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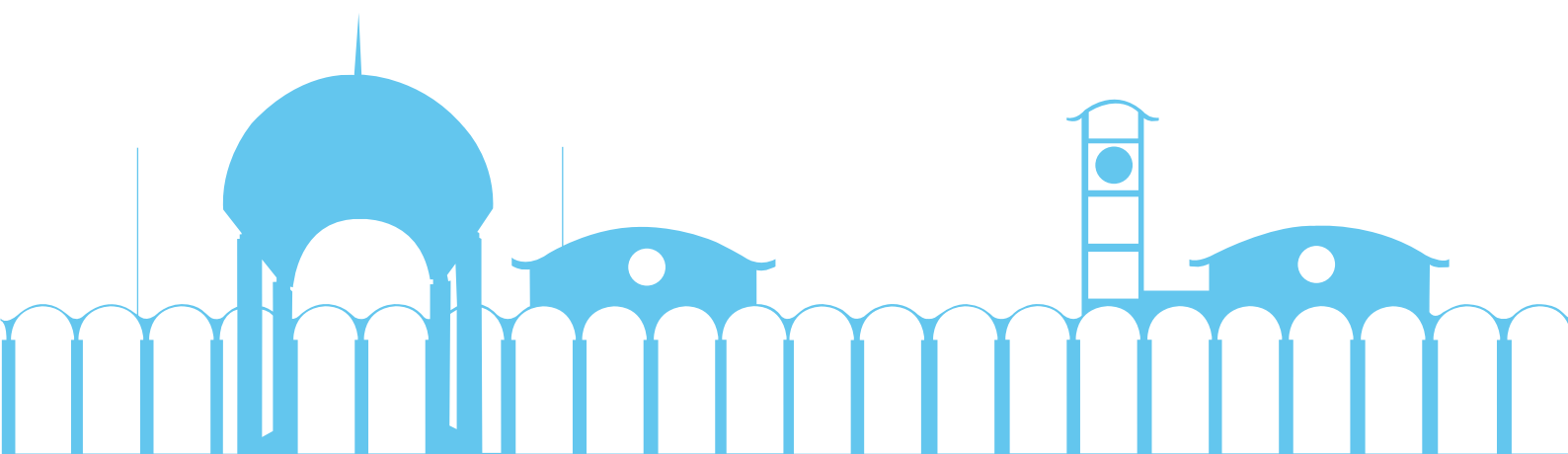
YOUR VOICE IN PARLIAMENT

**THE THIRD MEETING OF THE FIRST SESSION
OF THE THIRTEENTH PARLIAMENT**

TUESDAY 8 JULY 2025

MIXED VERSION

HANSARD NO: 217



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The Hon. Dithapelo L. Keorapetse, MP.
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Hon. H. P. Manyeneng, MP. (Mmopane-Metsimotlhabe)

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Deputy Clerk of the National Assembly	- Ms K. H. Ketshajwang
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Hon. N. Ramaotwana, MP.	- Minister of Justice and Correctional Services
Hon. K. Motshegwa, MP.	- Minister of Local Government and Traditional Affairs
Hon. Dr M. Chimbombi, MP.	- Minister of Lands and Agriculture
Hon. D. Tshere, MP.	- Minister of Communications and Innovation
Hon. N. Kgafela-Mokoka, MP.	- Minister of Child Welfare and Basic Education
Hon. P. Maele, MP.	- Minister of Higher Education
Hon. W. B. Mmolotsi, MP.	- Minister of Environment and Tourism
Hon. Dr S. Modise, MP.	- Minister of Health
Hon. Maj. Gen. P. Mokgware, MP.	- Minister of Labour and Home Affairs
Hon. O. Ramogapi, MP.	- Minister of Water and Human Settlement
Hon. B. J. Kenewendo, MP.	- Minister of Minerals and Energy
Hon. T. Ntsima, MP.	- Minister of Trade and Entrepreneurship
Hon. L. Chombo, MP.	- Minister of Youth and Gender Affairs
Hon. J. Kelebeng, MP.	- Minister of Sports and Arts
Hon. N. S. L. M. Salakae, MP.	- Minister of Transport and Infrastructure
Hon. M. B. Mophuting, MP.	- Assistant Minister, State President
Hon. A. Nyatanga, MP.	- Assistant Minister, Justice and Correctional Services
Hon. M. I. Moswaane, MP.	- Assistant Minister, Local Government and Traditional Affairs
Hon. Dr E. G. Dikoloti, MP.	- Assistant Minister, Lands and Agriculture
Hon. S. Ntlhaile, MP.	- Assistant Minister, Communications and Innovation
Hon. L. Ookeditse, MP.	- Assistant Minister, Health
Hon. B. Mathoothe, MP.	- Assistant Minister, Trade and Entrepreneurship
Hon. J. Hunyepa, MP.	- Assistant Minister, Higher Education
Hon. M. G. J. Motsamai, MP.	- Assistant Minister, Water and Human Settlement
Hon. K. Atamelang, MP.	- Assistant Minister, Transport and Infrastructure

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Names	Constituency
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His Honour N. N. Gaolathe, MP.	Vice President (Gaborone Bonnington South)
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Hon. W. B. Mmolotsi, MP.	Francistown South
Hon. M. I. Moswaane, MP.	Francistown West
Hon. M. G. J. Motsamai, MP.	Charles Hill
Hon. O. Ramogapi, MP.	Palapye
Hon. D. Tshere, MP.	Mahalapye West
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Hon. P. Maele, MP.	Tswapong North
Hon. S. Ntlhaile, MP.	Gaborone North
Hon. N. S. L. M. Salakae, MP.	Ghanzi
Hon. K. Atamelang, MP.	Boteti East
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Hon. L. Barongwang, MP.	Mogoditshane East
Hon. T. Bogatsu, MP.	Lentsweletau-Lephephe
Hon. Dr M. C. Chimbombi, MP.	Kgalagadi South
Hon. C. K. Jacobs, MP.	Lobatse
Hon. J. Hunyepa, MP.	Tati West
Hon. J. Kelebeng, MP.	Takatokwane
Hon. A. K. Khan, MP.	Molepolole North
Hon. O. Kwapa, MP.	Jwaneng-Mabutsane
Hon. G. Lekau, MP.	Mogoditshane West
Hon. R. M. Lekutlane, MP.	Kgalagadi North
Hon. H. P. Manyeneng, MP.	Metsimotlhabe-Mmopane
Hon. Brig. D. Mokgwathi	Letlhakeng
Hon. S. D. Monageng, MP.	Molepolole South
Hon. M. B. Mophuting, MP.	Gaborone Bonnington North
Hon. M. M. Morolong, MP.	Kgatleng Central
Hon. P. M. Mosanana, MP.	Kanye East
Hon. K. Motshegwa, MP.	Mmadinare
Hon. T. Ntsima, MP.	Francistown East
Hon. A. Nyatanga, MP.	Mahalapye East
Hon. N. Ramaotwana, MP.	Gaborone South
Hon. V. B. Phologolo, MP.	Kanye West
Hon. G. Sedombo, MP.	Tonota
Hon. P. M. Segokgo, MP.	Tlokweng

OPPOSITION

(Botswana Congress Party)

Hon. D. Saleshando, MP. (Leader of the Opposition)	Maun North
Hon. C. K. Hikuama, MP. (Opposition Whip)	Maun West
Hon. Dr U. Dow, MP.	Kgatleng West
Hon. Dr K. Gobotswang, MP	Tswapong South
Hon. K. K. Kapinga, MP	Okavango West
Hon. G. Kekgonegile, MP.	Maun East
Hon. T. B. Lucas, MP.	Bobirwa
Hon. K. Nkawana, MP.	Selebi Phikwe East
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Hon. G. Disho, MP.	Okavango East
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Hon. M. Moalosi, MP.	Nkange

(Botswana Patriotic Front)

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Hon. B. Mathoothe, MP.	Serowe North
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Hon. J. J. Frenzel, MP.	Shashe West
Hon. L. Ookeditse, MP.	Nata-Gweta

(Botswana Democratic Party)

Hon. K. S. Gare, MP.	Moshupa-Manyana
Hon. K. T. Mmusi, MP.	Gabane-Mmankodi
Hon. P. K. Motaosane, MP.	Thamaga-Kumakwane
Hon. M. M. Pule, MP.	Kgatleng East

(Independent Member of Parliament)

Hon. Dr E. G. Dikoloti, MP.	Goodhope- Mmathethe
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SPECIALLY ELECTED MEMBERS OF PARLIAMENT

Hon. Maj. Gen. P. Mokgware, MP.	Specially Elected
Hon. B. J. Kenewendo, MP.	Specially Elected
Hon. M. C. Mohwaso, MP.	Specially Elected
Hon. N. Kgafela-Mokoka, MP.	Specially Elected
Hon. Dr S. Modise, MP.	Specially Elected
Hon. L. Chombo, MP.	Specially Elected

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Tuesday 8th July, 2025

THE ASSEMBLY met at 2:00 p.m.

(THE SPEAKER in the Chair)

PRAYERS

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SPEAKER'S REMARKS

MR SPEAKER (MR KEORAPETSE): Pray be seated.

...Silence...

MR SPEAKER: Order! Order! Good afternoon Honourable Members.

HONOURABLE MEMBERS: Good afternoon Mr Speaker.

MR SPEAKER: *Honourable Members, re ne re kopane maphakela mo General Assembly, go na le tse le di dumalaneng, go raya gore e tlaabo e le go tswaledisa tumalano eo. Jaanong fa go ne go na le ba ba neng ba seyo, bogolo jang ba sa laela, fa ba ka tsosa dikgang tse re phaketseng re di feditse kwa General Assembly, ba tlaa nkitse sentle. Jaanong a re tsweleng fela ka tsela e e ntseng jalo. Ke tlaa dira dikitsiso, the Clerk will signal me to make those announcements as we go along. Let us start the business of today with questions.*

QUESTIONS FOR ORAL ANSWER

ZIBALIANJA AREA

MR S. O. MAPULANGA (CHOBE): asked the Minister of Environment and Tourism to state the status of Zibalianja area; and whether Zibalianja area has been transferred from the Chobe District to the North West District, if so, when the transfer occurred and the justification for such transfer.

ACTING MINISTER OF ENVIRONMENT AND TOURISM (MAJ. GEN. MOKGWARE): Thank you very much Mr Speaker, good afternoon. The question has been re-directed to the appropriate ministry, which is the Ministry of Lands.

MR SPEAKER: *We will deal with that re-direction Honourable Mapulanga, so that the appropriate Minister will respond to the question. I wish this was done before we came here. Just in case jaaka ke ne ke bua, gakere ga re batle disturbance ya bo points of*

procedure, ke letleletse dijase tsa lona tse ditonatona ka gore this Chamber is very cold, ke tsaya gore re e tlhalositse, re e buisane maphakela. Le se ka la rwala mebese tlhe batlotlegi, gakere le nna le bona gore wa me o mosweu ole ga ke a o rwala. Ke raya fela gore ke tshwane le lona. Jaanong a re tsweleng fela jalo.

STATUS AND COMPLIANCE RATE OF SOEs

MR A. K. KHAN (MOLEPOLOLE NORTH): asked the Minister of Finance:

- (i) to update this Honourable House on the status and compliance rate of State-Owned Enterprises (SOEs) on issues of corporate governance, backed by thorough audit processes; and
- (ii) if there are any plans to provide a comprehensive report on the SOEs, especially those which are tasked with management and disbursement of public funds in the form of loans.

MINISTER OF FINANCE (MR GAOLATHE): Thank you Mr Speaker. Thank you Member of Parliament (MP), Honourable Khan. It is pleasing to see how concerned you are about SOEs. We are just as concerned as you are.

The answer in short to your question is that, the status of our SOEs is far from satisfactory. There are lapses in governance, there is less than satisfactory financial performance, there are missed opportunities in causing some of these to go global. Our interventions are comprehensive but I will not talk to them at length today.

- (i) So to focus specifically on the question Mr Speaker, let me begin by providing some context to my response; the Botswana Accountancy Oversight Authority (BAOA) is an independent regulatory body established under the Financial Reporting Act. Its primary mandate is to oversee the accounting and auditing profession, particularly regulating the financial reporting of public interest entities and these include the public bodies and SOEs.

To fulfil this mandate, the authority has adopted King III Code of Governance Principles as a standard against which it assesses Corporate Governance Practices in Public Interest Entities (PIEs), including the SOEs.

Mr Speaker, I must acknowledge as I indicated at the very beginning that following a review of 45 SOEs, only 14 have fully complied with King III, IV Code of

Corporate Governance while 31 remain non-compliant. Key areas of non-compliance include imbalanced board compositions with the majority of non-executive Directors lacking independence due to statutory limitations, include the absence of regular performance, evaluation for boards and for individual Directors, include no succession planning for clerical leadership, roles including Board Chairpersons and Chief Executive Officers (CEOs). So, it is clear Honourable MP to answer your question that the status of governance in our SOEs is far from satisfactory. I will speak a little bit when I answer the second part of your question, some of the initiatives that have been set in motion to respond or fix this.

- (ii) So the second part of your question is the question on whether there are any plans to provide a comprehensive report on the SOEs. To this, I have to say to you that not only is there a plan to provide a comprehensive report. The country needs more than just a comprehensive report, it needs a comprehensive reporting eco-system because in a democracy we have to have counter-balancing institutions that report on SOEs. Some of those institutions have to be legislative, including the committee that is responsible for Statutory Bodies. We know that this committee has not been operating fully-fledged as it should because of lack of capacity but the point is that capacity has to be built. We know that the Auditor General is supposed to provide reports on SOEs, we know it does that but it is not adequate and it is part of building the eco-system. The Auditor General also has to be empowered.

On the Executive Government side, the current Public Finance Management Act is far from adequate and there is a process that is ensuing which is towards ensuring that these SOEs are obligated to produce and submit reports to the Ministry of Finance on a 6-monthly basis. Government has also established Cabinet Committee on SOEs which will be focusing on the management of SOEs. There are initiatives that are already in motion, including looking for conditional funding for some of these SOEs because there are many low hanging fruits. With the right type of funding, the right type of partnerships, these SOEs can be scaled-up to become truly global companies.

There are many other initiatives that are in motion, some of which includes the national development planning process, which will be intensive on upgrading

governance, identifying proper mandates and strengthening the strategic focus of these SOEs.

Honourable Member of Parliament, I hope I have adequately answered your question. But maybe as a parting shot Mr Speaker, as we reform, rebuild this country, and reimagine, I once heard a story out of a junior officer, out of one of the SOEs, who was told there was no budget for compliance or corporate governance training, and this junior officer began studying international best practices in her own time, printing copies, encouraging and mentoring others. This officer believed that integrity was not something to be waited upon, but something to be lived. That quiet courage and initiative must reflect the spirit of our people, the spirit of the people of Botswana, who seek to build their country. These reforms that we are undertaking, must be designed not only to correct but also to inspire, to create a home where excellence is expected and honour is ordinary in the new Botswana. I thank you Mr Speaker.

MR HIKUAMA: *Supplementary.* Ke a leboga *Honourable Speaker.* Ke a leboga Mothusa Tautona ka karabo e o re e neetseng. Mothusa Tautona ka o supile go papametse gore dikompone tse kana dikoporase tse tsa Puso ga di dire sentle le botsogo jwa tsone bo a tlhobaetsa, *but* go na le moonoo o tšhaba ya lefatshe la Botswana e sa bolong go nna le one wa gore dingwe tsa dikompone tse ke gore di na le mo gotweng *duplication of efforts*, di diga madi le go dirisa madi a mantsi mo go sa tlhokafaleng. *Stand* sa Puso le *strategy* sa yone sa go sekaseka le go šhafatsa makalana a se fa kae? Ka Sekgoa re ka go bitsa *rationalisation strategy to ensure the efficiency* ya makalana a le go a arologa sešha gore a tle a nne mosola mo setšhabeng. Le bokgakala bo kae ka lenaneo leo fa e le gore le teng? A mme ke selo se le akanyang go se dira go leka go tokafatsa boleng jwa makalana a? Ke a leboga *Honourable Speaker.*

MR GAOLATHE: Thank you Mr Speaker. Thank you, Honourable Member of Parliament, from my Tirelo Sechaba constituency. What you are saying is absolutely correct, there is not a single citizen of this country who does not accept the idea that our SOEs are not performing or are punching far below their weight.

Re bokgakala bo kae? We have multiple processes that are in motion. Some of the interventions that are required have to do with rationalisation as you have indicated, but that is only one of the many interventions

that need to take place. Some of those SOEs have to be merged, exactly because there is duplication, but that is a small patch of what is being done.

Another part of what is being done is that you will find that in some of these SOEs, they may well have everything in place but they do not have the funding to do even the basics. Some of them have potential of becoming a global player like Botswana Vaccine Institute (BVI), but you find that the missing pieces can be as minute as having a laboratory that is dilapidated and the type of intervention that will be required for an institution like that is to fund conditional funding that can fund that among other things. Where are we in terms of that? In terms of that, actually we have already succeeded, and we will be coming to this Parliament. We have already been able to source funding from Organisation of the Petroleum Exporting Countries (OPEC), which funding is a three-year programme that will be focused at funding self-liquidating investments like this one. So, we are at different stages for different types of interventions.

We also have partner organisations like the African Development Bank (AfDB). AfDB has been doing an assessment of our SOEs among other things and there is comprehensive report that will come out of that. The type of assessment is not just assessment around governance, there is also assessment around strategic posture, some we need to look at and say these few have potential of becoming global players, what is the quantum of that potential, what do we need to do to unleash their potential to become... So, it is very-very... let me put it this way, the rejuvenation, revitalisation, modernisation, reconfiguration or restructuring of SOEs is one of the big agenda items of the transformation intention of the new Botswana, of the new Government, both ourselves and yourselves. Thank you sir.

