Botswana

Research conducted in 01/11/2025

Botswana's ADand dementia response remains NGO-driven and concentrated in urban hubs, with ADI's partner, Dementia Botswana (Pelonomi Foundation), providing caregiver education, awareness, and stigma reduction efforts. Clinical diagnostics such as CT and MRI are available mainly at public referral hospitals and select private centres in Gaborone and Francistown, but there is no national dementia plan. At the same time, biomarker, genetic, and caregiver financing frameworks remain underdeveloped. Despite these gaps, the expansion of nuclear medicine and radiotherapy capacities, along with new palliative care standards, demonstrates an improving foundation in diagnostic and supportive care infrastructure.

Highlights

Health system **Universal, Mixed Funding (Mixed Provision)**
ADI member association(s): **Dementia Botswana (Pelonomi Foundation)**
National dementia plan: **/**
Dementia plan funding: **No plan**
Dementia prevalence rate: **253**
Dementia incidence rate: **44**
Population: **2575605**
Median age: **23**
Health expenditure (% of GDP): **6**

Diagnosis

In Botswana, dementia diagnosis usually begins in primary care and is referred to hospital-based neurology or psychiatry services in major urban centres. Cognitive screening tools such as MMSE and MoCA are used when symptoms are suspected, and CT and MRI imaging are available, though resources are limited. Specialist services and imaging capacity are concentrated in cities, leading to longer waiting times and reduced access in rural areas. Genetic testing and advanced biomarker diagnostics are not part of routine clinical practice. Basic services are generally covered in the public system, but more specialized tests or faster access through private providers often require out-of-pocket payment.

Diagnosis pathway

In Gaborone and Francistown, people typically start in public primary care or private GP or specialist clinics, and are further referred to hospital neurology or psychiatry for work-ups. Some of the major hospitals include Princess Marina Hospital in Gaborone, Nyangabgwe Hospital in Francistown, and Sir Ketumile Masire Teaching Hospital (SKMTH). Here is where most of the cognitive assessment and imaging are organized. Like in the rest of the region, the specialist capacity is concentrated primarily in the urban hubs with less access in the rural areas. Outside major towns, care is more fragmented and informal, with heavy reliance on family care and sometimes traditional faith pathways. This pattern mirrors broader SSA evidence where dementia awareness is limited and secondary or tertiary services are sparse.

References

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- https://files.aho.afro.who.int/afahobckpcontainer/production/files/Technical_Brief_on_Health_Systems_Software.pdf
- https://pmc.ncbi.nlm.nih.gov/articles/PMC8957626/
- https://www.alzint.org/u/dementia-sub-saharan-africa.pdf

Wait times

Status: Medium wait time

While precise data on waiting times are limited, access to diagnostic services in Botswana is uneven. Urban centers such as Gaborone generally offer faster access to imaging and specialist care, whereas rural areas face longer waits due to referral delays, transport barriers, staff shortages, and periodic equipment downtime. Reports have documented CT outages and maintenance interruptions in major public hospitals, sometimes forcing patients to delay care or seek private alternatives. Although Botswana has relatively strong diagnostic infrastructure for the region, operational reliability and geographic disparities remain ongoing challenges.

Although there is no specific study that outlines the exact wait times, publicly available sources point out that the access remains uneven while functionality is frequently constrained by equipment outages, maintenance delays, and staff shortages. These systemic limitations produce a dual reality: patients in Gaborone often experience comparatively faster access to services like imaging, while those in rural or northern districts face extended waiting

times, logistical referral chains, and additional transport costs.

Several government and media reports have documented periodic CT downtime and extended maintenance periods at Princess Marina have caused temporary suspension of scans, forcing patients to seek private alternatives or await equipment repair. Similarly, national audits and public statements from the Ministry of Health have flagged recurrent shortages of imaging consumables, radiologists, and medicines as part of broader supply-chain vulnerabilities in tertiary facilities. Overall, although Botswana maintains an advanced diagnostic infrastructure relative to many neighbouring countries, operational reliability and geographic equity remain persistent challenges.

References

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- https://www.facebook.com/watch/?v=24078301271802500
- https://jcmsa.org.za/index.php/jcmsa/article/view/87/281

Diagnosis cost

Status: Partially covered
In Botswana, basic consultations and standard diagnostic tests are generally covered within the public health system. However, more advanced imaging or specialized assessments may require patients to use private services. As a result, a full diagnostic work-up for dementia can involve out-of-pocket payments.

