

## CHAMPIONING A COLLABORATIVE APPROACH TO AGEING WELL IN BOTSWANA

IGI ageing, frailty and resilience researchers work with Botswanan counterparts in a sub-Saharan country in transition.

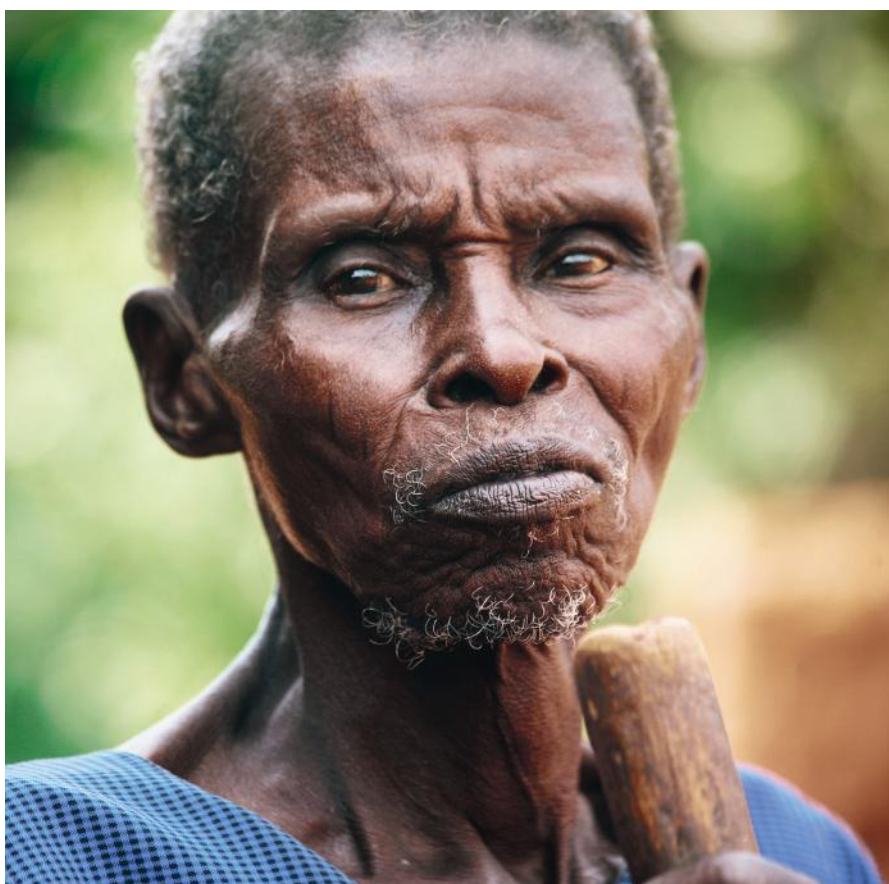
By 2100 the number of people aged 60-plus around the world is set to rise from the current figure of 960 million to around 3.1 billion. Supporting older people to live well and independently, particularly in Low and Middle-Income Countries (LMICs), is a global challenge.

In the sub-Saharan country of Botswana, the success of health-care policies in tackling major problems such as HIV in the last 20 years, coupled with rapid economic growth, has led to an increase in life expectancy and the fastest growing section of the population is older people. With a recent development focus on poverty and inequality, there has been little discussion of how to address the challenge of providing tailored health and social care models for older people.

In September 2018, a seven-strong multidisciplinary team of University of Birmingham researchers, with particular expertise in the field of ageing and frailty, visited the Botswanan capital of Gaborone to take part in a collaborative workshop exploring how best the country can adapt its health and social care strategies to meet this particular challenge.

Organised by the University's Institute for Global Innovation, using resources provided by the Global Challenges Research Fund, the trip's central focus was a jointly-co-ordinated forum at the University of Botswana medical school.

The workshop was attended by more than 60 stakeholders including clinicians, psychologists, nurses, lawyers, traditional leaders, traditional healers and older people. Policymakers were well represented with attendees from the Ministries of Labour, Agriculture, Health, Finance and the national health insurance scheme.



'We went there to work together as we face a similar challenge,' explains Professor Daniel Lasserson, who led the Birmingham trip. 'In-high income countries we have recently focused on trying to understand how to age well. As a country in rapid transition, a co-ordinated response across public services is needed to support change in Botswana's relatively small population.'

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Policymakers here have an opportunity to take a more strategic approach, he says. 'The people we met wanted to find out what has and has not worked in other countries. We were especially struck by how committed they are to making improvements in a short space of time.'

To achieve this ambition, Botswana can draw on its burgeoning knowledge economy and its political stability. But one other factor the delegation observed might be especially significant in its approach to older people is the concept of 'Botho'. A cultural tenet pervading the nation's consciousness, and which has helped to drive its socio-economic renaissance, this powerful word from the Setswana language has multiple interpretations but in essence means inclusivity, warmth, compassion, togetherness and understanding; and this word is used to describe approaches to healthcare delivery.

'Botho is an important concept to implement within health and social care policy,' says Professor Lasserson. The Botswanan people want to provide a system that ensures equity and quality of life for people as they age.'

In addition to the forum, the Birmingham group visited care facilities and spoke to people directly involved in providing care for older people. 'We visited hospitals and hospices and talked to people working in healthcare delivery as well as policy,' says Professor Lasserson. 'This included a rural hospital that has experienced difficulties in accessing reliable diagnostic testing. Older people have multiple long-term health conditions and these can all interact in acute illness. Accurate assessment and tailored care requires a robust diagnostic infrastructure.'

A particular problem that came up in many discussions was rural-to-urban migration, he explains. This means the most physically able people are those who move to the city, leaving older people in rural settings at risk of loneliness, with limited support and socially isolated.

The workshop's findings were formally presented to the Ministry of Health and Wellness at the end of the visit. Its recommendations included developing policy for healthcare delivery models tailored to the needs of older people, training of health and care staff and prioritising the need for accurate data from all public services that will track the impact of policy on development goals.

The authorities in Botswana are very aware of the difficulties they face, says Professor Lasserson. 'They know their main problems are meeting need within limited resources. But they are realistic and optimistic. This is important for 'South-to-North learning', as we can gain valuable insights into how we should be responding to our major challenges as this collaboration develops.'

He continues: 'In the workshop we found that age is not a protected characteristic in law in Botswana. This was the focus for a lot of

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discussion as there is no simple way to use legislation to prohibit age discrimination.

'Furthermore, workshop participants described how cognitive impairment in older age has been very rarely seen until recently and there is a lack of understanding in the wider community of dementia. The need for education was raised by many workshop attendees so that older people with dementia and particularly delirium are assessed appropriately and treated with compassion.'

The Botswanan and Birmingham teams will produce a consensus statement, to be published in a peer reviewed journal, which they hope will inform future strategy for providing care for older people in Botswana and strengthen international research networks. 'We hope we have achieved what our

Botswanan collaborators called a 'three-way marriage' between the Ministry of Health and Wellness, the University of Botswana and the University of Birmingham,' says Professor Lasserson.

Would he like to grow old in Botswana? 'I would go there in a heartbeat,' he grins. 'I think policies driven by the principles of Botha could offer so much to anyone approaching older age.'

'The Botswanan people have energy and focus,' he adds. 'This is the just start of the journey but, as we discovered, there are now lots of positive relationships across care and policy sectors. Caring effectively for older people is becoming a real priority there. Of all countries in sub-Saharan African, Botswana can lead the way.'