STATE OF THE BQA

MR C. K. HIKUAMA (MAUN WEST): asked the Minister of Higher Education to apprise this Honourable House on the state of the Botswana Qualifications Authority (BQA) and its operational efficiency and/or challenges; and to further state on the following:

- (i) the last time when the BQA Board met to approve programmes from tertiary institutions in Botswana; and

- (ii) the number of University of Botswana (UB) programmes that were submitted on or before June 2024 that are still pending evaluation and approval by the BQA.

MINISTER OF HIGHER EDUCATION (MR MAELE): *Ke a leboga* Mr Speaker. Mr Speaker, the Botswana Qualifications Authority (BQA), exists to ensure quality education by maintaining standards across all levels of education and training from early childhood to higher education. The above mandate is inclusive of registration and accreditation of Education and Training Providers (ETPs), registration of qualifications and accreditation of learning programmes.

In the performance of its mandate in the period under review, the BQA was faced with the following challenges among others; legislative gaps which often led to non-compliance by ETPs and lengthy turnaround times.

The BQA has since reengineered its processes to shorten the process of approval of applications, and delegated its decision-making function to Management from National Credit and Qualifications Framework (NCQF) Level 1 to 8 (certificate to degree programmes) whilst the Board retained approval of level 9 to 10 (Masters and PhD programmes) and approval of registration and accreditation of institutions.

- (i) In the period under review, the BQA Board last met on the 24th June 2024 to consider applications for registration of qualifications and accreditation of learning programmes. At that sitting, the board considered 51 applications;
- (a) 32 applications were approved for both registration and renewal of registration for qualifications on the NCQF;
- (b) 18 applications were approved for accreditation of learning programmes, and one application for relocation of site which was rejected.
- (c) That notwithstanding Mr Speaker, the board has to date approved 97 out of 113 qualifications on the 27th of June 2025. The board has also accredited 76 out of 96 learning programmes.
- (ii) In the period under review Mr Speaker, that has been referenced by *mmotsi wa potso*, which is June 2024, the learning programmes from the University of Botswana (UB) submitted on or before June 2024 totalled 35. Of the 35, 13 applications were

awaiting consideration and approval by the board while nine were awaiting evidence of endorsement by the relevant professional bodies, since they are regulated by those professions. The remaining 13 were to be evaluated by the authority.

Now, to date, out of 215 applications for learning programmes from UB, 84 applications have been approved by the board on the 27th of June 2025, only 31 applications are still pending, 16 are awaiting endorsement while 15 are to be approved by the board in the next board sitting. *Ke a leboga Mr Speaker.*

MR HIKUAMA: *Supplementary.* Ke a leboga *Honourable Speaker.* Ke a leboga Tona. *Mr Speaker,* ke supe gore gongwe potso e e ka tswa e ne ya diega go arabiwa, dilo tse dingwe di fetilwe ke nako ka gore *system* ya rona ya go araba dipotso e bonya. Le fa go ntse jalo, ke na le dipotso tse pedi fela Tona gore ke latedise se o se buileng.

Ya ntlha, wena fa o lebile lekalana la BQA ka fa le dirang ka teng, o kgotsofalela tiro ya lone mo go netefatseng gore *institutions* kana dikole tsa rona, di na le lekalana le le bofefo le le dirang gore ba dire tiro ya bone ka bonako? A tiro ya bone o a e kgotsofalela? Bodiredi jwa yone o a bo kgotsofalela?

Mo potsong ya bobedi ya motlaleletsa, o buile gore go na le 31 *programmes* tsa UB tse di santseng di ise di kanokiwe ke lekalana le. Fa o lebile ka letlhoko le boleng jwa *courses* tseo, tse di batlang *to address the skill that we need in this country*, gore di simolole go dirwa, a mme tiego e e kanakana e, mo go pasiseng *courses* tse di tshwanetseng go rutwa bana ba rona, a ga o bone e le bontlha bongwe jwa go busetsa thuto ya rona le go akola thuto e re e batlang mo lefatsheng la rona kwa morago ka madiadia a? Ke a leboga *Honourable Speaker.*

MR MAELE: *Thank you so much Mr Speaker. Just to confirm* se Motlotlegi Hikuama a se buang, le nna e rile fa ke araba potso e, ke fa ke lemoga gore tota e siilwe ke nako. *That is why* ke ne ke re, *in the period under review* go diragetse jaana *because he was talking about June 2024.* Ke bo ke re *to date* *because* ke ne ke batla go mo *update* gore a itse gore *at this point in time* go diragala eng.

Just to go to dipotso tsa gagwe tsa *supplementaries*; a ke kgotsofalela tiro e e dirwang ke BQA, a ke kgotsofalela bodiredi. *Well,* ga ke ka ke ka re 100 per cent sengwe

le sengwe se siame *and that is why we have now fast-tracked appointment ya board.* Go ne go ntse go sena *board and* fa go sena *board,* go ne go raya gore jaanong dilo ga di tsamaye sentle *and as you know, the board now is in place and things are actually moving* ka fa re batlang ka teng.

The other thing that is important that you need to know, se re se dirileng fa re tsena kwa *ministry* wa rona, re simolotse go dira golo mo go bidiwang gotwe *norms and standards.* Ke a itse gore ba bangwe ba ne ba ipitsa *universities* o sa itse gore tota ba dirisa *criteria* efe, ba bangwe ba ipitsa *colleges.* *So, we have now said, let us put in place what we call norms and standards, so that* motho fa a re ke *university,* re bo re itse gore bana ba sekole ba a bo ba le kana, *professors* di a bo di le kana, mo go a bo go le kana, tota *just to standardise* gore ka gore mongwe le mongwe o ipitsa *university,* yole o ipitsa se, re ka dira jang. *So, this is what we have done and I think with this,* re ya go bona jaanong dilo di tsamaya sentle kwa BQA. Di ne di ntse gongwe di sa tsamaye sentle jaaka ke bua *because of* go ne go sena *board, but now I am very confident that where we are going* ka BQA, ke gone kwa go siameng. Bodiredi *of course,* fale le fale o tlaa fitlhela bale e le gore gongwe *productivity* e teng, bale ba a dira, bale ga ba dire. Tsotlhe tse di tshwanetseng gore di bo di ka salwa morago, di tlaa salwa morago gore go tle go bonwe gore bodiredi bo ka dirwa jang.

Your supplementary number two, ke ne ke re, 31 *applications are pending* kwa UB. Mo go tsone, 16 e emetse *endorsement from the registration boards and then* ke bo ke re 15 *are being approved in the next board, they are almost ready.* Fa e le gore *board* e a kopana ka gore ke laetse gore ba kopane ka bofefo ba fetse dilo tse, *let us say* bo *next week or what, in the next two weeks, these 15 automatically will be approved because, remember* ke tse ke rileng *decision making* e neetswe *management* gore e dire. *Board* ke *to endorse* fela se se dirilweng ke *management.* *This is basically what is happening, but in terms of the 16 e nngwe, e emetse registration boards,* tse tota di tlaa tshwanelwang ke go bona gore a mme *course* e fa ba e lebile, ba bona e le gore ke e e ka rutiwang bana. Ke dumela gore *things are in place, it is all systems go now, go botoka* fela thata. *I know there were a lot of complaints* tse ke neng ke di *receive* about BQA, *including some of the issues I shared with you* tse re neng re ntse re di bua ka BQA. *So, rest assured,* go tsamaya sentle *sir.* Ke a leboga *Mr Speaker.*

ILLEGAL PLOT ALLOCATIONS AT MMOPANE BLOCK 1

MS H. P. MANYENENG (MMOPANE-METSIMOTLHABE): asked the Minister of Lands and Agriculture if he is aware of illegal plot allocations at Mmopane Block 1 and to further state when allocation of plots is going to be done at Mmopane village.

ACTING MINISTER OF LANDS AND AGRICULTURE (DR DIKOLOTI): Mr Speaker, I am aware of illegal plot allocations in Mmopane Block 1, involving 29 plots which occurred around 2021. The suspect was taken to court and a conviction obtained.

In a related matter, the Mogoditshane Sub-Land Board is in possession of over 50 land certificates of residential plots in Mmopane Block 1. The certificates were seized from the purported allottees and the matters are being handled by the investigating agencies.

Mr Speaker, the allocation of the first batch of the residential plots of the Mmopane layout is planned to be undertaken by the end of September 2025, all things being equal. The survey record for the area is currently at the examination stage.

The delays in the approval of the survey diagrams are as a result of certain encumbrances discovered during the examination of the survey records. These included the existence of *masimo* affecting about 18 hectares of the layout which have not been expropriated. These *masimo* were already surveyed and have registered leases. Therefore, another consultation had to be undertaken in December 2024. The consultation did not yield the needed results.

Consequently, a decision was taken in April 2025 to subtract the encumbered portions from the layout while the consultations continued. Therefore, the number of plots will be reduced from the initial figure of 1679 to a number to be determined by the examination and/or the re-survey of the area. I thank you Mr Speaker.

MS MANYENENG: *Supplementary. Thank you, Honourable Minister. I am not sure gore the report ya gore the particular people ba ba neng ba iphile illegally ba convicted, because beginning of this year like February/March, go ne go ntse go tsewetse. Re na le illegal allocations tse di dirwang ke batho ba le bangwefela and what we learnt ke gore bangwe kwa land board have connived le ba sepodise, le fa go na le dikgang di ntse jalo, ga di tsamaye. Mo matlhong a lona*

le tlaa bona e kare ba tšile ba a tšhwara, *but* go tswa fa ga go ye gope fela. So gongwe ka ga o a e batla thata e ntse jalo, go tlaa re re tle re kopane re e bue sentle, ka gore gongwe ke dilo tsa bogologolo. *This year* fela di ne di ntse di utlwala di le teng dilo tse, le batho ba ba di utswang Makhanselara ba setse ba ba itse, ba itse gore ke bomang. *Maybe to go further* re tle re ye kwa kgaolong. Ke a leboga.

DR DIKOLOTI: Ke go leboge Mopalamente wa kwa Mmopane, ke tsaya gore ke kgakololo e e utlwalang tota gore re tle re tsamaye. Ke lebogela le kitso e o nang le yone, e o e aroganang le rona. Mme ke ne ke supa gore, go na le tse masome a matlhano tse di santseng di tšhwerwe ke batlhotlhomisi, kana e bile ka go oketsegile. Ke dumela gore o tlaa nna o ntse o re gakolola Mopalamente. O ba kape magotswana ao gore re tle re kgone go neela ba ba tšhwanetseng lefatshe. Ke a leboga.

PLAATJAN BORDER POST-SELEBI PHIKWE ROAD

MR K. NKAWANA (SELEBI PHIKWE EAST): asked the Minister of Trade and Entrepreneurship to state his ministry's plans on the construction of a road that will link Plaatjan Border Post and Selebi Phikwe.

MINISTER OF TRADE AND ENTREPRENEURSHIP (MR NTSIMA): Thank you Mr Speaker. Thank you *Rre* Nkawana for the question.

The Ministry of Trade and Entrepreneurship, in its endeavour to provide infrastructure for ease of doing business, has through SPEDU, secured funding from the European Union to construct a connecting road between Mathathane and Plaatjan point of entry. The project entails the construction of a 30 kilometre road that will link Mathathane and the Plaatjan border post. This road is envisaged to link the Plaatjan border post to Selebi Phikwe through Bobonong.

Several milestones have been achieved through the construction of the road. This includes the development of the concept and detailed designs and the Environmental Impact Assessment. The process to acquire land, where the road will be passing through, has also commenced and property owners have since been consulted on the sizes of the land to be acquired from each as well as the probable compensation envisaged. The final report on the land expropriation has been finalised by the Ministry

of Lands and Agriculture and the compensation process has commenced.

A Tender of the construction of the road is undergoing evaluation and is expected to be concluded during the second quarter (August/September) of the 2025/26 planning period. It is anticipated that the commencement of the project is likely to take place by the beginning of the third quarter. The construction of the road is estimated to take 24 months. I thank you Mr Speaker.

MR NKAWANA: *Supplementary.* Ke a go leboga Mr Speaker. Ka gore gone re a dumalana gore fa tsela e e dirilwe e ka tsholetsa kgwebo, e seng ya kgaolo ya Mathathane fela, le rona kwa Selebi Phikwe, ka gore fa border e butswa, le ba bojanala ba ka tsena ka Phikwe. Tona mo sebakeng sa gompiano ga o bone go le botoka gore ka go na le mmu o re tsamayang mo go one fa ba re ba ya go tlola gone koo, le ka se ke le o sekaseke gore le name le dira gore go bereke gore border e kgone go dirisiwa? Ke buisiwa se jaana ke gore, border le borogo jwa teng go sentsewadi a mantsi thata, mme mo sebakeng sa gompiano ga go na sepe se se commercial se se e dirisediwang. Le bone batho fela ba e leng gore ke batsamai ba dikgaolo tsa rona, ga ba kgone go e dirisa ntateng ya gore tsela e e ntseng e le teng ga e tlhokomelwe. Ke a leboga.

MR SPEAKER: *Honourable Minister,* a o ka nama o dirile nama o sa tshwere?

MR NTSIMA: Ke a leboga Mr Speaker. Ke a leboga Rre Nkawana for dikakanyo or value addition to what the ministry is trying to do, ke lebogela gore o tswa ka dikakanyo. Kana mme tsela e e feta fa gare ga dikhansele tsa dikgaolo tse di ka kwa, mme fa e le gore gongwe le ka re tswa thuso gone kwa dikgaolong tseo, gore re santse re emetse evaluation gore e fete, e bo e le gore tsela eo e a dirisiwa. Ke kile ka feta ka yone, ke itse gore o bua ka seemo se se ntseng jana. Mme kana ditiro tsotlhe tse di diragalang, e a bo e le gore go tshwanetse go tsenngwa ledi la Pula teng le e leng gore ga leyo. Fa re kgonneng teng, ka ke foo o tla ka dikakanyo, ke gone gore re buisane le batsayakarolo mo kgaolong eo gore ba re thuse go dira jalo. Ke a leboga.

HONOURABLE MEMBER: Supplementary.

MR SPEAKER: Honourable Reuben Wame Kaizer, Member for Selebi Phikwe West!

MR LEKAU: *On a point of order. Good afternoon. Mr Speaker,* ke bona o kare o a re kgopagopetsa. Le fa re

re *supplementary*, o tsaya a le one fela o kare re jagetse golo gongwe. *It does not sit well with me* gore ke kopile *supplementary*, wa tsenya motho a le one, ga buiwa ka Mmopane go buiwa ka lefatshe, fa re re *supplementary* o fetile, go tsena yo mongwe, *supplementary* e fetile. Ke re a ko o baakanye golo foo Mr Speaker.

MR SPEAKER: Honourable Lekau, there is nothing untoward or out of order. You have 10 questions here *tse e leng gore* you have to deal with, so I am managing your time. I am also pushing your questions because at the end of the meeting, *go nna le dingongorego tsa gore dipotso ga di arabiwe*. So I am managing the time, *le e ele tlhoko thata* Honourable Members. Supplementary question *ke discretion ya ga Speaker, fa gongwe ke ka se ke ke di letlelele. Jaanong le ele tlhoko ka gore ke a bo ke lebeletse clock ele, gakere le bona gore e tsamaya fa kae*, you have only 10 minutes left before *dipotso di fela*. So it cannot be that we meet here every day to deal with only 50 per cent or 40 per cent of questions.

HONOURABLE MEMBER: Procedure Mr Speaker.

MR SPEAKER: E-e, ga go na *procedure Honourable Members*, ke e tlhalositse ya dipotso.

HONOURABLE MEMBER: Mr Speaker, hear me out.

MR SPEAKER: *Ee, ke a go utlwa.* Honourable Members, *fa e le gore e ya supplementary questions e a le tshwenya, le kope Whips, Leader of the House, Leader of the Opposition le di ise kwa Business Advisory Committee gore le batla to deal (dira) jang ka tsone, but a re dumalaneng gore re tswelele.*

BLUE MARK SERVICE BY BOTSWANA RAILWAYS

MR R. W. KAIZER (SELEBI PHIKWE WEST): asked the Minister of Transport and Infrastructure to apprise this Honourable House on the status of the Blue Mark Service offered by Botswana Railways (BR), he should further explain:

- (i) if the service is still offered inhouse by BR, if not, who it is currently outsourced to; and
- (ii) whether BR controls the courier service charges for this service.

ASSISTANT MINISTER OF TRANSPORT AND INFRASTRUCTURE (MR ATAMELANG): Thank you Mr Speaker. Please bear with me for my distorted voice, *ke tshwerwe ke flu*.

Mr Speaker, the Blue Mark Service is operational in six Botswana Railways stations, namely; Lobatse, Gaborone, Mahalapye, Palapye, Selebi Phikwe, and Francistown. Originally, the Blue Mark Service was supported by the Passenger Train and offered daily overnight door-to-door service until the passenger train was suspended in March 2020. This suspension negatively affected the Blue Mark Service's efficiency, which led to a review and a new schedule was introduced, now it operates from Mondays, Wednesdays and Fridays.

- (i) Furthermore, Botswana Railways continues to provide this service internally.
- (ii) Currently, Botswana Railways, as the sole operator of the Blue Mark Service controls the service charges. Once a partnership is secured, the fees will be determined by the constructing entities.