Regarding health-system financing in Botswana, the country has an established public-healthcare infrastructure and an Essential Health Services Package (EHSP), which aims to provide a standard set of health interventions to the population. Public health expenditures and OOP contributions show that Botswana is relatively well-resourced compared to many SSA countries. However, there are still mixed payment arrangements. The presence of private diagnostic imaging providers also suggests that some advanced diagnostic costs may fall upon patients or private insurance rather than being fully publicly covered. Therefore, the cost of a full dementia-diagnostic work-up may involve a mixed financing model: public coverage for basic services, but potential OOP payment or private sector use for more advanced diagnostics. The available data do not specify dementia diagnosis-specific charging schedules, but the mixed model implies patients may bear significant portions of the cost for specialized tests.

References

- https://www.moh.gov.bw/Publications/policies/Botswana%20EHSP%20HLSP.pdf
- https://ghsindex.org/wp-content/uploads/2021/12/Botswana.pdf
- https://hospaccxconsulting.com/healthcare-scenario-of-botswana/

Cognitive tests

Status: Available
In Botswana, routine population-wide screening for dementia is not widely implemented as a formal national program. Instead, when cognitive issues are suspected in clinical practice, clinicians may employ brief validated cognitive screening instruments, such as MMSE or MoCA. However, specific documentation of standardized national practice for dementia screening is scarce. Accordingly, the recent study of older adults in Botswana showed self-

reported cognitive disability rose markedly from 6.4 % in 2017 to 22.2 % in 2022. This suggests increased recognition of cognitive dysfunction but also points to low baseline screening and diagnostic capacity. Overall, this mirrors patterns seen in many low and middle income countries in SSA, where screening tends to occur only when needed rather than via systematic population programs.

References

- https://bmcgeriatr.biomedcentral.com/articles/10.1186/s12877-025-06383-w
- https://pmc.ncbi.nlm.nih.gov/articles/PMC8957626/

Imaging tests

Status: Rarely used

An audit of licensed diagnostic imaging resources revealed that, in 2024, the country had 130 registered imaging units in total: 13 CT scanners (about 10 % of the total units) and 6 MRI units (about 5 % of the total). This implies that while CT and MRI are available, their numbers remain relatively low compared to best-practice settings. The availability of these imaging modalities suggests that for patients in Botswana suspected of neurodegenerative conditions, CT and MRI is technically accessible, but advanced imaging specifically for dementia is almost certainly unavailable locally. Aside from public hospitals like Princess Marina or SKMTH, there are also private MRI service providers like MRI Botswana Ltd. Furthermore, although Botswana's overall imaging infrastructure is relatively good for an upper-middle-income African country, the audit flagged personnel shortfalls and rural access challenges.

References

- https://jcmsa.org.za/index.php/jcmsa/article/view/87/281
- http://www.mri.co.bw/
- https://jcmsa.org.za/index.php/jcmsa/article/view/87/281

Genetic tests

In Botswana there appears to be no widespread national genetic testing program targeted at dementia, such as APOE ε4 or monogenic Alzheimer's disease testing. The broader literature on dementia in SSA notes that genomic and neuropathological studies are very limited and that genetic testing is largely confined to research settings or highly selected cases, rather than routine clinical practice. Given Botswana's health-system priorities and the fact that dementia-specific services remain limited, it can be inferred that when genetic testing is required it may be outsourced, or patients may need to access services outside the country. This corresponds to patterns across similar LMICs where cost, infrastructure and specialist availability restrict routine use of genetic diagnostics in dementia care.

References

- https://pmc.ncbi.nlm.nih.gov/articles/PMC8957626/
- https://pmc.ncbi.nlm.nih.gov/articles/PMC8005715/

Biomarker tests

Status: Rarely used

As with genetic testing, CSF biomarkers like Aβ, tau or emerging blood-based biomarkers for AD are not routinely available in Botswana's standard clinical laboratories. The general review of dementia diagnostics in Africa emphasizes the insufficient amount of biomarker and neuroimaging studies. This suggests that if CSF or advanced biomarker testing is needed, patients in Botswana may need referral to specialized centres either regionally or internationally. In practical terms, the absence of local routine biomarker diagnostics means that for most clinical dementia work-ups care will rely on clinical assessment, screening, and conventional imaging rather than advanced pathology or biomarker confirmations.

References

- https://www.alzint.org/u/dementia-sub-saharan-africa.pdf
- https://pmc.ncbi.nlm.nih.gov/articles/PMC8957626/

Treatment & care

Dementia care in Botswana is mainly provided through general neurology and mental health services at major referral hospitals, particularly in the south around Gaborone, with limited specialized dementia-specific facilities. Donepezil is available in the public system, but other medications and private specialist care usually require out-of-pocket payment, meaning families often bear much of the long-term cost. Overall, services exist within the public system, but geographic disparities and resource constraints limit consistent access, especially in rural areas.

