allocation, insufficient human resource capital, and fragmented funding streams significantly undermine policy execution. [1, 3] In Botswana, gaps in budgetary support and institutional capacity, particularly at decentralized levels have hindered the translation of HRH strategic objectives into outcomes. Similar patterns are evident across countries like Namibia, Malawi and Lesotho, reinforcing the need for robust, context-sensitive resourcing strategies embedded with HRH policies [1, 13]. Sustained domestic investment, political commitment, and strengthened governance structures emerge as critical enablers of policy sustainability and responsiveness in resource-constrained settings [1].

Limited Representation of Stakeholders

An overarching theme that emerged from key informants' responses was the limited awareness or lack of familiarity with the Ministry's Human Resources for Health strategy. This gap in awareness was evident as a significant number of the informants admitted to being unfamiliar with the strategy. For instance, key informant 2 stated:

"*I am not familiar with the HRH strategy"*

Similarly, **Participant 6** responded:

"*I am not sure"*

Participant 14 also confirmed their unfamiliarity by stating:

"I don't know".

While **Participant 17 and 19** responded with a "*No.*"

These responses collectively suggest that the HRH strategy was not effectively communicated or disseminated across various managerial and operational levels within the Ministry of Health. The limited stakeholder engagement and lack of cascading information likely contributed to weak ownership, poor alignment of departmental activities with strategic goals, and ultimately, the poor implementation of the HRH strategy. In addition to financing issues, limited stakeholder engagement surfaced as a major bottleneck.

Botswana HRH strategy development process leverages institutional mechanisms such as technical working groups and reference groups to coordinate stakeholder input [3], however, findings reveal that engagement is often an ad hoc, restricted to selected actors, and poorly integrated into implementation stages. The lack of systematic feedback mechanism and robust monitoring frameworks further undermines accountability and continuous learning. This is consistent with experiences in Namibia and Eswatini, where centralized decision-making and poor coordination with frontline actors has

constrained the success of HRH interventions [15].

Finally, despite some alignment with WHO Global Strategy HRH: Workforce 2030 objectives, Botswana HRH strategy documents give limited attention to Objectives #3 and #4, which address governance and investment in education and lifelong learning. Priorities such as workforce retention, rural deployment, and task-shifting are emphasized; however operational detail, measurable indicators, and clear resource mobilization strategies are often missing, further challenging effective implementation. Overall, the findings of this study highlight that while Botswana has made commendable efforts in developing HRH strategies aligned with international frameworks, gaps in resourcing, stakeholder engagement, operational planning, and governance continue to undermine effective implementation. These challenges mirror broader systematic issues faced by other low-middle-income countries, emphasizing the need for comprehensive, inclusive, adequately resourced policy approaches.

Addressing this short coming will be pivotal to strengthening Botswana's health workforce and achieving both national developmental goals and global health targets. In light of these findings, the following conclusion and recommendations are proposed to guide future policy development and implementation. Despite the valuable insights, this study faced several limitations. A major limitation of the study was the restricted geographical scope, as data collection was conducted in Gaborone. This may limit the generalizability of the findings to another district in Botswana. Additionally, the study population consisted primarily of senior executives within the Ministry of Health whose limited availability necessitated rescheduling interviews, potentially affecting the depth of data collection.

Conclusion

Botswana has made commendable strides in developing and implementing national policies and strategic plans to address HRH challenges. The reviewed documents reflect a strong commitment to aligning national HRH initiatives with the WHO Global Strategy on Human Resources for Health: Workforce 2030, particularly its objective #1 and #2, which emphasizes optimizing the performance, quality and impact of the health workforce, as well aligning investments with current and future population and health system needs. However, limited attention is given to Objectives #3 and #4, which focus on strengthening governance and investment in education and lifelong learning. Although priorities such as workforce retention, rural deployment, and task-shifting are emphasized, the strategic documents often lack operational detail, measurable indicators, and concrete resource mobilization strategies.

The HRH policy environment in Botswana reflects a strong commitment to aligning with national HRH initiatives, regional and global frameworks, including the WHO Global strategy on HRH: Workforce 2030. Strategic documents such as the HRH Strategic Plan 2020-2030 demonstrate notable progress, particularly in addressing workforce distribution performance optimization, and evidence-informed planning (Objective #1 and #2). However, critical implementation gaps remain, notably focus on governance, continuous professional development, and sustainable financing (Objective #3 and # 4). It is noteworthy that several policies are now obsolete and require revision to align with evolving health sector context.

To build a more balanced and resilient health workforce, Botswana must prioritize the operationalization of Objectives #3 and #4, emphasizing strengthened governance structures and investing in lifelong learning initiatives. Structural and systematic barriers such as limited domestic financing, constrained

planning capacity, and over reliance on donor support continue to hinder operational effectiveness. While institutional mechanisms for policy development, such as technical working groups, and reference groups are place in place, the inclusion of district managers, private sector stakeholders and academic institutions, in the implementation phase must be enhanced to ensure alignment between workforce supply and health system needs.

Ultimately, Botswana's experience mirrors a common scenario across LMICs: the development of technically sound strategic plans that fall short during execution due to systemic and operational bottlenecks. Moving forward, deliberate, coordinated, and well-resourced efforts will be essential to bridge the gap between strategy and implementation ensuring that the country builds sustainable and resilient health workforce capable of meeting future health system demands. Based on the study findings, the following recommendations are proposed to enhance the effective implementation and sustainability of HRH strategies in Botswana.

Recommendations

To strengthen the operationalization of strategic plans, Botswana should prioritize translating strategic objectives into clear and actionable implementation frameworks with defined timelines, measurable indicators, and dedicated budgets. Regular reviews should also be instituted to ensure adaptability to evolving health system needs. Furthermore, to enhance the effectiveness and sustainability of HRH policy implementation, Botswana must strengthen governance and accountability mechanisms must be strengthened by establishing clearly defined roles and responsibilities a across all levels of governance supported by a comprehensive national HRH governance framework. Robust monitoring and evaluation systems should be incorporated to promote transparency, informed decision-making and continuous improvement.

Strengthening stakeholder engagement and coordination across all levels of the health system is equally critical. This entails inclusive participation of key stakeholders including frontline health workers, training institutions, including civil society organizations and the private sector stakeholders, not only during policy formulation but also throughout the implementation phases. Establishing formalized and structured feedback mechanisms between national and district levels would promote adaptive learning, foster accountability and ensure that policies remain responsive to changing priorities and contextual realities.

Additionally, Botswana should invest substantially in education and lifelong learning by strengthening partnerships with academic and training institutions to better align preserve-service education with current and future service delivery needs. Institutionalizing continuous professional development (CPD) programs supported by incentives to promote career – long learning and maintain workforce competence is critical. Establishing a national framework for Health workforce education and CPD that integrates academic partnerships, aligns with system priorities will help build sustainable capacity.

Finally, Botswana must enhance resource mobilization and financial sustainability by increasing domestic budget for HRH to reduce dependency on external funding and improve national ownership. Exploring innovative financing mechanisms such as public-private partnerships and performance-based funding models, as well as improving resource utilization efficiency within the health sector, will be essential to ensure the long-term viability of human resources for health initiatives.

Conflict of Interest

The author declares no conflict of interest.

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