I have with me the Blue Mark rates for 2025/2026 for the Member of Parliament to appreciate. Thank you.

SCHOOL SPORTS AND CO-CURRICULAR ACTIVITIES

MR M. MOALOSI (NKANGE): asked the Minister of Sports and Arts:

- (i) when his ministry intends to fully resume school sports and co-curricular activities which have been on hold since 2019;
- (ii) what measures are being taken to address the welfare concerns of teachers who serve as coaches, ensuring that they are motivated and adequately supported to manage school sports programmes effectively;
- (iii) to provide clarity on the utilisation of the P55 million allocated to school sports last year and why sports activities were not implemented despite this funding; and
- (iv) if he will consider reallocation of the school sports budget back to the Ministry of Child welfare and Basic Education, where teacher coaches are employed to ensure better coordination, accountability and inclusivity in this programme.

Later Date.

MATSIENG AIR SHOW

MR M. M. MOROLONG (KGATLENG CENTRAL): asked the Minister of Environment and Tourism to explain what led to the stoppage of the Matsieng Air Show; and whether there are any plans to resuscitate it in the near future.

ACTING MINISTER OF ENVIRONMENT AND TOURISM (MAJ. GEN. MOKGWARE): *Thank you Mr Speaker; and good afternoon. Tanki motlotlegi, karabo ka bokhutshwane fela ke gore, Matsieng Air Show is a privately organised event, managed by the DeWet Drilling Company. Rona re le ba Ministry of Environment and Tourism, e a bo e le go rotloetsa fela. Ke bone sponsors, gore ba e dira leng, ka tsela e e ntseng jang, ke ga bone. Karabo e khutshwane fela jalo mongwame. Ke a leboga.*

MR MOROLONG: *Supplementary. Ke ne ke re Motlotlegi Tona a mpharologanyetse gore, e farologana jang le events tse di tshwanang le tsa Khawa, Dithubaruba and the like? Go ya ka ba Botswana Tourism Organisation (BTO), ke tlhaloganya event organisers ba dirisana le bone mo events tsotlhe tse ba rulaganyang go di dira mo ngwageng. Kana this event Motsamaisa Dipuisanyo tsa Palamente fa o ka gakologelwa sentle, ke nngwe ya mofuta o o nosi e e neng e thusa batho go baya borotho mo tafoleng, segolo jang bagwebi ba ba botlana kwa kgaolong ya rona ya Kgatleng. E ne e re fa seriti se se rileng, mme ke a mo utlwa fa a re e na le beng ba yone who sponsor it, who sponsors Khawa and Dithubaruba? Ke a leboga Motsamaisa Dipuisanyo tsa Palamente.*

MAJ. GEN. MOKGWARE: *Thank you motlotlegi. Fa ke re privately organised ke raya gore, ke bone ba ba e dirang. Kana jaanong fa o mpotsa gore ba bangwe bone ba dira jang, go tlaa nna boketenyana. Ditshwetso tsa gore e dirwa leng, ka tsela e e ntseng jang, go tswa mo go bone ba DeWet Drilling Company. Ke bone ba ba ka re thusang jalo. E farologana le tse dingwe tse o ntseng o bua ka tsone mongwame, although BTO e thusa ka go lalediwa to participate on this air show, but solemnly e laolwa ke company e. That is why ke re privately organised. Ke a leboga.*

MR SPEAKER: O mo thuse Honourable Minister ka gore, events tse dingwe di tsamaya ka tsela e e ntseng jang. Fa o mo thusitse foo, o ka fatlhologa ka pharologanyo ya tsone.

MAJ. GEN. MOKGWARE: Tanki Mr Speaker. Pharologanyo ya tsone ke gore, tse dingwe o fitlhela re le

ba *ministry* re na le letsogo mo go tsone, re *participate*. Jaaka o e tle o bone le maloba e e neng e dirwa kwa Khawa, bangwe Matona ba laleditswe jalojalo. Fa e le gore o ne o na le keletso ya gore re bone gore e ka tswelela jang, re ka le thusa ka kwa kgaolong ya gago, ra bona gore e nna teng motlotlegi.

WASTE MANAGEMENT AND COLLECTION IN MOGODITSHANE

MR L. BARONGWANG (MOGODITSHANE EAST): asked the Minister of Local Government and Traditional Affairs if he is aware of the serious challenges of waste management and waste collection in Mogoditshane.

MINISTER OF LOCAL GOVERNMENT AND TRADITIONAL AFFAIRS (MR MOTSHEGWA): *Thank you very much Mr Speaker.* Ke supe gore Mogoditshane-Thamaga District, e ne ya fetoga go nna *full district* ka ngwaga wa 2023. Se se ne se dirwa jaana go leka go atolosa go isa ditirelo kwa bathong. Go ne ga nna le kgwetlho ya ditsompelo, tse di neng tsa kgoreletsa kana tsa nna le seabe mo tlhaelong ya ditirelo dingwe di ama dikgang tsa kolelo matlakala.

Go ya ka dipalo tsa batho tsa 2022, Mogoditshane e na le 88, 000. Se se bo se dira gore e nne nngwe ya dikgaolo tse di nang le batho ba bantsi, mme e le motse-setoropo. Fa re kopanya dipalo tsa batho le ditiragalo tsa itsholelo tse di diragalang, di dira gore jaanong go nne le go dira matlakala mo gontsi mo go dirang kgwetlho e le lebagang le kgaolo.

Motsamaisa Dipuisanyo tsa Palamente, ke supe gore re na le kitso ya dikgwetlho tsa seemo sa go olela matlakala kwa Mogoditshane. Se se bakwa ke go gola ga dipalo tsa banni. Motsamaisa Dipuisanyo tsa Palamente, re supe gore nngwe ya tse di tlisang dikgwetlho tebang le go mekamekana le dikgang tsa matlakala, ke kgang ya go latlha matlakala mo go seng ka fa tsamaisong kana ka fa molaong, go latlhelwa fa go sa tshwanelang. Sa bobedi ke mo go latlhelwang matlakala le mo mafelong a setšhaba, mo go bo go kgotlela tikologo.

Sa boraro ke tiego ya go olela matlakala kwa malwapeng, a go nang le dinako tse a sa tseweng ka nako, e le tlhaelo ya ditsompelo. E le selo se se sa eletsegeng, ka gore fa re bua ka matlakala, ke selo se se tshwanetseng go tsewa ka nako, gore batho ba nne le botsogo le tebego e e siameng.

Motsamaisa Dipuisanyo tsa Palamente, e le maiteko a go leka go tsibogela dikgwetlho tse, Khansele

ya Mogoditshane-Thamaga e ne ya neelwa madi a selekanyo tsa Fourteen Million, Seven Hundred and Twenty-Five (P14,000,725) ka *August* 2024. P12 Million o ne a itebagantse fela le go ya go olela matlakala kwa malwapeng. Mo *wards* tse 32 mo Mogoditshane, di le 25 e leng 78 *per cent*, di olelelwa matlakala ke ba ba neetsweng tiro, kana *outsourced waste collection*. Fa di le 7, e leng 22 *per cent*, e le tse di dirwang ke bodiredi mo teng. Kolelo matlakala a kwa malwapeng kwa Ledumadumane, Mogoditshane Central, Tsolamosese, e tlaa simolola ka di 9 *July* 2025, jaaka go setse go simolotswe tsamaiso ya go aba ba ba tlaabong ba eletsa go ka dira jalo, kana *tenders*.

Fa ke tsamaela kwa bokhutlong ke supe gore, Lephata la Dikgaolo le Merero ya Ngwao, le rebotse madi a seelo sa Nine Million, Nine Hundred and Two Thousand, One Hundred and Sixteen (P9,902,116) ka Kgwe di ya Seetebosigo monongwaga, go ya go lebagana le *district* go reka diolela-matlakala, e le dikoloi tse di lebaneng le tiro eo. Tsholofelo ke gore go tlaa itebaganngwa le dikgwetlho tse di ntseng di le teng tsa tiego ya kolelo matlakala, le go lwantsha seemo se matlakala a latlhelwang fa go sa tshwanelang, go bo go tsenya mo diphatseng botsogo jwa batho, go leswafatsa tikologo le selebego sa kgaolo, bogolo jang e le motse-setoropo.

Ka nako ya *June* 2025, *district* e ne e kgonne go tsenya *waste bins* di le 37 mo ditseleng, e le bontlha bongwe jwa go leka go tsamaela kwa go reng go olelwe matlakala sentle. Re tlaa tswelela gape re ntse re dira le setšhaba, go ba ruta, re bua le bone go ba bontsha botlhokwa jwa tsamaiso e e siameng ya matlakala, gore ba se ka ba leswafatsa tikologo. Ba a latlhele kwa go tshwanetseng. Jaaka kwa Lephatseng la rona la Dikgaolo, re na le letsholo la lefatshe lotlhe gore ditoropo, metse le dikgaolo tsa rona re itepatepanye le go di phepafatsa ka tsela e e ntseng jalo. Ke a *clean-up campaign*, kana letsholo la phepafatso ditoropo le dikgaolo, e le tsela nngwe ya go ngoka bojanala le bagwebi gore ba fitlhele re lebega sentle.

Ke wele ka go supa jalo gore, re na le maitlamo, maitetlo, maikemisetsa le maithomo a gore re netefatse gore seemo sa matlakala kwa Mogoditshane, se tsewa ka tsela e e tlaa thusang matshwenyego a Mopalamente a buileng ka one. Re tlaa tswelela re lekodisanya le bone, re dira le bone le kwa ntle ga Palamente. Re ba lekodisa gore re dira jang, maikaelelo e le go tlisa bodiredi jo bo tlhwatlhwa. Ke a lemoga gore Rre Kekgonengile, o tshwenngwa ke gore Puso e dira sentle. Ke tseye sebaka

se ke eleletse Rre Kenny Kapinga matsalo a a molemo, *happy birthday!*

MR KEKGONEGILE: *Supplementary.* Tanki *Mr Speaker.* Tanki *Honourable* Barongwang. Mathata a leswe mo lefatsheng la Botswana ga a kwa Mogoditshane fela, a lefatshe lotlhe. Botswana o leswe. Botswana o leswe ka ntata ya gore ka fa re tsayang malele ka teng, ga go re berekele mo nakong ya gompiano. *There is need for a paradigm shift.* Potso ke gore, lona le le *Local Government*, le dira eng gompiano go tokafatsa tsamaiso ya go phutha malele? A ga se nako ya gore le diragatse tsamaiso e e tshwanang le ya dithini, e e leng gore ga le sa tlhole le dira *tender* tsa dikoloi tse di tonatona tse, tse di tsayang malele fela fa a kgobokantsweng teng? Re tsene mo tsamaisong ya gore malele ka madi one a *tenders* tseo, a a rekisiwa. Ga o ka ke wa bona le fa e le malele gope. Go tlaa dira *employment*, go tlaa fokotsa *poverty*, e bile *the country will be clean because* mongwe le mongwe fa a bonang malele teng, o ya go a tsaya, a a rekisa. Mo ga gore go kgobokanngwe, ga go sa tlhole go bereka. *There is need for a paradigm shift.* Le dira go le kae? *When are you bringing in this paradigm shift?*

MR MOTSHEGWA: Ee rra, ke dumalana le Motlotlegi Kekgonegile gore re neetswe lefatshe go le tsamaisa le e leng gore re fitlhela le le leswe. Jaanong ke dumalana le ene. Ke dumalana le ene gape gore re tseye boikarabelo jwa go leka go lwantshana le leswe. Megopolo e a e ntshang, ke mengwe ya e re tlaa e sekasekang. Re lephata le Puso, e re dumelang gore ga re itse sengwe le sengwe. Re tshwanetse ra ipha sebaka sa gore ba ba tswang ka megopolo fa e bereka, re e diragatse. Ka jalo motlotlegi, re tlaa e sekaseka mme re kopantse le dikgang tsa gore tse dingwe di ne di kgoreletswa ke dikgwetlho tsa ditsompelo.

Mothusa Tautona yo e leng Tona wa Madi, o ntse a tsamaya lefatshe lotlhe ka bophara. A sa tsamaele lefela, a tsamaela go bapalela lefatshe madi a e tlaa reng a a bone jaaka a setse a bone a mangwe, a bo a ka re ketlollela bontlha bongwe go lebagana le dikgwetlho tsa Batswana. Ke raya gore matshwenyego a gago ke one, mme re setse re bona kalafi ya one. Re a leboga.

MR SPEAKER: Order! Order! Honourable Members, *ke le gakolotse* ka Standing Order 40.2 on supplementary questions. I will read it to you. "After the answer to a question has been given, supplementary questions may, at the discretion of the Speaker, be put for the purpose of elucidating the answer given orally, but the Speaker

may refuse any such question or answer which in his or her opinion introduce matters not relative to the original question, or which infringes any of the provisions of the Standing Order 38, (Contents of Questions), and may in that case direct that such questions or answer be not reported in the Official Report." That is your Standing Orders.

Therefore, Honourable Members, if I give you example just on the decision that I have taken of prioritising those Members who have asked questions for supplementaries, today we have dealt with seven out of 10 questions. Therefore, if we had proceeded in a manner where you would want to ask three to four supplementary questions, we would have answered possibly two or three questions. Is that how you want to proceed? As I say, it is my ruling, that I will proceed in that manner, safe for when I see that there is time like yesterday. Anybody with a problem with this ruling, consult your Standing Orders. You have a recourse in the Business Advisory Committee. Am I clear?

SPEAKER'S ANNOUNCEMENTS

MR SPEAKER: Now back to the announcements which I said I will defer until the Clerk has signalled. Honourable Members, we are delighted to receive a delegation of Members of Parliament (MPs) from the Parliament of Malawi led by the Leader of Opposition (LOO) in Malawi, Honourable Dr George T. Chaponda. The team is here to promote cross border collaboration and mutual learning between our two Parliaments with the focus on strengthening democratic governance, enhancing institutional transparency and advancing effective Parliamentary oversight. The delegation list comprises of:

- (i) Honourable Chaponda - LOO
- (ii) Honourable Jappie Mhango
- (iii) Honourable Thoko Tembo
- (iv) Honourable Auzious Chidobvu and
- (v) Honourable Darlington Harawa.

They are MPs and are joined by their esteemed staff including the Personal Assistant to the LOO, Committee Clerk and a Protocol Officer. The team arrived yesterday the 7th July and will depart on the 12th July, 2025. Today they paid a courtesy call to the Speaker and King Malope II, the Chairman of Ntlo ya Dikgosi. *Re ba amogetse jalo* this morning. I would ask them to

stand so that Members can welcome you. Welcome to Botswana once again.

HONOURABLE MEMBERS: ...(Applause!)...

MR SPEAKER: Thank you. Order! Honourable Members. We also have a delegation of experts from the Global Environment Facility (GEF) under the World Bank, who are hosted by the Ministry of Environment and Tourism, noting that Botswana has agreed to host the Replenishment Meeting for the GEF from the 8th to the 11th October, 2025 in Kasane or Gaborone which is expected to be attended by a total of 140 donors. Therefore, the GEF team is in Botswana on a mission to prepare for the aforementioned meeting. The delegation consists of:

- (i) Dr Fred Boltz - Manager, Programming Division, who is the head of the delegation.
- (ii) Ms Sonja Teelucksingh, I do not know if I have pronounced it well, I may have butchered it, Senior Advisor to the GEF CEO.
- (iii) Ms Noemi Hernandez - Secretary of the GEF Council.
- (iv) Ms Rani Kumar - knowledge and learning expert and
- (v) Mr Nader Aljumai - knowledge and learning expert.

The team is here from the 6th to the 11th and we welcome you to Botswana. You may just rise so that MPs can recognise you. We welcome you. Thank you so much, you may resume your seats.

We have yet another team of nine African American Students from the Black Birthright Group in the United States of America (USA) who are on a pilgrimage to Africa. The objective of the pilgrimage to Africa is a heritage-based leadership programme that inspires scholars to draw pride, confidence and creativity from their cultural roots and legacy of innovation in Africa and the USA. The group has chosen Botswana as a country of interest in 2025. They have visited our Parliament as part of their educational mission and tour of our Parliament buildings and its surrounding historical monuments. The team of students is hosted by their counterparts Moselewapula Junior Secondary

School and on tour guide by Mags Afri Tours Botswana. Honourable Members, join me in welcoming all of our visitors.

HONOURABLE MEMBERS: ...(Applause!)...

MR SPEAKER: You are most welcome students. Thank you so very much. That completes our announcements in terms of welcoming our visitors today. Order! Order! Honourable Members, let us go to tabling of Papers. I understand that...

MR MAPULANGA: Procedure Mr Speaker. *Ga ke itse, ke ne ke utlwile* when I asked my first question, *o ne o rile* you will address the issue, *ke sa itse gore o ne o raya gone jaana kana* administratively *kwa ofising ya gago* because it is worrying me *gompiano*. This is the second question being redirected Mr Speaker. *Kana* these questions *fa re di botsa*, we want to achieve something in the constituency. So, this delay *e dira gore re se ka ra plan ka nako*, and it disadvantages us on economic opportunities *tse re tshwanetseng re tsene mo go tsone*, the beneficiaries *ba ba tshwanetseng gore ba tseye sengwe mo dipotsong tsone tse, re ya go nna* delayed. *Ke sa itse gore* when you were saying you will address the issue, *o raya leng*, the urgency when this question is redirected, *e neelwa* priority *go le kae*, so that it can be given the necessity or the urgency it requires Mr Speaker?