Specialized facilities and services

Botswana does not have a formal national network of dementia-specific memory clinics. Dementia care is mainly integrated into general neurology and mental health services at major referral hospitals, particularly Princess Marina Hospital (Gaborone), Nyangabgwe Referral Hospital (Francistown), and Sbrana Psychiatric Hospital (Lobatse). Palliative and hospice services, including facilities such as Holy Cross Hospice, are mostly concentrated in the south, especially around Gaborone. This uneven distribution creates significant geographic and logistical barriers for families in rural and northern districts seeking dementia-related diagnosis, treatment, or support.

In Botswana, there is no formal national network of memory clinics dedicated specifically to dementia diagnosis and management. Instead, Alzheimer's disease-relevant services such as neurology consultations, psychiatry, and neuroimaging tend to be concentrated at major referral hospitals such as Princess Marina in Gaborone, Nyangabgwe Referral Hospital in Francistown and Sbrana Psychiatric Hospital in Lobatse. Local research studies emphasize that specialist dementia care is often integrated into general neurology or mental health services, rather than being delivered via dedicated "memory clinics". For palliative care services, Botswana also demonstrates a regional bias: hospices and palliative care programs are mostly centered in the south part of the country, around Gaborone and the surrounding region. Some of the notable institutions include the church-organized hospices like Holy Cross Hospice, Pabalelong Hospice, and a home-based hospice associated with Bamalete Lutheran Hospital in Ramotswa. The concentration of specialist services in major urban referral centres means that individuals living in more remote or rural districts may face significant geographic and logistical barriers in accessing both diagnostic and support services for dementia.

Approved medication

Generic Name	Trade Name	Used for
Donepezil	Aricept, Aricept ODT, Adlarity, Eranz, Memac, Alzepil, Davia, Donecept, Donep, Donepex, Donesyn, Dopezil, Yasnal, Memorit, Pezale, Redumas, Zolpezil, Namzaric*	Donepezil is indicated for the symptomatic treatment of mild to moderately severe Alzheimer's dementia. Official UK medicine details (MHRA SPC) link

*Namzaric = combination of Donepezil and Memantine
** MHRA: Medicines and Healthcare products Regulatory Agency - UK medicines regulator;
SPC: Summary of Product Characteristics - detailed product information

Treatment cost

The presence of donepezil in list of approved medicines means that it can be procured under public-sector supply chains, potentially reducing patient cost when supplied through public health services. However, when people require non-listed drugs or if follow-up and specialist care are delivered in private clinics, then out-of-pocket spending rises. Studies of dementia care in SSA countries generally emphasize that the cost burden for diagnostics, specialist follow-up and non-listed medication often falls on people living with Alzheimer's disease and their families.

References

- https://pmc.ncbi.nlm.nih.gov/articles/PMC8997042/
- https://www.alzint.org/u/dementia-sub-saharan-africa.pdf

Caregiver support

Botswana currently does not have a national caregiver allowance specifically targeted at carer partners of people living with dementia. Some forms of social protection mechanisms exist, such as universal old age pension, but these do not provide bespoke support for dementia-specific care giving. When it comes to NGOs, Dementia Botswana is mostly engaged in providing caregiver education, awareness raising, community support and helplines.

References

- https://www.pelonomi.com/services-dementia/

Policy

Botswana does not have a national dementia strategy. Dementia is addressed only within broader mental health, non-communicable disease, and ageing policies, without dedicated targets, funding, or coordination. Legal and policy gaps remain around decision-making capacity, protection of vulnerable older adults, and dementia-specific care pathways. Stigma and cultural misconceptions further limit early diagnosis and access to care, while civil society groups continue to advocate for stronger national action.

National dementia plan

As of now, Botswana does not have a publicly available Alzheimer's disease or dementia related national plan. A recent ADI report shows that initial meetings with the government have taken place but with no further progress. However, NGO sector led by Dementia Botswana (Pelonomi Foundation) is actively advocating for the adoption of a national dementia strategy aligned with the World Health Organization (WHO)'s "Global Action Plan on Dementia". The absence of a dedicated dementia-strategy means that dementia services are currently subsumed under broader mental health, non-communicable diseases or aging population frameworks, without clearly defined targets or resource allocations specific to dementia.