MR SPEAKER: Thank you Honourable Mapulanga. I remember that since the new Government, there has been a shift in terms of departmental responsibilities and all of that. The redirected questions do not go back to the queue. So, your question will be answered by Honourable Dikoloti, possibly next week because as a redirected question, it will be going for the first time to them. Let us hope that they will answer it, but definitely it will not go to number 300 if there are 300 submitted questions. Thank you.

TABLING OF PAPERS

The following papers were tabled:

BOTSWANA OCCUPATIONAL SAFETY AND HEALTH POLICY

(Minister of Labour and Home Affairs)

NATIONAL PRODUCTIVITY AND COMPETITIVENESS POLICY

(Minister of Labour and Home Affairs)

First Readings

PRESENTATION OF GOVERNMENT
BILLS

The following Bills were presented and read a first time.

MEDICAL AID FUNDS BILL, 2025 (NO. 5 OF
2025)

(Minister of Finance)

Second Reading - **Later Today.**

EMPLOYMENT AND LABOUR RELATIONS
BILL, 2025 (NO. 10 OF 2025)

(Minister of Labour and Home Affairs)

Second Reading - **Later Today.**

MR SPEAKER: Order! Order! Honourable Members, let us go to second reading.

HONOURABLE MEMBER: Procedure Mr Speaker.

MR KEKGONEGILE: *Point of procedure.* Tanki Mr Speaker. Mr Speaker, Bill e ya Employment and Labour Relations...(Interruptions)... ba tsamaile.

HONOURABLE MEMBERS: ...(Laughter!)...

MR SPEAKER: Ke go sireleditse Honourable Kekgonegile. Order! Order! Honourable Members. Tswelela.

MR KEKGONEGILE: Tanki. Bill e Mr Speaker, re e romeletswe ka maranyane, re dumalane gore re nne re ntse re dirisa maranyane. *Unfortunately, a quarter of it is missing* mo maranyaneng; yone e re e romeletsweng. *I can tabulate the missing sections, almost a quarter of it.* Jaanong ga ke itse gore *are we going to continue with it because* ga e balege mo re go romeletsweng? Gongwe fa re ne re ka emela gore re fiwe *booklet of Bills and then* ke gone e bo e ka tswelela. Tanki Mr Speaker.

MR SPEAKER: Thank you Honourable Kekgonegile. Let me just confer with the Clerk.

...Silence...

MR SPEAKER: The Clerk will attend to the issue, I have since directed. They will distribute the Bill book, but also, we will first be dealing with the Medical Aid Funds Bill. So, whilst we are still dealing with that, they will rectify that mistake, they will send the whole Bill.

MR KEKGONEGILE: May I insist something Mr Speaker?

MR SPEAKER: Yes, Honourable Kekgonegile.

MR KEKGONEGILE: *Just in case* Medical Aid Bill e fela gompiano, gongwe o re fe nako ya gore re ye go bala *sections* tse di rileng, botoka e tsene kamoso *rather than immediately* e bo e tsena. Tanki Mr Speaker.

MR SPEAKER: First is to establish the extent of the problem in terms of the number of pages that are missing, but I am very worried that you ought to have seen all of it. I know that there was a presentation in the morning, so let us see how we go about that. First, I need to establish from the Clerk if indeed there are pages missing, and whether he will be able to circulate the Bill book. I understand your concern because you ought to have read all of it because with Bills, that is your primary function. So, I would not want a situation where we have to deal with a Bill and Members of Parliament have not adequately read the Bill; especially if it is because of the administrative hiccups that some pages were missing. I do not know how that would have happened. So, let us continue with the first Bill, whilst the Clerks are still attending to the issue.

BILL

MEDICAL AID FUNDS BILL, 2025 (NO.
5 OF 2025)

Second Reading

MINISTER OF FINANCE (MR GAOLATHE): Thank you Mr Speaker. I have the honour to present to this Honourable House for Second Reading, Medical Aid Funds Bill, 2025 (No. 5 of 2025) which was published on the 10th of March, 2025.

Mr Speaker, allow me to introduce a matter of critical national importance, the development of the Medical Aid Funds Bill, a cornerstone piece legislation that will lay the foundation for effective governance, transparency and sustainability of the Medical Aid Funds sector in Botswana.

As we all appreciate Mr Speaker, access to quality healthcare is a fundamental pillar of our national development agenda. Medical Aid Funds play a critical role in achieving this by enabling many Batswana to access private health services. Mr Speaker, in return for member contributions, these funds provide or facilitate access to healthcare services or assist in covering agreed

healthcare related costs. Mr Speaker, today the Medical Aid Fund Sector is a multibillion-Pula industry, covering 375,332 Batswana, with about 163,949 principal members. There are currently five Medical Aid Funds operating in Botswana.

Mr Speaker, of these, three operate on a non-for-profit basis and these are Botswana Public Officers' Medical Aid Scheme (BPOMAS), with a market share of 43 per cent, the Botswana Medical Aid Society (BOMAID) with a market share of 34 per cent, the PULA Medical Aid Fund with a market share of 17 per cent. Mr Speaker, Botsogo Health Plan and Doctors Aid Medical Aid Scheme which operate on a for-profit basis account for the remaining 5.9 per cent and 0.1 per cent market share respectively.

The gross contributions grew from 2.6 billion in 2023 to 2.8 billion in 2024, reflecting its continued expansion and economic significance. Mr Speaker, the for-profit operating entities account for only 6 per cent of market share, which shows that Botswana Medical Aid Fund Sector is predominantly not-for profit, hence, the need for agility in putting in place a legislation such as the one before us today.

Mr Speaker, despite its scale and the vital role it plays in health and financial security of our people, the Medical Aids Funds Sector lacks a dedicated legislative framework. This oversight gap poses risks not only to the financial system, but more importantly, to the health outcomes and contributions of thousands of our citizens.

Mr Speaker, currently, Medical Aid Funds are regulated by the Non-Bank Financial Institutions Regulatory Authority (NBFIRA) using the general provisions of NBFIRA Act. However, this regulatory approached lacks the specificity and nuance required to adequately address the operational, governance and financial peculiarities of the Medical Aid Funds Sector. It is in this context that we propose a new and sector-specific legislation.

This law Mr Speaker, will serve as a bridge between the financial services regulatory framework and the healthcare delivery system. As such, while it is primarily a financial services law, its implications reach deeply into the health sector, ensuring that the contractual and fiduciary obligations of Medical Aid Funds are upheld and that healthcare services promised to members are reliably delivered.

Mr Speaker, in 2012, a study by KPMG which was commissioned to determine the best regulatory pathway for the industry. The findings showed that, there is a need for a stand-alone legal framework tailored to regulate Medical Aid Funds. This framework must be robust enough to protect members' contributions, ensure transparency, encourage good governance and promote long-term sustainability of the sector. Therefore, we now accordingly respond.

Mr Speaker, the development of the Medical Aid Funds legislation is not merely a regulatory exercise. It is a national imperative to protect the health and financial well-being of our people, safeguard the contributions they make in good faith, and ensure that Medical Aid Funds remain resilient and responsive to the health challenges of our time.

Mr Speaker, as we move forward with this legislation, we do so in partnership, with industry stakeholders, with international best practices, and most importantly, with the interests of our people at heart. This is demonstrated by consultations which have largely taken place with various stakeholders, including the Ministry of Health as the key stakeholder in the management of health matters, Business Botswana, Fund Administrators and various associations such as the Doctor's Association, Dental Association, Pharmaceutical Association, Medical Practitioner's Group of Botswana, Radiographers Society of Botswana, Physiotherapy Association and Botswana Council of Non-Governmental Organisations (BOCONGO) and trade unions.

Mr Speaker, the Bill was also benchmarked with Southern African Development Community (SADC) Committee of Insurance, Securities and Non-Banking Financial Authorities (CISNA) model laws and laws of some African countries such as South Africa, Namibia and Kenya. I therefore, Mr Speaker, implore all of us that we must strive together to build a system that is fair, transparent, accountable and sustainable for generations to come.

The objective of the Bill is to provide for effective regulation and supervision of the sector. The Bill also prescribes for licensing, governance, reporting, investment, solvency, start-up capital and actuarial valuation requirements. In addition, administrative requirements relating to development of rules, protection of information and complaints handling are included in the Bill. Furthermore, to ensure standardisation of processes, the Bill prescribes conditions of statutory

management, amalgamation and transfer and winding up of service providers.

To achieve the objective, Mr Speaker, the Bill covers the parts as follows:

Part I - provides for preliminary matters such as short title and the definitions for preliminary matters;

Part II - provides for licencing of a Medical Aid Fund, validity of licences and conditions for refusal of licensing;

Part III - prescribes a non-profit operational model for Medical Aid Funds so as to ensure that, any surplus funds are used for the benefit of members;

Part IV - provides for approval and amendment of Rules of a Medical Aid Fund. The Clauses also set out a requirement for providing Rules to members;

Part V - provides for enrolment, underwriting, late joiner penalties, waiting period and essential health service package. This is to ensure that Medical Aid Funds do not refuse membership of persons who are resident in Botswana and who are willing and able to pay contributions.

Part VI - provides parameters for investments by Medical Aid Funds, solvency and start-up capital requirements;

Part VII - prescribes provisions for appointment, remuneration and duties of Trustees and Principal Officer. They further provide for the need to establish sub-committees to carry out responsibilities under this law;

Part VIII - financial provisions, which include payment and disbursement of the contributions made into the Medical Aid Fund.

Part IX - provides for the need for communication in relation to changes in the Rules of a Medical Aid Fund and the issuance of membership and claims statement;

Part X - provides for the administration of Medical Aid Funds and prescribes for the licensing of Medical Aid Fund Administrators so as to ensure that there is separation of duties and that effective controls are in place;

Part XI - provides for protection and management of personal data of members of Medical Aid Funds in

accordance with the Data Protection Act (Act No. 32 of 2018);

Part XII - provides for the approval, and suspension or revocation of approval of Managed Care Organisations;

Part XIII - provides for the Licensing of Medical Aid Fund Brokers together with all administrative requirements. Further, the Clauses provide for the need for reinsurance of risks by Medical Aid Funds;

Part XIV - makes provisions for Medical Aid Funds to have a complaints policy and for any aggrieved party to approach the Non-Bank Financial Institutions Tribunal for redress;

Part XV - which provides for the establishment and operation of medical savings accounts and medical savings trust bank accounts;

Part XVI - provides for the appointment, duties and powers of a Statutory Manager as well as termination and notice of termination;

Part XVII - provides for amalgamation or transfer of registered Medical Aid Funds, including a licensing requirement for Medical Aid Funds that result from amalgamation or transfer;

Part XVIII - provides for inspections and investigations of a Medical Aid Fund including the appointment of the Inspectors or Investigators;

Part XIX - provides for winding up of Medical Aid Fund;

Part XX - contains or it covers general areas such as the Regulatory Authority's power to issue directions and to make Regulations. Furthermore, the Clauses provide for transitional arrangement provisions where the entity was in operation before commencement of the law.

Mr Speaker, it is important to note, that, this Bill will cover only medical aid funds operating on not-for profit model. Therefore, as indicated under Clause 87, there shall be a transitional period allowing for the development of legislation tailored for the operating on a for-profit basis in line with international best practices.

Mr Speaker, I keep repeating this departing thought, that we are on a journey. We are on a journey to reform and to rebuild, we are on a journey to reimagine, we are on a journey to create a culture of excellence, we are on a journey to uplift the lives of our people.

So Mr Speaker, I therefore, move that the Medical Aid Funds Bill, 2025 (No. 5 of 2025) be read a second time. I thank you Mr Speaker.

HONOURABLE MEMBERS: ... (Applause!)...

MR SPEAKER: Order! Honourable Members. Before I open the floor, let us just be reminded of our agreement this morning at the General Assembly, that pursuant to Standing Order 10.3 (b), the Honourable Opposition Whip would let us know who will lead the debate on his side. Otherwise, leaders of political parties will be given 15 minutes, those who lead the debate on the side of the main official opposition will be given 20 minutes and Leader of the House 20 minutes.

Honourable Members, on this one, I see the list from the ruling party. For the Bills, I do not think you need a list, unless it is your decision of the caucus, that you will limit the debate to those Members that you have indicated. But otherwise, anybody can stand and catch the Speaker's eye. The floor is open.

MR JACOBS (LOBATSE): I thank you Mr Speaker. Medical Aid Funds Bill, 2025 (No. 5 of 2025), I support and welcome this Bill. This Bill is specifically focused on regulation and administration of medical aid funds, which was never done in the previous Government of Botswana Democratic Party (BDP). This Bill will protect the public, medical aid sector as well as ensuring good health for the public at large. But at the same time, let us not forget the marginalised poor people because they are the numbers that need the scheme and are suffering the most. Remember our hospitals are not in the level to help with most of the diseases. Therefore, it is imperative and utmost that the marginalised people should be catered for. We should remember that NBFIRA was never relevant for this duty and a lot of money was stolen during the ... (Inaudible)... It was overwhelmed with duties of cash loans and insurances; therefore, this Bill is very relevant because it is specific for medical aid sector. At least now medical aid holders will have a body to complain to. Our promise as the Umbrella for Democratic Change (UDC) Government is healthcare for everybody, we are all in need of primary health scheme and therefore it ... (Inaudible)... obligation to make sure that it happens and is catered for.

Mr Speaker, this is of national imperativeness and medical aid scheme should not be profit making. I therefore push for this Bill to be approved. I thank you Mr Speaker.

MR PHOLOGOLO (KANYE WEST): Thank you Mr Speaker. The question to answer with any Bill especially the one that speaks of medical care or aid... Mr Speaker, I have a problem with these chairs, they keep fighting me... (Interruptions)... Or maybe I should move to the podium. May I move to the podium?

MR SPEAKER: *Honourable Members*, tota e bile re dirile phoso, e ka bo e rile kwa General Assembly re bo re buisana ka ditilo. Le tlaa di tlwaela. Ke ditilo tse di sha, ke tsa segompieno tse e leng gore di le babalela le mekwatla. Jaanong *to move* ga tsone le tlaa go tlwaela ka gore di na le ka fa di *move* ka teng. Jaanong e tlaa re gongwe fa re tshaisa fa, re ba kope gore ba le supegetse gore di *move* jang.

HONOURABLE MEMBER: Clarification on that issue Mr Speaker.

MR SPEAKER: On the chair?

HONOURABLE MEMBER: Ee rra.

MR SPEAKER: *No*, ga ke a bulela *debate* ya ditilo *Honourable Members*. Ka re fa re tshaisa ba tlaa tla ba le supegetsa gore di bereka jang, mme kana le tlaa gakologelwa *Honourable Members* gore lantlha go ne ga tsenngwa di le pedi kwa *for demonstration and I asked all of you*, gore tsamayang le ye kwa khoneng le ye go ithuta gore ditilo tsele di bereka ka tsela e e ntseng jang. E rile fa Palamente e tswa, ke bone le tletse kwa ntle go sena le fa e le yo o ileng kwa. Jaanong re fa, le batla bo *points of procedure*. *No*. *Honourable* Phologolo, fa o le foo *you crossed floor*. Wena o ka *debate* o le ka fa. ... (Interruptions)... Nnyaa, pota ka fa. O batla go leka o le koo Mongwato?

MR PHOLOGOLO: Mr Speaker, I think we need to clarify this one *ya* to cross because I spend all my time this side of the aisle. Therefore, it has its own *psych-nyana ya gore o bua dilo ka tsela e e ntseng jang*. So, it needs to be addressed.

Back to my contribution to the Bill, I think it is a good Bill with the intention *ya gore e* improve on the quality of healthcare, because the first thing that a medical insurance or medical aid has to answer; the why part of it is to protect one against escalating costs that are associated with healthcare.

Of recent, we have a situation where people when they need medical attention, they do not get proper attention because currently they are expected to make payments

from their own pockets and be advised to claim from their medical aid providers. This Mr Speaker is not acceptable and should not be allowed, especially where finances are a concern. We would all agree that healthcare has become big business, not only in Botswana but globally and the reason to take an insurance should be to protect you at all times.

However, areas that I would like to point out from this Bill, I am happy that there is a provision at Clause 17 that speaks to empower the member, where a member can be presented with a statement within 14 days. This is progressive because in most cases you are told at the 11th hour *gore* you cannot be assisted because you have exhausted your quota. However, I have a problem with Section 19. I think it is a bit discriminatory because *go na le batho ba e leng gore* it disqualifies from taking the membership of a medical aid. I think it needs to be looked into, at least *go tsenngwe* some terms and conditions but not to totally exclude *batho ba bangwe*.

Another issue that we need to improve, I have seen this done in some insurances, *ke* the issue *ya* the waiting period *ya* three months. I think three months is too long, anything can happen within five seconds and in some instances, *go ka nna ga bewa gore* the first collection *ya* premium then you qualify to be covered. *Go bo go raya gore* it encourages somebody to maybe bring the premium upfront so that automatically they are covered and this answers the why. Why do you take a medical aid; to be covered from the get-go.

Fa e le gore we stick to the three months, let there also be a provision that allows for one to bring forward the three months premiums from the get-go, so that they qualify. *Dilo tse di dirwa ke gore* in most cases, one takes up a medical aid because there are situations at work or their financial situation has improved and *gone moo go bo go raya gore re se ka ra ba tlogela kwa morago* because for the longest time, they were probably not covered by any medical insurance. So, *fa e ka baakanngwa eo*, I think *molao o tlaabo o re akaretsa rotlhe*.

E nngwe on Part (vii), *ke ya* the Board of Trustees. The assumption I make here is that *gongwe ba tlhophiwa* at an Annual General Meeting (AGM), but I think it should come out clear in law that *ba tlhophiwa kae, ka tsela e e ntseng jang* because they are a very critical component to the well-run *ya* the fund. So, with those few changes made, I support *molao o* and I believe it is long overdue and can only make us better and ensure that we receive healthcare *kwa re e tlhokang kana re e batlang teng* at

our convenience. With that Mr Speaker, I thank you for the opportunity to speak and with the changes, I support this Bill. Thank you very much.

MR SPEAKER: Thank you very much Honourable Phologolo. When you stood up to debate, I was reminded of the plea that you have made to me regarding your speaking time, the matter is given attention. I will revert, I am still considering it and I am glad that you did not run out of time.

Honourable Opposition Whip, before you take the floor, I do not know if you have made a consideration in terms of what we have agreed, before you rise to speak. I do not know if you have anything to say Honourable Whip.

OPPOSITION WHIP (MR HIKUAMA): Thank you Mr Speaker. Yes, we did and Honourable Arone will be the lead in this Bill, I will just comment like any other ordinary member.

MR SPEAKER: As and when he is ready... Honourable Opposition Whip, you may take the floor.

MR HIKUAMA (MAUN WEST): Ke a leboga Motsamaisa Dipuisanyo tsa Palamente. Ga ke na thulaganyo ya go ganana kana le go sa dumalana le Molao-kakanyetso o re o beilweng pele. Ke dumalana le one gore o ka tswa e le molao o o tokafatsang, ka fa re ntseng re dira le *to access medical aid and services* kana *health services* tsa rona mo madirelong a a farologanyeng. Mme ga o tokafatse sepe se se ntseng se seyo *in terms of expanding the coverage to people who were still not covered by medical aid*. Mma Kangome kwa a leng teng *still is not covered by medical aid*. The last speaker o ne a bua gore go ya go tokafatsa, *people are going to be covered* ba le bantsi, *no, it is going to cover fela ba ba neng ba ntse ba le covered by medical aid* tsa bone. *It caters for a small section of our society*.

Nna se ke se lebeleletseng kana se ke se solofelang, *it is the mandatory health insurance* e re e solofeditsweng ke Puso e ntšha gore e ya go nna teng, *so that it covers mongwe le mongwe, le yo o kwa masimong tota*. That is what I am looking for. Ke re ke fete ka *statement* seo gore batho ba se ka ba nna ba rokotsega e kete se se neng se buiwa sele sa *mandatory health insurance*, ke se re buang ka sone. *We are still talking about improving the services and conditions...*

MR KAIZER: On a point of elucidation. Thank you, Mr Speaker. Honourable Hikuama, kana mo sitting e e neng e feta e, we were discussing a Motion o o neng

e itebaganya le tekatekanyo. Jaanong fa o lebile *this policy* ya *medical aid*, a e tsamaisana le *Motion* o re o dumalaneng re le Palamente wa gore ba o kareng ba kwa tlase re ba tsholetse ba lekane le ba ba fa godimo? Ke a leboga.

MR HIKUAMA: Ga e baakanye seo, e baakanya fela tsamaiso e e neng e ntse e le teng, ya wena yo o berekang, yo o humileng, yo o nang le bokgoni jwa go ka nna le *access to medical aid*. Ke sone fela se e se tokafatsang. Rona ba re kgonang...

MINISTER OF LABOUR AND HOME AFFAIRS (MAJ. GEN. MOKGWARE): *On a point of clarification.* Gongwe ke leke go botsa motlotlegi. A o tlhaloganya gore *medical aid* go tewa eng? A o tlhaloganya gore *medical aid is a component whereby an employer pays a portion and the employee pays a portion*? Ga e tshwane le e e neng e buiwa e gotweng e santse e tlaa tla, e e neng e buiwa ke bo Dr Modise. O tlhaloganya gore eo tota e bua ka eng, gore ke eng mohiri a ntsha sengwe le mmereki a bo a ntsha sengwe, ke raya *medical aid* o go buiwang ka one?

MR HIKUAMA: Ke a leboga General Mokgware. O bua sentle, go leboga o sa tlhaloganye *medical aid*, wena! *Medical aid* ga e reye gore wena fa o hirilwe fela ke wena yo o ka kgonang go nna le *medical aid*. Le fa e le wena Rre Mokgware, o na le bokgoni jwa gago jwa go ka nna le *access to a medical aid, you can still do that*, o a duela, ke one *medical aid*. Ke dumela gore jaanong o tlhalogantse botoka gakere, gore *it is not only about the employee and the employer, even yourself as an individual with capable means to have access to medical aid, you can still have it*. Ke tsone tse re buang ka tsone. Ke sone se ke reng, ke dumalana le Molao-kakanyetso, go raya gore ga o a nkutlwa sentle. Ke dumalana le Molao-kakanyetso, o siame, mme se ke neng ke se bua, *I was just responding to what the presenter was saying* gore, go tlaa tokafatsa gore bontsi jwa rona bo kgone *to access*. Ga se bontsi, ke sone se ke neng ke batla go se bua. Palonyana e e neng e ntse e akola *medical aid*, e tlaa tswelala e ntse e akola go tokafetse, mme e le yone palonyana eo fela. *That is the point I wanted to make*, gore bangwe ba se ka ba nna le tsholofelo ya gore ba tlaa welwa ke *medical aid*, ga e yo eo. *That is the point I wanted to make* General Mokgware.

DR DOW: *On a point of elucidation.* Ke a leboga. *A very small point.* Ke tlhatlhelele gore, boammaaruri ke gore, mo dikgweding tse di ntseng di feta, go ntse go le

selelo sa khuranyo ya meno ba bua gore *medical aids* tse dingwe ba isitse *contributions* kwa godimo, e bile batho ba bangwe ba ole gape mo *medical aid* o o ntseng o le teng. Ga ke itse gore a o itse kgang e?

MR HIKUAMA: Ke dilelo tse re tshwanetseng gore fa re bua ka dilo tse, re di akanye. Le fa molao o one o sa baakanye tseo, mme re le lefatshe, re le Puso, re tshwanetse re lemoge gore *medical aids* jaaka *Mother of the House* a bua, di ne di kobela batho ka bontsi kwa ntle, ka gore di ne di tsholetsa matseno, batho ba felela ba sena *security* sa *medical aid*. *Honourable* Tshere, ke bona gore o reeditse sentle, ke diemo tse o di itseng, o tshwanetse go tlhatlhelela batho ka koo jaaka *Honourable* Mokgware jaana go tlhaloganya gore seemo se thata, ga se motlhofo jaaka gongwe ba akanya. Molao o siame, *I do not have any problem with it. It is going to improve the services to the people, to those few individuals* jaaka *Honourable* Tshere, *Honourable* Mokgware, ba ba berekang, ba ba lesego bo Hikuama, ba ba kgonang jalojalo, *but the majority still do not access medical aid and that is where our concern should be*.

If you are a Government of human rights, we should be concerned about extending the services of medical aid to the people gore, bontsi jwa batho ba akole bongaka le botsogo jwa maemo a kwa godimo *Your Honour Vice President* Ndaba Gaolathe. Kana ke go ratela gore o bua ka Botswana yo mosha. Botswana yo mosha ga a tshwanela gore e nne *slogan* sa gago fela se felele mo Palamenteng e le Botswana yo mosha. *It has to translate into action and reality* gore, Motswana mongwe le mongwe a bone Botswana yo mosha, a mo akola ka *the services*, e le tse disha tse di fetogileng, le ditsamaiso tsa lefatshe le di fetogile, di supa gore ke Botswana yo mosha tota. E seng *slogan* sa *Vice President* fela se bo se felela gone foo. Moo e tlaabo e se Botswana yo mosha, re tlaabo re tswelala ka Botswana yo mogologolo re leka go tokafaletsa palo potlana ya ba ba jang sentle. Re itokafaletsa diemo go gaisa bone ba ba tlhokang *services* tsa rona. Ke kgang e re tshwanetseng gore re ye kwa go yone *Your Honour Vice President*, re ye kwa.

I do not know how you are going to impress upon Rre Modise gore, fa o ntse wena o tokafatsa ditsamaiso tsa *medical aids* jaana, le ene lenaneo la gagwe la *mandatory health care insurance* le bo le papamala, fa le papamala jaana, le yo o ntseng a sa akole *medical aid*, a bo a simolola a akola. Fa go tokafaditswe jaana, re bo re bua le ene a le mo teng. Ke sone seemo se re tshwanetseng re se lebelele, e seng fela go tokafaletsa *Your Honour Vice President* ka gore o a kgona, e bile

gatwe o na le *mall* e mentsi, o na le madi a go kgona *medical aid*. Dilo tse re tshwanetse go di lebelela, re di ele tlhoko.

Ke ne ke re ke akgele fela go le kalo *Honourable Speaker*, gore ke amogela Molao-kakanyetso ya tokafatso tsamaiso ya *medical aid*.

MINISTER OF HIGHER EDUCATION (MR MAELE): Ke a leboga *Mr Speaker*. Ke batla go simolola fela ka go supa gore, ke eme Tona nokeng ka molao o wa Medical Aid Funds Bill. Ke batla ke bue ka *evolution* ya *medical aids*, ke bo ke supa fa ke ngongoregang teng mo Molao-kakanyetsong o.

Clauses 60, 61, 62 and 63, which establish medical aid brokers, ke batla gore Tona a itse gore golo fa o kare ga go ntseye sentle. Go ya go dira gore *contributions* tsa batho di nne kwa godimo. Fa e le gore ke tlaabo ke le *broker* wa *medical aid* wa ga Motlotlegi Mme Mokoka, go raya gore ke ya go batla go tsenya sengwenyana *because I am a broker*. Fa ke e bala ga e ntseye sentle, e ya go dira gore jaanong *contributions* di nne kwa godimonyana. Ke yone e ke batlang go simolola ka yone gore Tona a e lebelele thata, ga ke batle *brokers* mo *medical aids*. *I think we must go direct, because by its very nature* fela fa o tsenya *brokers*, go nna le mathata a gore le ene o batla sengwenyana mo teng. *Yes, I looked at the Clauses*, tsa re madi a duelwa *direct to the medical aid*, and therefore *medical aid* ke one o tlaa duelang *broker*. *Obviously, they are going to make sure that* ba dira sengwe kana ba oketsa *contributions* so that they can be able to pay the brokers. Ke yone e ke neng ke batla go simolola ka yone gore, *even though* ke dumalana le Molao-kakanyetso o, mme *Clauses* tse four tse Tona ga di ntseye sentle, ga ke di rate sentle, *particularly because they are introducing medical aid brokerage*, e ke sa dumeleng gore e a tlhokafala.

Le fa go ntse jalo, *the evolution* ya *medical aids* was that, di kile tsa bo di le teng go sena molao. Di ne di *develop* thata *from South Africa*, di ne di tla mo di bo di re tseela madi. Fa di sena go re tseela madi, ba tsamaile, *you do not know* gore o ka ba bona kae *because* go ne go sena melao e. *This was in the early 80s/90s, because I actually was part of this industry for about nine years, and I know quite well* ka fa di neng di bereka ka teng. Ke itse gore bogologolo go ne go na le *associations* tsa *medical aids*, mme go ne go sa bereke ka gore e ne e se molao. *Around late 2000s* ke fa go ntse gotwe, *let us come up with a Bill*. *Bill* e e tllile, mme tota batho ba ne ba setse ba kokonetswe, ka gore go ne go sena melao

e e leng teng. Se ke lelang go se bua Tona ke gore, ke dumela gore Molao-kakanyetso o o tllile go re thusa thata. *Medical aids* di ntse di tsamaisa, and ba ne ba dira sengwe le sengwe se ba se batlang, bale ba dira mole, bale mole. Jaanong ka gore ke tsamaile le one fela otlhe, ke lemogile *Clauses* tse di mo teng tsotlhe, ke itumelela gore jaanong batho ba ya go kgona go tsamaisiwa.

Nngwe ya dilo tse di nkgatlhang thata ke e e tlhalosang gore, bogologolo go ne go na le golo go bitswa *exclusion*, ke gore fa gongwe e ne e re fa o *apply for medical aid*, go bo gotwe re a go *exclude on this particular pre-existing condition*. Golo ga teng go ne go sa siama, kana wena fa gongwe o a bo o batla go tsena mo *medical aid*, *because you have that ailment*. Jaanong go ne gotwe fa o bua gore *I have got this pre-existing condition*, fa gongwe gatwe re a go *exclude*, fa gongwe gotwe o ema 6 months. Ke lemogile gore go na le *Clause* e e buang gore go se ka ga nna le ope yo o tlaa kganelwang go tsena mo *medical aid*. *In some instances*, ba bangwe ba ne ba palelwa ke go tsena mo *medical aid*, *because* go ne gotwe re a go *exclude* ka gore o tla o supa gore o lwala pelo. Jaanong tota wena o isitse yone pelo kwa *medical aid*, gore o tle o thusiwe ka bongaka. Bongaka bo a tura, and go botlhokwa thata gore motho a bo a ya teng a tle a kgone go bona gore o ka thusiwa ka tsela e e ntseng jang.

Medical aid is a big industry e e nang le madi, ke lesika la *insurance*. Jaaka e ne e *operate* e sena molao jaana, go ne go senyega thata. Batho ba ne ba senyegelwa thata, ba nna le mathata a a gakgamatsang a go jelwa madi. Ke batla ka go wela ka gore, ke leboga thata Mothusa Tautona gore o bo o tllitse Molao-kakanyetso o. *Particularly* ka gore jaanong go tllile go patika gore *medical aids* di kwadisiwe, kana go ne go itirelelwa fela. *I think* le mo Botswana, e kare kwa bothokong ke ka go fa *example* ya *medical aid* mongwe o o kileng wa nna teng, *in fact* di kile tsa nna pedi *or so*. Tse e leng gore ka gore go ne go sena melao e, ba dubaduba. Kgantele ke fa e le gore jaanong ga ba sa tlhole ba *operate*, mme e le gore kwa bofelong jwa letsatsi ba senyeditse Batswana, ba ba diile, ka gore ba ne ba ithaya ba re ba na le *medical aid*, go bo go sa tsamaye sentle.

Nngwe ya dilo tse gape di nkgatlhang thata mo *Bill* e, ke ka fa go buiwang gore dingongorego di ya go tshwarwa ka teng. Kana fa gongwe o ne o kgona go nna ngwaga fela o ntse o ngongorega kwa *medical aid*, go sena sepe se se dirwang. *The fact that at least* jaanong go na le ka fa dingongorego di yang go tshwarwa ka teng, ke gone fa ke itumelang thata.

Ke kopa gape gore o ele tlhoko Tona, *Clause 42* e e buang ka *to change rules. Conventionally rules* tsa *medical aid* di fetolwa kwa AGM *once a year*. Jaanong ke ne ke bona e le gore mo *Clause 42* re tlhalosa gore, *member* o ka kgona go isa gore a batle gore go fetolwe eng *within 30 days*. Ke ipotsa gore a fa e le gore jaanong re ya go nna re isa, yo mongwe o a isa kgwedi e e tlang, yo mongwe kgwedi e e ka kwa, a re tlile go nna re *change all the time*. Ke kopa gore le yone le e lebelele, ke ne ke bona o kare ga e balege sentle, ke bona o kare ga e itlhalose sentle gore e raya jang. Ke ne ke tsaya gore gongwe motho fa a batla gore *rules* tsa *medical aid* di fetoge o ka isa, mme go bo go itsiwe gore e tlaa re kwa AGM e bo e nna gone kwa go tlaa fetolwang molao teng, ka gore ke gone kwa *everyone* a bong a le teng *to be able to debate on those particular rules*.

Ke ntse ke re ke a potliela, ke bala ke re ke bona gore, *what are we saying about these foreign medical aids*. Kana tse dingwe di ne di *operate, particularly our neighbour* e ke sa batleng go e bua ka leina, di le gone ka kwa fela. Ke itse gore tsa Botswana di ne di kile tsa leka, tsa dira *association*, tsa nna tsa leka go ba ntshetsa kwa ntle *at that time*, mme go ne go sa thuse sepe ka gore *it was an association*, e ne e se molao. Ke re gongwe e tlaa re fa o fetola *sir, touch on issues* tsa *foreign medical aids* gore re ya go di *treat* jang, kana re tlile go batla gore ba kwadise mo Botswana gore ba tle ba kgone *to license* mo Botswana. Kana ba tlaa *license* ba ntse ba le kwa ba leng teng, ba bo ba kgona *to provide medical aid services*. O kare go ne go sa nna sentle, ba ne ba kgona go sia, *I can give you names* of medical aids, *particularly* tsa South Africa, tse di neng di dira mo Botswana, *but at the end of the day* di bo di tsamaya ka madi a Batswana. *All in all*, ke dumela gore *this Bill is long overdue, over 15 years* re ntse re e tlhoka thata.

Ke batla go wela ke re, go ne go sena ka fa re neng re ka kgona go kgobelela NBFIRA go tsamaisa, go tlhokomela kana go tsamaisa *medical aids*, e goga bokete. Ke gore fa o akanya gore *micro-lenders* ka fa, *insurance*, mole, ba rwele bokete. Fa re tsentse molao o, *I think* go tlaa ba tlhofofaletsa gore le bone e re fa ba ntse ba tsamaya ba dira tiro ya bone, go bo go le botokanyana.