References

- https://www.alzint.org/u/From-Plan-to-Impact-VIII.pdf
- https://www.alzint.org/news-events/news/taking-action-against-dementia-in-africa-a-look-back-at-the-adi-african-regional-conference-on-dementia-strategy/
- https://www.afro.who.int/countries/botswana/news/botswana-be-better-place-grow-old

Upcoming plans

Although there is no announced national dementia plan yet, Botswana's government is working on broader policy frameworks that may create opportunities for future NCD -specific strategy development. For example, the country's "Multi-sectoral Strategy for the Prevention and Control of Non-Communicable Diseases 2018-2023" covers some mental health and aging aspects, although it focuses principally on major non-communicable diseases, such as cancers, cardiovascular disease, diabetes, chronic respiratory disease. At the same time, Botswana is evolving standards for palliative care and aging policies through Healthy and Active Ageing Strategy 2021-2026, which may provide an enabling environment for a dedicated dementia plan in the future.

References

- https://www.iccp-portal.org/sites/default/files/plans/Botswana%20NCD%20Strategy%20Final.pdf
- https://www.afro.who.int/countries/botswana/news/botswana-be-better-place-grow-old

Policy gaps

Legal barriers

Botswana's legal framework does not specifically address dementia. Existing mental health legislation focuses mainly on severe psychiatric illness and institutional care, leaving gaps around decision-making capacity, guardianship, financial protection, and practical issues such as driving fitness for people with cognitive decline. Although a newer Mental Health Act has been adopted, full implementation remains incomplete, and dementia-specific policies are still lacking.

The current legal framework relevant to mental health and older persons in Botswana exhibits clear gaps when it comes to dementia-specific issues. The Mental Disorders Act 1969 remains in force, and the newer Mental Health Act (2023) is at an advanced stage but not yet fully operational. The final regulatory instruments, funding structures, and training programs have not yet been operational. Current provisions focus primarily on severe psychiatric illness and institutionalization, rather than chronic cognitive decline. This leaves Botswana without clear legal mechanisms governing decision-making capacity, guardianship, or fitness-to-drive assessments for individuals with dementia. Likewise, there are no formal provisions in civil law to protect older adults with cognitive impairment from financial exploitation or abuse, issues increasingly noted by social workers and NGOs working with vulnerable elders. Draft palliative care standards developed under the Ministry of Health and Wellness attempt to bridge end-of-life care gaps, but implementation is uneven, particularly outside Gaborone and Francistown. Although the Ministry of Health has adopted a Mental Health Act that includes provisions for nominated representatives (guardians) and community care frameworks, it still lacks AD and dementia-specific policies.

References

- https://pmc.ncbi.nlm.nih.gov/articles/PMC6646849/
- https://botswanalaws.com/consolidated-statutes/acts-on-notice/mental-health-act
- https://www.moh.gov.bw/Publications/standards/Botswana%20National%20Health%20Quality%20Standards%20for%20Hospitals/Botswana%20H
- https://pmc.ncbi.nlm.nih.gov/articles/PMC6668336/
- https://botswanalaws.com/consolidated-statutes/acts-on-notice/mental-health-act

Cultural barriers

Culturally, dementia is often misunderstood. Symptoms such as memory loss or behavioural change may be attributed to witchcraft, curses, or simply "normal aging," particularly in rural areas. This contributes to stigma, delayed diagnosis, and social exclusion of affected individuals. While organizations such as Dementia Botswana are working to raise awareness and reduce stigma, outreach remains limited, and many families seek help only in later stages of the disease.

Like in the rest of SSA, cultural perceptions pose a major barrier to early detection and care. In many communities, dementia symptoms, such as memory loss, confusion, changes in behavior, are often attributed to witchcraft, curses, or "normal aging". This results in delayed help-seeking and also reinforces stigma. WHO's Africa regional office and local outlets such as Daily News Botswana have also highlighted that older adults with cognitive impairment are sometimes marginalized, neglected and accused of witchcraft, particularly in rural areas. Organizations like Dementia Botswana (Pelonomi Foundation) have initiated awareness campaigns, community dialogues, and carer-training sessions to counteract stigma and improve understanding of dementia as a medical condition. Yet coverage remains limited, and national media advocacy is sporadic rather than systemic. As a result, stigma continues to discourage families from seeking formal diagnosis or engaging with healthcare services until

the disease has progressed significantly.

Research

Dementia research in Botswana is limited and mainly based in major referral hospitals such as Princess Marina, Nyangabgwe, and Sir Ketumile Masire Teaching Hospital. There are no active Alzheimer's drug trials, and no dementia-specific innovative diagnostic programs in routine use. While general imaging capacity has improved, biomarker research and advanced dementia diagnostics remain minimal.

Selected academic institutions

Princess Marina Hospital Nyangabgwe Hospital Sir Ketumile Masire Teaching Hospital (SKMTH)

Clinical trials and registries

As of November of 2025, no interventional Alzheimer's disease drug trials are listed in Botswana on ClinicalTrials.gov. or Botswana Medicines Regulatory Authority.