Finally, tlaa ke wetse fela ke re ke go eme nokeng Mothusa Tautona ka molao, mme fela fa o ka lebelela tse di neng, go etsa Rre Kwelagobe, “di ntlatsa mowa ka mpana,” ke tsone tse ke batlang o di lebelela. Tse ke neng ke bua ka tsone bo *Clause 60*, gongwe fa o ka dira jalo re ka bona mo o kareng go botokanyana. *All in all*,

I support the Bill, Mr Vice President. Ke a leboga, *Mr Speaker*.

MINISTER OF COMMUNICATIONS AND INNOVATION (MR TSHERE): *Thank you very much, Mr Speaker*. Ke go dumedise, ke dumedise bakaulengwe mo Ntlong e. Ke emela fela gore ke *support* Molao-kakanyetso o *Mr Speaker*, o o buang ka *medical aids*.

Sa ntlha ke *clarify* e e neng e buiwa ke *Opposition Whip*, fa gongwe o tlhakatlhakanya kgang e ya *medical aid*, a e tlhakanya le kgang e re neng re bua ka yone ya *National Health Insurance*; The Boko Cares, e e tlaa tlang e tla le yone, e mo tseleng. Jaanong e ya *insurance* e UDC e buang ka yone, e tlaabo e akaretsa batho botlhe. E tlaabo e amega mo go tsamaisiweng ka molao o. Ke sone se Mothusa Tautona a se buang. Jaanong o se ka wa tsietsa Batswana gore o kare ga re dire...

HONOURABLE MEMBER: Clarification.

MR TSHERE: *No, no, no, I decline*. Jaanong ke yone pharologanyo gone foo. E tlile go tla e tsamaisiwa ka one molao o go buiwang ka one o.

Tota ke emela gore ke lebogetse Mothusa Tautona, *Minister of Finance* gore a bo a tlile ka Molao-kakanyetso o, o bakaulengwe re dumalanang gore *it is way overdue*. O tlhalosa gore o buisantse le makalana a a farologanyeng. Ke tswa kwa *medical profession* ba ba ikaegileng thata ka *medical aid* jalojalo. Molao o, ga se lantlha o tla mo Palamenteng. E ne ya re maloba fa re tswala, o ne o setse o le mo tafoleng. Ke ne ka botsa bakaulengwe gone kwa bothokong ba dingaka gore ba ikutlwa jang ka molao o. Ba ne ba supa gore ba a o amogela. Tota ngongorego ya bone e tona, ke *the way* o utlwang batho ba ngongorega gore fa o tsena kwa bongakeng gatwe duela *upfront* kana go duelwa *half* e nngwe. O tlaa e duela e le wena. *Medical aid does not cover* se, ga o reng.

Ba re ngongorego e tona ke gore, o fitlhela *medical aids* ka botsone, di na le batho ba ba sa itseng sepe ka *service* e e fiwang ya botsogo. Ba tlaabo ba *set prices* ka tsela e e sa tlhaloganyesegeng. Kutlwisiso ya me le mo ke go eletsang ke gore, fa re laola jaaka re laola jaana, re tlaa ela tlhoko gore ke bomang ba ba yang go tsena, ba tsamaisa *medical aids*. Go tlhaloganyesege gore a ba itse tlhwatlhwa e e tlang le go dira *any procedure* e o tlaabong o e dira mo molwetseng, e tsamaelana jang. O se ka wa fitlhela e le gore o tlaabo o ya kwa sepateleng, go bo gotwe mo *procedure* e e jang P10,000.00 rona re duela P1,000.00 wena o duele P9,000.00. Go lebea

o kare ga go na mosola wa gore o ka bo o tsene mo *medical insurance in the first place*. Selo se, e ne e le ngongorego ya bone.

Ke gone mo o bonang ba le bantsi ba neng ba felela ba sa amogele *medical aid* ka bontsi tse di neng di le mo lefatsheng la Botswana. Tse dingwe jaaka *Honourable* Maele a bua, di ne di fetafeta fa ka bonako, di bo di tima. Ke tsone tse di neng di dia Botswana. Ba tsaya gore ba na le *insurance* mme go sena *insurance*. Mo go neng ga tsala kgotlhang fa gare ga ba ba tlisang dithuso tsa bongaka le *medical aid*. Ke tsaya gore fa re dira melao e ya gore o kwadise; ke na le bothata fela *generally* le batho ba ba dirang tiro ba sa kwadisiwa. Mokgwa wa go kwadisa monate wa one ke gore, fa o tlola molao, go na le tsela ya gore o ka tseelwa kgato jaaka Mothusi Tautona a bua mo Molao-kakanyetso o. Fa e le gore go na le phoso e o e dirang, o ka tseelwa *licence* wa emisiwa gone foo, gona le gore o je Botswana ntsoma dingwaga fela di bo di ya go tsamaya kwa go botlhano. E le gore wena o ja madi a Botswana fela go sena sepe se o se dirang. E bile o kgona gore o emisiwe, o otlhaiwe jaaka dikotlhao di beilwe fa. Ke madi a magolwanenyana a a tlaa dirang gore batho bao, ba se ka ba dira jalo. Ke leboga thata gore go bo go na le seemo se.

Se ke se eletsang gape Mothusi Tautona *and Minister of Finance* ke gore, mo go yone e ya *medical aid*, re a bona mo makgethong a le mantsi fa e leng gore *medical aid is a service provider*. You see, that dual responsibility e dingalonyana. Fa ke leba mo molaong o, ga ke a e bona e tswa *clearly* gore e tlaa tlhalosiwa jang. Sekai; *medical aid* o na le *clinic* le one. O tsamaisa *clinic*, o tsamaisa *pharmacy*. Thulaganyo e fa ke e baya motlhofo fela, go tshwana le yo o rekisang dijo gongwe phaletšhe le nama, mme kafa a di apaya. Go raya gore fa a bona di felelwa ke boleng, o ka di apaya a di rekisa. *For them is profit*. How do we guard against such risk mo dikgannyeng tse di amang gore ke le *administrator* wa *medical aid*, ke bo ke tsamaisa sepatela? Ke nna ke ntshang dipilisi, ke bonang balwetse, *I even pay myself under that arrangement*. A ko re e lebelele kgang e gore e ka tokafadiwa jang. Ke yone e e leng gore fa ke e lebelela, ga ke a e bona e tswa *clearly* gore how do we regulate issues like that. Fa e leng gore *medical aid has dual responsibility of administering medical aid and offering services* tse e leng gore ke ene a di duelang ka tsela e e ntseng jalo. Ka gore le gone fela mo *competition*, go ka tsenya lesokolela. O ka nna wa fitlhela e le gore o ka *manipulate prices*, a bo e le gore ke ene fela *claim* tsa gagwe di fetang. Batho ba felela ba tsaya gore, gore

o bone thuso, ke gore o ye kwa sepateleng sa gagwe. Selo se fa re sa se ele tlhoko, se tlaa baya ba bantsi ka fa mosing. *Mr Speaker*, ke sone se ke akanyang gore re e lebelele thata.

Kwa bofelelong, ke amogela Molao-kakanyetso o ka diatla tsoo pedi gore o tlaa thusa Botswana. E bile go tlaa laolesega. E tlaare Motswana fa a bona motho a re ke *insurance broker* kana o rekisa *insurance* kana o rileng, a bo e re fa a tsena foo, a bo e le gore ga a jewe ntsoma. E tlaare fa a tsena kwa sepateleng, a bo a tewa gotwe *medical aid* wa gago ga o sa tlhola o bereka, ka jalo, duela o tlaa tla o *claim* kwa *medical aid* oo. Mo makgethong a le mantsi fa o re o ya *to claim* jalo, ga o kgone *to claim*. Ga o kgone *to claim* *Mr Speaker*. Go fitlhela e le gore Botswana gompiano ka bontsi le kwa *office* ya me kwa Mahalapye, dikgang tse di a goroga. Batho ga ba kgone, ba setse ba le mo dikolotong tsa *medical aid* di ba setse morago ka *Sheriffs*. Ba lata batho ka ntateng ya gore e rile fa o sa tsoga, o fitlhetse *medical aid* wa gago *either* o fedile kana *not covered*. E bo e le gore ditlhwatlhwa tsa kalafi di tla kwa go wena. *I support the Bill. Thank you.*

DR DOW (KGATLENG WEST): *Thank you Mr Speaker. Mr Speaker*, le nna mma ke latlhele la me. Lantlha ke simolole fela ka gore jaaka ba ba setseng ba buile, ke dumalana le Molao-kakanyetso o mme ke na le ditshwaelo fale le fale. Lantlha ke tlhalose gore Molao-kakanyetso o, o o itebagantseng le *creating a regulating fund* ya *medical aids*, tota bontsi jwa batlhophi ba me, ba Pilane, Kgomodiatshaba, Dikgonnye, ga o ba ame. Bontsi jwa bone ga ba na *medical aid* gotlhelele. Bontsi jwa bone ba reeditse Palamente gompiano, ba solofetse melao e ke ba boleletseng gore re tla kwano go tla go e dira. Ba a ipotsa gore “ao! Mma Dow, mathata a le kanakana, o ne wa bona gore o beye mathata a *medical aids* kwa pele ga one.” Ke ba reye ke re, Puso ya re e tliša melao e le 14. Ka jalo, ke tsaya gore o, re simolola ka one ka gore o ne o setse o eme fa o ka tlisiwang mo Palamenteng. Melao mengwe re santse re tlaa e utlwa e 13, e e santseng e tlaa tla. Ke raya gore bone kwa ba leng teng, ba solofetse gore mathata a bone fa re lebile *priority*, re ka bo re simolotse ka bone.

Gape ba tlhaloganya *Mr Speaker* gore *medical aid* o tlhokafala ka gore botsogo le bongaka jwa rona, bo na le mathata. Fa o fitlhela motho kwa Deborah Retief Memorial (DRM) wa re, “Ao! A ga o na *medical aid*?” Potso eo e *loaded*. Wa re, o ka bo o se fa, fa o na le *medical aid*. *Medical aid* e tlhokafala ka gore botsogo

le bongaka jwa rona, bo kwa tlasetlase tota. Badiredi ba bone ga ba na ditirelo, dipatela ga di na melemo. Fa di na le melemo e a tlhabela, ga go na malao, ga go na dikobo jalojalo. Tota fela ke yone kutlobotlhoko eo gore re tlhokana le molao o, gore re sireletse ba ba tsenang mo letsogong ka gore dipatela tsa rona ga di kgone go ba fa botsogo le bongaka jo bo kgonagalang.

Re tlaa re re pasitse fa *medical aid* o sa tlhokafale kana o dirisiwa gotlhe. Ke gore o kgona go o dirisa kwa DRM, kwa Marina ka gore DRM le Marina di tshwana fela le Gaborone Private Hospital (GPH) le Bokamoso. Ke gone re tlaa reng tota re fitlhile. Fa re santse re dira molao o o sireletsang ditshwanelo tsa ba ba tsenang mo letsogong, mongwe le mongwe yo o fa, o mo *medical aid*, molao o, ke wa rona. Ba ba berekang mo go Goramente bontsi jwa bone, e seng botlhe, ba ba kwa godimo, ba mo *medical aid*, molao o ke wa bone. Bontsi jwa batho ga se wa bone, ke sa reye gore ga o tlhokafale, mme ke re re tlhaloganye gore boammaaruri ke gone gore mathata ke gore go fitlhelela botsogo le bongaka jwa rona bo nna mo seemong sa gore mongwe le mongwe o ka bo fitlhelela, ke gore botsogo jwa gago bo se ka jwa laolwa ke gore o na le madi a a kana ka eng, kante o bereka kae, kana o na le kgomo e o ka e rekisang wa duela *medical aid*, re santse re na le mathata.

Ke a utlwa gore gatwe molao mongwe o tlaa tla o e leng gore mongwe le mongwe o tlaabo a na le *medical aid*, le one re santse re tlaa tla re o sekaseka. O tlaabo o o tlhokelang fa e le gore o ka tsena fela mo sepatela wa fiwa bongaka jo bo tshwanang le jwa kwa Bokamoso? O tshwanetse gore o nne le karata fela gongwe jaaka ya Omang. Go duela mang, fa e le gore go duela Goramente, ke eng a sa ise madi ao gone kwa sepateleng sone seo, gone kwa *Ministry of Health*? Eo re tlaa tla re e bona sentle gore o tlaabo o tlhokelang *medical aid* gore o tlogele DRM o bo o ya kwa Bokamoso.

HONOURABLE MEMBER: Clarification.

DR DOW: I yield Mr Speaker.

MR HIKUAMA: *Point of clarification.* Madam Dow, a se o se buang ke gore, se se tlhokafalang ke gore re tokafatse botsogo jwa rona, dipatela le dikokelo tsa rona gore go se ka ga nna le yone tlhokego ya go nna le *medical aid*? Gore fa o tsena mo kokelong ya Bodibeng, o kgone go akola sengwe le sengwe se se ka akolwang ke motho a le kwa Gaborone. Ke sone se o se buang?

DR DOW: Ke a leboga *Honourable* Hikuama. Ke sone se ke se buang. Ka re ga go patelesege, ke gore re ka

nna ra nna *public healthcare*, dipatela tsa bo DRM, bo Princess Marina le bo Bokamoso, mme di tshwanetse gore di tshwane ka se di se fang Batswana. Mo e leng gore wena fa o le Motswana, fa e le gore go na le *medical* one o o teng oo, o tshwanetse gore o kgone go tsena kwa DRM o itse gore ga go patelesege gore o ye kwa GPH ka gore o tlile go o fitlhela gone foo. Jaanong potso ke gore o o tlhokela eng? Gompiano o a o tlhoka, e bile gone o tlile go ntse o tswelela o o tlhoka le fa e ntsha e tlile ka gore o a bo o re go na le botsogo bongwe jo bo fetang jo e leng gore mme yo o kwa Artesia, Leshibitse, kante re kwa Kgomodiatshaba, o a bo bona.

Mo Botswana gompiano jaana, gore a o tlaa swa o bolawa ke bolwetse, kante o tlaa fola, go laola gore o na le madi a a kana kang. Go laola gore a o Mopalamente jaaka nna jaana, kana a o Permanent Secretary (PS). E bile gape boammaaruri ke gone gore *medical aid* one o e leng gore gompiano re baakanya melao ya teng, re raya gone gore re ba sireletse go fetelela. Ke sa re go phoso, ke re mme e rile fa re kala mathata a rona a botsogo, a re ne ra bona go sireletsa bonnyennyane jo re tlogela bontsi jwa Batswana, a e ne e le sone se re ka se dirang?

Boammaaruri gape *Mr Speaker*, e le gore re solofeditse melao e le 14, se re se itseng ke gore re na le *six weeks*, fa re tsamaya mo bekeng ya botlhano, re tlaabo re dira melao bosigo. O ke one o o neng o tshwanetse gore o dirwe bosigo. O e leng gore o tlile go fetola matshelo a Batswana, re ka bo re simolotse ka one. Re tlaabo re simolola re dira bosigo, re tsena phakela le maitseboa, ka 10 o'clock re tlaabo re ntse re le gone fa re potlakile. Melao e e dirwang bosigo, ga e dirwe sentle, o re tlile go o *debate* ka tshosologo re bo re o dira, o bo o nna sentle re o feta. Kamoso tota batho ba e leng gore o a ba sireletsa ba tsena mo letsogong. Melao e e 14 e gotweng e etla, re ya go e dira bosigo ke boammaaruri ka gore nako yone e tlaabo e seyo, 14 *Bills in six weeks*, re le mo go Labobedi gompiano jaana. Ke bona e bile re tsena phakela le maitseboa fa re setse re tsamaya mo go bo *five weeks and six weeks*. Boammaaruri ke gone gore o ke one o ka bong o beetswe kwa morago ra tla ra o dira bosigo gore le fa go ka se ka ga diragala, re tlaa nna re o bona nako e e tlang ka gore mathata a Botswana a feta mathata a ba ba tsenang mo letsogong ba re ba baakanyetsang *medical aid* gompiano. Ke se ke se buang sone seo.

Gape nte ke bue kgang e nngwe, mongwe o buile ka kgang e gore, kana gantsi le fa o dira *regulations*, o dira molao o mosh, ga se gantsi o tla o sena tlhathlwa, kante a *price tag*. So, re lebelele gore ke mang yo o

tlileng go duela ditsamaiso tse di ntšha tse. Re ka nna ra fitlhela e le gore le jone bonnyennyane jo re nang le jone joo, jo e leng gore ke jone bo sirelediwang ka molao o, ba tlaabo jaanong ba duelwa go feta jaaka ba ntse ba duela. Boammaaruri ke gore mo dikgweding tse di fetileng tsele, go na le *medical aid* wa BPOMAS, batho ba ne ba ngongorega gore *they no longer afford it because* itsholelo ya rona e ile kwa tlase. Le fa e le gore o ne o ntse o le mo *medical aid*, o a ipotsa gore a ke nne mo go one kante ke tswe, ke boloke bonnyennyane jo, ka gore ngwana wa ga mmangwane le ene kwa lwapeng kwa ga a na tiro, ke gore 37 per cent ya *youth* e sena tiro. O ngathoganya le batho ba ba ntsi mo e leng gore o simolola o ipotsa gore ke ngathe fa kae, ke tlogele fa kae. Gantsi o ngatha kwa botsogong jwa gago, o tsaya gore a ke santse ke tsogile, mma ke kgaole *medical aid* gore ke tsenye ngwana wa ga nkgonne sekole ka gore gompiano jaana o feitse (*failed*) *Form Five* mme e bile ga go na kwa a yang teng. Kante o pasitse *Form Three* mme e bile ga go na kwa a yang teng go tswa gone fa. So, o tlaa fitlhela batho ba dira *choices* gompiano ka gore *the economy is bad. One of the choices they make* ke gone gore nte ke tswe mo *medical aid and save*. Jaanong gompiano jaana fa e le molao o, mme re itse gore o ya go tsholetsa *contributions* ka tsela nngwe ka gore fa o simolola o dira *regulations*, fa o simolola go nna le jaaka mongwe a ne a bua, go nna le *brokers, obviously* golo moo go isa ditlhwatlhwa kwa godimo jalojalo. Re lebelele gone mo, re itse gore mme go ya kwa pele, re dira molao o o siametseng bonnyennyane mo Botswana.