Also, the Botswana Clinical Trials Regulation (BoCTRe) project has strengthened national research oversight by establishing two fully resourced Institutional Review Board (IRB) offices, one at Letsholathebe Primary Hospital in Ngamiland District and another at Mahalapye Primary Hospital in Mahalapye District. It has also organized a comprehensive ethics and governance training for committee members. These training equipped IRB staff with knowledge on ethical principles, informed consent, participant protection, research misconduct, and regulatory standards, enabling the new offices to efficiently review and approve study protocols while safeguarding participant welfare. The creation of these IRBs marks an important step in enhancing Botswana's clinical trial regulation, ensuring higher standards of ethics, integrity, and participant protection across the country.

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References

- https://www.bomra.co.bw/
- https://www.edctp.org/project/two-new-institutional-review-board-offices-opened/

Selected innovative methods

Health innovations in Botswana have focused mainly on expanding imaging and nuclear-medicine capacity rather than dementia-specific diagnostics. While these investments may indirectly strengthen diagnostic services, biomarker testing and digital cognitive tools for dementia remain limited and are not part of routine care.

Botswana's recent innovations are centered on expanding oncology and nuclear-medicine capacity rather than dementia-specific diagnostics. Through the IAEA "Rays of Hope" initiative, the country has invested in radiotherapy units, radiopharmacy facilities, and advanced imaging infrastructure, alongside workforce training for radiologists and technologists. Although not specifically focused on Alzheimer's disease, these developments can indirectly strengthen broader diagnostic systems and may enhance future neuroimaging access. Partnerships such as the Botswana-UPenn Partnership have also introduced digital imaging workflows and telemedicine links in tertiary hospitals, improving diagnostic efficiency. However, dementia-specific innovations, including biomarker testing and digital cognitive-screening tools remain underdeveloped with no formal pilots or integration into clinical pathways.

References

- https://www.iaea.org/newscenter/news/rays-of-hope-forum-bringing-hope-in-africa-and-beyond
- https://www.med.upenn.edu/botswana/

Support

Dementia support in Botswana is driven primarily by Dementia Botswana (Pelonomi Foundation), which leads national awareness, caregiver training, and stigma-reduction efforts. Broader elder-care and palliative support is provided by organizations such as the Botswana Hospice & Palliative Care Association, MMA Botswana's Old Age Harmony Foundation, and Monax (Voice of the Elderly). While services remain limited, these groups form the core of civil-society support for people living with dementia and their families.

Organizations are listed for informational purposes based on publicly available sources. Inclusion does not necessarily indicate affiliation with or endorsement by Alzheimer's Disease International (ADI).

Selected national associations, patient family associations, NGOs:

Botswana Hospice & Palliative Care Association Monax (Voice of the Elderly)

Selected initiatives

Dementia-related initiatives in Botswana are led primarily by Dementia Botswana (Pelonomi Foundation), which focuses on reducing stigma and promoting understanding of dementia as a medical condition. Activities include community workshops, caregiver training, school outreach, media engagement, and annual World Alzheimer's Month events such as the Dementia Memory Walk. Campaigns specifically address harmful beliefs linking dementia to witchcraft and aim to encourage earlier help-seeking and more supportive community attitudes.

Pelonomi Foundation

Most of the public awareness and advocacy around dementia in Botswana are led primarily by Dementia Botswana (Pelonomi Foundation), which conducts ongoing campaigns to reduce stigma and promote understanding of Alzheimer's disease as a medical, rather than supernatural or age-inevitable, condition. These initiatives include community workshops, carer training sessions, school outreach, and national media engagement, often emphasizing that memory loss and behavioral change should prompt medical attention rather than social exclusion. According to Daily News Botswana and ADI, the organization's campaigns target harmful beliefs that link dementia symptoms to witchcraft, particularly in rural areas, and aim to build a more dementia-friendly environment through education and open dialogue. They also use digital platforms and local radio to share care giving advice and run annual public events aligned with World Alzheimer's Month, marking the first coordinated national awareness effort on dementia in Botswana. To show support for people living with Alzheimer's disease and other dementias, the foundation organizes a "Dementia Memory Walk" inspired by similar events organized by ADI members regionally.

References

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- https://www.alzint.org/member/dementia-botswana-pelonomi-foundation/
- https://www.facebook.com/photo.php?fbid=773275428901815&set=pb.100086580954128.-2207520000&type=3

Dedicated media outlets

There is no specific Alzheimer's disease-focused media, but media portals like Botswana Daily News and other outlets intermittently cover dementia awareness events.