Kwa Dikgonnye ba ntheeditse ba ipotsa gore ao! Mma Dow, a o ne o sa bue ka sengwe se e leng gore kamoso re ka bona gore gongwe se tlaa fetola matshelo ame? Ke re nnyaa, mme gatwe go tla le e mengwe e e 13, re tlaa tla re utlwa gore mo go yone a Puso ga e a go tsholela sepe. Ke solofela gore ba se tshotse, re tlaa tla re bua ka sone ka nako ya teng.

With that Mr Speaker, ke ema Mothusu Tautona nokeng ka Molao-kakanyetso o. *I thank you.*

MR SEGOKGO (TLOKWENG): Ke a leboga *Mr Speaker*, mme e bile ke bo ke leboga le Vice President (VP) go re tlela ka molao o wa *medical aid*. Tota fela fa o lebelela sentle, mo lefatsheng le re bapileng le lone la South Africa le e leng gore gantsi re dumela gore *is the economic hegemony* ya Africa, o fitlhela e le gore *the medical aid industry* ka bo yone fela e tsamaya kwa go bo 250 billion. Ke gore ka 2023 di *premium* tsa teng di ne di tsamaya kwa go 250 billion, mme *claims* tsa teng di ne di tsamaya kwa go 230 billion. Ke gore le fa o lebelela

television ya Afrika Borwa, o lebelela *advert*s tse e leng gore di a diragala gone mo *television* ka *medical aids*, o a kgona go bona gore *it is a big industry*. O lebelela *the big three*; Discovery, Momentum le Liberty, ba ipitsa ba re ke *the big three*, ba e leng gore ka bo bone fela *contribution* ya bone ya *medical aids* is 70 per cent kwa South Africa. O a bona gore *it is really a big industry* e e leng gore kwa ntlheng ga yone fela *it moves and shakes the capital markets* tsa kwa Johannesburg Stock Exchange (JSE). Gone folo foo, ke teng kwa e leng gore *as we move forward Mr Speaker*, re le lefatshe, *there is so much liquidity* mo lefatsheng la Botswana e e leng gore *it is unutilized, especially* ka nako e e leng gore *we are under siege from the economic doldrums* tse re di bonang mo lefatsheng la Botswana gompiano kana mo gotweng ke *technical recession*. Fa gongwe madi a o fitlhelang a kolekiwa *especially* a e leng gore a kolekiwa *from the Government side*, o fitlhela e le gore madi a teng ga a kgone *to be utilised*.

Ke kile ka tsamaela fa ntle fale ke re ke ya go leka *to research* gore tota mme *contribution* ya *medical aids* mo Gross Domestic Product (GDP) kana mo itsholelong fela ka kakaretso e tsamaya fa kae. Mongwe o ne a nthaya a re *it is around P1.2 billion* ka 2023, mme e le *information* e e leng gore e santse e le *unverified*. Ga ke batle gore ke e bue fa gongwe mo Palamenteng, e re fa re tswela kwa ntle re bo re fitlhela e le gore kgang ya teng ga se boammaaruri. *It is something above P1 billion*, mo e leng gore *as we go on, we just have to liberalise this industry*. Gore jaaka maloba re ne re tla fa re adima madi a Botswana Public Officers Pension Fund (BPPOP), le rona re ye go bona gore *going forward*, madi a e leng gore ke *contribution of Government to these medical aids*, kana a setšhaba sa lefatshe fela ka kakaretso, e ka nna *the private sector* kana *the public sector*. Re ye go bona gore fa dinako di le thata jaaka di le thata jaana, *how can they contribute to the economy and also to the growth of the economy*, gotlhe fela. E ka nna *the private sector* e bo e nna le yone *the public sector*. Ke gone golo mo e leng gore ke a go kopa. *The UDC Government* ke ntse ke etse tlhoko fela, ke gore ke leka *to detach from the Government for the past eight months*, ke a kgona go bona gore fa ke tswa, ke gore ke ikapola bo UDC ke lebelela ke le kwa ntle ke dira *prismatic view, a lot of boxes are being ticked for the past eight months; so much development* e e leng gore *this new Government* e a e dira.

Dikgang tse dingwe bangwe ba sa kgone gore ba ka di lemoga mme e le dilo tse di kgonang go bonala. Ke ntse

ke utlwa my *honourable* yo ke mo ratang thata *Mother of the House* a tlhalosa gore re tshwanetse *to focus* thata mo go boneng gore *the health sector* re e dira ka tsela e e ntseng jang. Ke dumela gore ke jaaka re le *step in the right direction because* jaaka ke ne ke tlhalosa mafatshe a, fa re ntse re oketsa *liquidity* mo *medical aids*, ke gone gore kgantele di bo di kgona *to support the health sector*. Re bone gore *growth* ya yone e ka nna kana kang ka *the abundant liquidity* e e tlaabong e bonala mo *medical aids*. So fa re tlaabo re santse re emetse Tona wa tsa Botsogo gore a re tlele ka *the National Health Insurance*, re dumela gore e tlele gore dilo tse di tla re di kopanya le tsa ga Tona, di tlaabo di isa kwa goreng Motswana mongwe le mongwe a bo a na le tshwanelo ya gore a bo a ka bona bongaka jo bo rileng.

Ke dumela gore ke jaaka re ntse re tsweletse mo *the 100 per cent* kana mo lebelong la rona. Go dira fela jalo re setse e bile re tsamaela kwa go bo *40/50 per cent*, mo e leng gore Tona wa tsa Madi o tlhofofaletsa Tona wa tsa Botsogo tiro gore fa nako e tla e diragala, le bone ba bo ba tlhola gore mme gone *how much money they have managed to raise* gore a ka tla a thusa mo go tsa botsogo. Jaaka ke ne ke e fa sekai, *these medical aids in South Africa*; fa o lebelela Netcare, Life Healthcare le Medi Clinic, ke tse e leng gore *existence* ya tsone depend mo *medical aids* tse. Fa re ntse re tsamaya re ya kwa pele, di kgona go dira dikago tse le botsogo jo bo botoka fela thata. Ke gone jaaka re ne re di dira gore di nne dintsi gore Batswana ba kgone *to access them*.

Ke tswelela Tona mo go go emeng nokeng mo molaong o, go na le fa o tlhalositseng teng ka *the essential health services package*, e ke dumelang gore e santse e le *under review* kwa *Ministry of Health* mme ke bona re e tsentse gone fa. E rile fa le ntse le tsweletse le dira *consultation* le ba Deloitte Consultants, ba ne ba ntsha *recommendation* e e neng e tlhalosa gore e se ka ya nama e le *included* mo *Act* ka gore fa gongwe e tlaa felela e le gore e babalela *the service providers*. Fa re ntse re tswelela kwa pele ka gore *we are talking of the 6 months and also the 36 months* e ke tlaa e bitsang ke re ke *transitional period* gore re kgone go itlwaetsa gore go na le selo se se tlaabong se le sesha se tla, e nne ditshekatsheko tse di tlaa nnang teng gore *as much as* re tlaabo re sireletsa Batswana ka kakaretso, e se ka *service providers* ba felela ba palelwa ke go thusa batho fa e le gore ba tlaabo ba na le diemo tse di bokete. Yone eo Tona, ke ne ke re re tle re kgone go e tsenya matlho, ke seemo se re ka se lebelelang ka tsela e e ntseng jalo.

Ke go ema nokeng, ke dumela gore mo *the six weeks* e re tlaabong re le fa, e tota re e fetise re sa oshaoshe, re tle re kgone go bona gore re sireletsa Batswana ka tsela e e ntseng jang. Gone go ne go diragala dilo di le dintsi, go kile ga tla *medical aids* di le dintsi. Ke ntse ke leka go lebelela Standing Orders gone fa mme ke tshaba *to mention* maina jaaka o ne o re thusa kgantele mongwame gore go na le batho ba le bantsi kwa Kgaoalong ya Tlokweng ba e leng gore *these medical aids were closed* tsa sia ka madi a bone *Mr Speaker*. E le gore ba sa le ba kolekile mme ba bo ba felela e le gore ba sia ka madi a batho.

Le gone gape fa re ntse re lebelela kwa pele, fa *Honourable Mokoka* a kolekile madi a ise a tsogelwe ke bolwetse ka gore *I know that she exercises* mme a na le bo *five years contributing*, re kgone *to liberalise* ka tsela e a tlaa kgonang go tlopolo sengwenyana. Ga a ise a ko a lwale *in five years* mme ke ntse ke tlisa 1000 kwa go lona kgwedi le kgwedi, tla ke tlopolo bogolo le mpheng *50 per cent* ka gore ka e bile ka ga ke motho yo ke lwalang thata, ke tlhapa meno fela ka *medical aid* o mme ga ke bolo *to contribute*. Le fa ke ntse ke le Modulasetilo wa Khansale ke ne ke koleka, ke tshwanetse ke bo ke kolekile bo 2000 *Mr Speaker*, mo *medical aids* tse mme ke sa itse gore *future* e tlaa dira jang; ke raya ke e fa e le sekai fela. Banni ba Tlokweng ba le bantsi *Mr Speaker*, *have contributed to the medical aids* di ka nna tharo tse e leng gore *have collapsed* e bo di felela di sia ka madi a bone. Se Puso ya UDC e e ka reng ke tlaa e rata thata ka melao e e tlang ka yone go sireletsa Batswana, ke dumela gore dikgang tse di tlaa felela di sireletsa banni ba Tlokweng gore ba se ka ba felela ba tshela fela mo kgetsaneng.

Ka go rialo *Mr Speaker*, ke ne ke re ke eme fela go le kalo. Tona wa tsa Madi, ke go eme nokeng mongwame gore re fetise molao o e bile re sa diege, re bone gore re ka sireletsa ditshwanelo tsa Batswana ka tsela e e ntseng jang. Re ikaile *in our manifesto*, Tautona le ene o tlhalositse gore re Puso ya ditshwanelo. Re tshwanetse gore fa gotwe re Puso ya ditshwanelo, le rona re bo re apere kobo ya ditshwanelo mo puong ya rona, mo go se re se buang *in the floor of Parliament*, mo go se re tlaabong re se dira le Batswana ba se bona. Re tshwanetse re itshupe le rona gore re Puso ya ditshwanelo, re se ka ra bua fela mme re sa tle ka melao e e tlaa felelang e sireletsa Batswana ba ba re beileng fa re leng teng. Ka go rialo, *I therefore submit Mr Speaker. Thank you very much.*

MR BARONGWANG (MOGODITSHANE EAST):

Ke a go leboga *Mr Speaker*, gore a bo o mphile sebaka *to contribute into this very important Bill*. Gape ke ema jaana ke itse gore re kile ra e atlhaatlha kgantele mme *I feel like* ke tshwanelwa ke gore ke ntshe se ke neng ke se akantse mo go nna gore re lebe dikgang tse dingwe ka pharologanyo.

Ke ema jaana ke simolola pele ka *to support Bill* e Mothusa Tautona ka lebaka la gore tota ke nako ya go tswala ka melao diphatlha tse gongwe di ntseng di le teng. Fa re di tswala ka melao jaana re leke ka bojotlhe ka go lebelela kwa pele le go leka go nna *very inclusive*. Ke buisiwa se ke gore ke itemogetse *a serious omission* le *silence when it comes to inclusion* ya *the traditional healers and indigenous knowledge* mo molaong o. *Normally* fa re na le keletso ya sepe re leka ka bojotlhe gore fa e le gore re batla go simolodisa, re se akaretse le ka nako ya fa re dira melao. *So* molao o keletso kgolo ya me e ne e le gore jaaka re supa gore *these modern medical systems can be paid* jang *or how can they be managed*, ke nako e re ka bong re e dirisitswe thata *to develop our indigenous knowledge* gongwe ka ditsela tse di farologaneng. *Gongwe there should be a little contribution that goes to these traditional healers and indigenous knowledge*. Gape se se mosola ke gore fa o dirile jalo, o leka ka bojotlhe gore o itshupe, fa o le Motswana o ntse jaana o a ikitse gore *for a very long time our communities have been reliant* mo *services* tsa dingaka tsa Setswana. Jaanong fa e le gore *we are modernising and moving towards the western systems*, a mme go raya gore re ya go lebelela bone fela *and exclude* ba ba sa bolong go re tshegetsatsa pele ga *the modern systems* tsa melemo di nna teng?

Mme golo mo gape *what it does, it creates a disconnect from reality*. Re a itse, ba le ba ntsi ba kwa... gatwe kae kgaolo ya gago kana, Parakarungu le Gudigwa, *they do not have access to these medical systems* tse re di buang gompiano, *and a good portion*, le gone mo toropong mo kwa gotweng *services* tsa teng di teng, *they cannot afford it*.

Kwa Mogoditshane go na le *a traditional healer* yo o tswang kgakala, o bidiwa Rre Tshenolo. O tswa kgakala a thusa batho ba Mogoditshane. Mme fa o re o a lebelela gore *such a knowledge*, ka gore e bile e setse e le motho yo motona, o setse gongwe a le mo malatsing a tshegofatso ya Morena, jaanong fa a ka tsamaya go ise go nne le ope yo e leng gore o na le *skill* seo mme tota rona re le Goromente re sa *contribute* gope gore

we could assist in transfer of that knowledge, re tlaabo re bolaile tšhaba ya Mogoditshane e e tlaa tlang ka gore re beilwe diphogwana koo, re tsene dibata koo ka bontsi. Jaanong re tshwanelwa ke gore re *protect this indigenous knowledge*, and re leke ka bojotlhe gore fa sebaka se tshwana le se sa Palamente yone e e dira molao o e leng gore o ikaegile ka go thusa bao ba ba setseng ba le mo *system*, gape re e tle re lebelele le ba e leng gore gongwe *the past system, the past regimes, ignored them*.

Lebaka le lengwe gape ke gore bontsi jwa batho ba kwa tennyanateng, *their first line of contact* fa botsogo bo wela kwa tlase, ke ngaka ya Setswana. Jaanong fa e le gore batho ba tlaabo ba bona thuso e e mosolasola mo go kalo mme re le Goromente re sa kgone *to structure our framework such that we become inclusive to a good portion of the citizens*, nnyaa, re tlaabo re sa dire sentle.

For a very-very long time, dingaka tsa Setswana *have been custodians of our health*, a re ba lemogeng (*recognise*), re se ka ra ba *recognise* fela ka go ba raya re re yang *to form a society*. Le *certificate* se o se fitlhelang kwa re tlholang re ya teng o fitlhela se kaleditswe fale, *that is not enough*.

Tota e seng kwa diagelong fela, le kwa dikerekeng dingwe fela tse e leng gore *they are well structured* jaaka e e tshwanang le ya ga Motlotlegi *Minister* wa *Correctional Services*, ke nngwe ya dikereke tse di re thusang thata.

HONOURABLE MEMBERS: ...(Murmurs)...

MR BARONGWANG: Fa re ka *recognise* dilo tseo, tota di ka...

HONOURABLE MEMBERS: ...(Murmurs)...

MR BARONGWANG: Le tsone dikereke tse di tshwanang le tseo tse di fang thuso eo, *they feel part of the system*.

HONOURABLE MEMBERS: ...(Murmurs)...

MR SPEAKER: *Order!* O raya e a e tsenang, e seng e a e butsenseng e le ya gagwe.

HONOURABLE MEMBERS: ...(Laughter!)...

MR BARONGWANG: Nnyaa, e a e tsenang. Fa e le gore o tlaa nna le keletso ya go bula nngwe *in future*, ke mo eleletsatsa masego a a ntseng jalo.

Fa o lebelela molao o gape o kare o a *marginalise comrades*, o lebeletse *system* e ntšha ya dingaka, o lebeletse dituelo tse e leng gore di boela dingaka tse e leng gore di tsene kwa ga Mmamosadinyana, o itebatsa dingaka tse di sa bolong go re thusa. *So, it has got a spirit of marginalising another healthcare over the other.* Fa e le gore totatota re eletsa *to protect this indigenous knowledge* mme gape re lebile gore *our manifesto* re le UDC, *it was resonating very well* le *the general public*, *so going forward, we must keep that.* Fa e le gore re ne re *we are going to be inclusive, let us be inclusive when we are doing laws as well.* Molao o o ntseng jaana o tshwanelwa ke gore o lemoge gore ga se mang le mang yo e leng gore gongwe o tlaa ya kwa GPH kwa ke neng ke robaditswe mo go sone maloba. O tshwanelwa ke gore o lemoge gore motlha mongwe *services* tsa GPH ga di yo. Jaanong le fa gongwe re ka re nnyaa, re emetse gore *Minister* wa *Health* a *recognise the traditional healers* mme le rona fa sebaka se tshwana le se, e bile re dira molao ka yone nako yone e, re nne *progressive*, re akanyetse kwa pele gore *what if now* re setse re na le molao oo, ke eng re sa o *cover* le gompiano. Ke a bona gore nako ya me e a sia.

Gape le bo *inclusiveness*, kana fa re re *we are inclusive*, re raya fa *contribution* ya Motswana mongwe le mongwe *being valued*. Fa e le gore *we are valuing the services that we got or we are getting*, ke a itse gore... gatwe ke mang wa Mogoditshane, Lekau o santse a na le *services* tsa go e tla a ya ditirelong, re tshwanelwa ke *to value service* ya batho bao. Gape *inclusiveness* e balele le gore *we must include our culture when we are doing our laws.* Fa re dira melao ya rona, re nne *very inclusive to our culture and heritage*, re se ka ra lebelela fela gore go na le *companies* tse di tswang kwa Afrika Borwa tse di bokete tse e leng gore di dira madi. Rona ka tsela nngwe, re leke *to promote our culture*. Ke yone nako ya gore gongwe fela fa e le gore ga re na melao epe kana *recognition* ya gore go na le *services that we are getting from somewhere else, at least* re nne le *fund-nyana* e e leng gore e itebagantse le *future development of this caliber*.

Jaanong fa ke setse ke ya go tswala, gongwe *Bill* e e ka bo e dirilwe gore *at least 1 or 0.1 per cent of the billions that we are talking about* di isiwe *towards developing indigenous knowledge and heritage*. Ke tsaya gore tseo di setse di le teng, go setse go na le makgotla a e leng gore a itebagantse le *to maintain the culture and indigenous knowledge*. So, ke sone sebaka sone se sa gore bontlha bongwe jwa madi ape a re a duelang kwa

medical aids bo ye kwa go tokafatseng *such services*. Ke a leboga. *Thank you.*

HONOURABLE MEMBERS: ... (Applause!) ...

MR MOALOSI (NKANGE): Ke a leboga *Honourable Speaker*. Ke go dumedise, ke dumedise le Batswana kwa gae. Ke re re lebogela *Bill* e, e e tlang ka Mothusa Tautona ya *to regulate funds* tsa *medical aids*. *Mr Speaker*, batho ba kwa kgaolong ya me *maybe 99 per cent of them* fa go buiwa *medical aid*, ga ba itse gore go tewa eng, ba o utlwa fela o buiwa fale le fale. Ke re gongwe fa re ntse re tsweletse ka go busa, ba re busang, re dire gore re baakanye kgorogo ya ditsompelo tsa botsogo kwa bathong ka gore kwa kgaolong ya me baruti mo dintshong gantsi o tlaa utlwa ba bua fela gore, “Modimo o neile, Goromente o tsere,” ba lebile ka fa motho a tlhokafetseng ka teng, a tlhokile go bona thuso ya potlako. Le fa e se ya potlako tota, thuso fela ya go tlhoka go bona melemo, go tlhoka go bona *specialists*, go tlhoka go bona le *tests* fela motho a belaela gore o ka tswa a na le *cancer*, go bo go tlhoka *reagents* jaaka go ntse jaana mo lefatsheng le *since last year* go sena *reagents that can test cancer* mo dipateleng tsa ga Goromente. Jaanong selo seo se dira gore baruti ba re tota motho yo ga a a tsewa ke Modimo, o tserwe ke Goromente ka go tlhoka go mo direla bomolemo jwa gore a bone thuso kwa sepateleng. Gongwe re bue fela gore *medical aids* di a thusa mo go *the little 1 per cent* ya *population* ya Botswana e e leng gore ba na le *access to medical aid*. Fa o tseneletswe ke bolwetse jo bo tlhokang gore o robadiwe lebaka kwa dipateleng tse go duelang teng, o a ntshiwa, madi a a fela a *medical aid*, ga se poto e e sa feleng. Fa o nna fela mo Intensive Care Unit (ICU) *even four or five days, depending* gore o mo *package* efe ya *medical aid*, ba go busetsa kwa Marina. So, tota e a thusa gongwe o ne o opiwa ke tlhogo kana o ne o na le sengwe fela se o ka thusiwa ka lebakanyana. Selo seo se supa gore *not everybody is immune*, le fa ke ne ke utlwa *Mother of the House* a bua gore gongwe fa o na le madi kana o le Mopalamente kana *Minister*, o ka kgona go thusiwa ke *medical aid*, wa tshela lebaka le le leelenyana, mme gone fa o lwala bolwetse jo bo tlhokang go thusiwa mo go tseneletseng, o robadiwa, o tsena mo ICU, o tlhoka *specialists*, madi ao a a fela.

I know a lot of people ba ba neng ba robadiwa gongwe dibeke tse pedi kwa Bokamoso, fa a tswa foo a bo a ya go tlhokafalela kwa Marina. E bile o ipotsa gore fa a ka bo a ne a sa waste madi, bo P100 000 or P200 000 wa *medical aid* kwa Bokamoso, o ka bo a ile Marina fela ba bo ba mo neela madi ale gore re mo fitlhe ka one, ka

gore go ya kwa go tsone dipatela tseo, ga go a mo thusa ka sepe ka gore madi a ne a fela *before treatment* ya teng e kgona go mo ntsha mo diphatseng tsa go tlhokafala. Gongwe re *prioritise* thata *public health* gore *the need for people to use medical aid* e fokotsege.

Ke ne ke reeditse maloba fa go ntse go buiwa gore *economy* kana sepatšhe se fitlhetswe se le makgwakgwa, *private hospitals* di ne di kolotiwa ke Goromente gotwe bo P2 *billion* kana P3 *billion*, mme o bona gore madi ao a P3 *billion*, kana go raya gore go ne go duelwa *specialists*. Go na le batho ba ba isiwang ke Goromente ba se mo *medical aid*, ba isiwa kwa dipateleng gore ba ye go dirwa bo *dialysis*, ba dirwe eng, *those special medical procedures*. Fa nkabo P2 *billion* yole a tsentswe mo dipateleng tsa rona, go rekilwe *machines* e, go hirilwe *specialists* tsone tseo kwa go Goromente, *then there would be no need for* Goromente gore a bo a kolota *private hospitals*.

Jaanong re leboga thata gore *any industry* e e leng teng e e tshwanang le ya *medical aids, be regulated* ka fa go tshwanetseng ka teng, mme re se ka ra lebala gore go na le Batswana ba bantsi *who are underemployed*. Ba bereka kwa dikomponeng tse e leng gore ga di *provide medical aid*, mme bone ka *salaries* tsa bone ga ba ka ke ba *afford* go duela *premium* ya *medical aid*. Go raya gore ba tlogetswe kwa ntle, fa ba lwala ba ya gone kwa dipateleng tsa ga Goromente tse e leng gore ga go na melemo, ga go na eng.

Mo molaong o ke bona gotwe *they would be regulated by the regulatory board* e e tlaabong e dirilwe le NBFIRA. Gongwe le e lebelele Tona gore kana *dual licensing is very dangerous* ka gore o kgona *to meet requirements* tsa mongwe o duetse madi a a tlhokafalang, o bo o tla o sa *meet* tsa *the other regulator*, go bo go raya gore o feletsa o latlhegetswe ke madi, ka gore gongwe *you met* tsa *board that regulates medical aids*, mme NBFIRA ka fa e bo e re nnyaa, fa ga o *meet requirements* tsa rona. Gongwe le e lebelele gore ba ka dirisanya jang gore kana melao e e ka nna *harmonised* jang gore *at least licence requirements* tsa teng di nne *clear*, o se ka wa duela *licence* e nngwe, e nngwe e se *approved*. Gongwe ba di *approve* tsotlhe, e bo e le gone gotweng tla o duele *the licence fees*, gore re se ka ra fitlhela motho a duetse madi a a seng kana ka sepe a *licence* kwa NBFIRA, a bo e re a tsena kwa go ba *medical aid* ba bo ba mo raya ba re nnyaa, ga o *meet the requirements* tsa rona.

Ke bone golo gongwe mo *requirements* fa gotwe *one of the licence conditions is that you should have 1500*

members. Kana fa o simolola e le lantlha, *you might not meet that requirement* ya gore o nne le batho ba le 1500, kana gotwe gongwe o bontshe *potential* ya gore o tlaa nna le batho ba le kalo. Ke kope gore gongwe *medical aids* fa le ka *regulate prices* tsa *private hospitals*, ke dumela gore le Goromente wa makomanisi, fa re bua ka *price regulation* ga re bue ka dilo tse le sa di itseng. Le fa gongwe Mothusa Tautona ene e se lekomanisi, go lela setlhako sa gagwe, mme gone bo Rre Ramaotwana ba dumalana le nna gore *there should be price regulation*. Fa go ka *regulate prices* tsa *private hospitals*, re ka kgona gore madi a re a ntshang re duela *medical aid*, e re fa o lwala a go *last* lebakanyana, a go *cover* dilo tse dintsi. Ga ke itse, mme ga ke bone go le mo *Bill* gore go ka nna le *regulation*, le ka o dira ka *Bills* tse dingwe *regulating private hospitals* gore *at least their prices* di nne *regulated*.

E kile ya re nako e nngwe ke latlhile *prescription* ke bo ke re mma ke tsene fa ngakeng fale a ntirele *prescription*. A bo a nkwaletse fela e bile ke sa tsena mo *consultation room*. Fa ke tla ke e lebelele, ke bona gore *he charged me* P1200, nna ga a *charge* sepe kwa, o nkwaletse a bo a ya go betsa *medical aid* P1200 wa *consultation*, ka gore e ne e le *specialist*. Jaanong ke dilo tse e leng gore fa go sa *review*, kamoso fa madi a me a tlhabela ke le kwa Bokamoso kana golo gongwe fela kwa e leng gore ke a bo ke lwala ke le teng, a bo a jelwe ke motho a tsere P1200 fela gore o nkwaletse *prescription*. Jaanong dilo tse re tshwanetse gore gongwe di lebelelwe ka gore gantsi fa re le batho, ga re tlhaloganye ka gore ke *medical aid*, ga re kgone go lemoga gore ke madi a rona. Re saena fela, fa o sa duela 10 *per cent* o ithaya o re o dule ka tshoba la mogodu, mme ka fa e le madi a gago.

Gongwe ke dumalane le Mopalamente wa Tlokweng gore *medical aid* ba rotloediwe le bone gore ba nne le bo *cashback*. *Insurances* tse dingwe di na le *cashback*. Fa o ne o ntsha *premium* for lebaka, *eventually* ba kgona go go raya ba re ka gore ga o a *claim* for lebaka le le kana, re go neela sengwenyana mo mading a *profit* e re e dirileng fa re ntse re *invest* madi a gago. Gongwe re ba *encourage* le bone gore ba dire jalo ba *medical aids*. Ke dumalana le wena Mothusa Tautona gore a *medical aids be regulated* go sena sepe se ke se boneng se se fatlhang mo molaong, go na le kgang fela ya gore gongwe *the dual licensing* e e dirang gore batho ba *be licensed* ke maphata a mabedi, gongwe le e lebelele, kana fa e le gore ga ke a e bona sentle o tlaa tla o ntlhalosetsa gore fa o ne o sa bona sentle. O *license* golo go le gongwefela.

Fa ke wela, *let us try to fix the public health system*, gore *the need for medical aid* e se ka ya nna teng. Ke dumela gore madi a Goromente a a dirisang a mantsi a romela batho kwa Baragwanath, kwa kae, motho a romelwa kwa South Africa, go dirisiwa gongwe P600 000 mo mothong a le mongwefela, fa madi ao a ka bo a dirisiwa go batliwa *specialists*, kana *it is a matter of just creating vacancies*. Maloba kwa Public Accounts Committee (PAC), re ne ra botsa Permanent Secretary (PS) wa *health* gore kante ke eng go sena dingaka. A re Directorate of Public Service Management (DPSM) e gana go re neela *posts*. Jaanong fa re ka dira gore DPSM e *create posts because* dingaka di gongwe le gongwe. Fa o batla ngaka a tswa Zambia a tla go bereka kwano, fa *post* e le teng, o tlaa tla. Fa o batla *specialist* se tswa kwa United Kingdom (UK) se tla go theogela kwano, ba tlaa tla.

Jaanong a re direng gore gongwe le lebelele gore DPSM mme yone ka fa e *manage posts* ka teng, ke a dumela gore le rile kana World Bank e rile le fokotse *the wage bill*, mme *we cannot reduce the wage bill at the expense of the lives of our people*. Ke ne ke ba raya ke re gongwe ba tswale *posts* tse dingwe tsa kwa bo Botswana Defence Force (BDF) ba fokotse masole. Ba tseye *posts* tseo ba di tsenye kwa dingakeng ka gore *I am more in threat of dying from cancer than* go hulwa ke lerabele mo Botswana. So, *let us take the money where we need it*, gore gongwe re emise kgang ya gore Goromente o tsaya batho. Ke a leboga Mr Speaker.

ASSISTANT MINISTER OF COMMUNICATIONS AND INNOVATION (MR NTLHAILE): Ke a leboga Motsamaisa Dipuisanyo tsa Palamente. Ke a le leboga Batlotlegi Mapalamente ba le setseng le buile pele ga me. Ke emela selo se le sengwefela Motlotlegi Motsamaisa Dipuisanyo tsa Palamente. Ke eme nokeng *Bill* e re e beilweng pele fano ke Motlotlegi Tona wa tsa Madi e bile e le Mothusa Tautona, Motlotlegi Ndaba Nkosinathi Gaolathe. *Bill* e, ke molao o o botlhokwa thata mo matshelong a Batswana. Re le Goromente wa UDC, lantlha fela re supe gore re Goromente yo re lemogang gore re eteletse pele kana re tsamaisa Goromente wa lefatshe la tšhaba e e farologanang ka itsholelo, *we are running a mixed economy type of Government*. Re lemoga gore re le Batswana ga re lekalekane ka itsholelo. Ke sone se ke dumalanang le Mothusa Tautona a gakolola Ntlo e gore re mo leetong, re simolotse mosepele, mme mosepele o o supa gore go na bontlha bongwe jwa Batswana ba ba setseng ba ikuetse. *They have sounded a clarion call to this*

Government gore a go lelwalejwe molao o o tsamaisang *Medical Aid Funds*. Ke sone se ke reng, molao o o tla ka nako e e maleba e re tshwanetseng ra tsiboga.

At the same, I appreciate the concerns that were raised by Honourable Member of Parliament, Unity Dow, gore mme go botlhokwa gore fa re ntse re tswelletse, re fefose dinao tsa rona go itebaganya le mathata a botsogo kana tsa kalafi tse di amang bontsi jwa Batswana ba itsholelo e e kwa tlase. Ke re Goromente yo wa UDC o tshela a bo a hema kutlwisiso le *the beliefs and values* tsa gore Motswana yo o kobo dikhutshwane ke ene yo re tshwanelwang ke gore re tsiboge ka bofelo go mo thusa, go mo neela ditlamelo tse di maleba.

Motsamaisa Dipuisanyo tsa Palamente, ke ema molao o nokeng ka kutlwisiso eo, ya gore tšhaba ya rona gompiano fa e leng teng re mo leetong, re simolotse. Leeto le o ka bona gore ke le le tlhoafetseng, la Goromente yo o tlhoafetseng, yo e rileng di tloga pele fa a bua ka molao wa *Medical Aid Fund*, a ntsha puo e tona ya gore, Goromente yo fa a tsaya puso o ya go tla ka se gotweng ke *National Health Insurance Scheme*. Seo ke maikano, ke kgolagano e re e dirileng le Batswana gore, bagaetsho le fa re setse re simolotse leeto le se ka la lebala, le tlaa tswelela le ntse le gakologelwa gore re mo tseleng, re itlamile gore re ya go dira a *National Health Insurance Scheme*. Ke sone se ke bonang gore molao o o lebagane le maitlamo a UDC, ka gore fa o tsaya mo *page 8* ya maitlamo, re bua ka gore *each citizen will enjoy access to quality medical services*, underline that Mr Speaker, go sa kgathalesege gore a o mo *medical aid* kana ga o mo go one. Se se botlhokwa ke gore, Motswana mongwe le mongwe a bone *quality medical service*. Mothusa Tautona, o tla ka Molao-kakanyetso o o supang gore re tswelletse, re batla gore ba ba setseng ba neelwa *quality medical services* mme e bile e fokotsegile, boleng jwa yone bo fokodiwa ke gore ga ba kgone go e bona ka ntata ya gore e a tura, madi a mantsi thata, ba felela ba tlhaelelwa kana ba ntshiwa *from those services* ka ntata ya gore ga ba kgone, go botlhokwa gore re gakolole Ntlo e e fano gore Molao-kakanyetso o o maleba. *Medical Aid Funds* di ntse di itirelela (*self-regulation*), mme molao o o tlaa thusa gore *Medical Aid Funds* di tsene mo tseleng ya gore di laolesege. O tsamaelana gape le maitlamo a UDC. O ka bona gore re sa le re ntse re lemoga gore le *Medical Aid Funds* tse re dumelang gore di thusa ba bangwe ba gongwe ba ikgonang, go botlhokwa gore le bone re ba sireletse. Ba ba dikobo dikhutshwane re tlile go ba direla tsamaiso e e tlaabong e duelelwa ke Goromente, e e tlaabong e ba thusa.

Mr Speaker, molao o o maleba, ka gore *manifesto* wa UDC o supa gore, “*medical practitioners will be encouraged to set up local health facilities and be paid through the National Medical Insurance Scheme.*” O ka bona gore thulaganyo ya go tlamela Batswana botlhe, go sa kgathalesege gore a ba mo *Medical Aid Fund*, Goromente o tlaabo a kgona gore a ba duelele kwa go *medical practitioners* ba e leng gore *they have set up* mo lefatsheng la Botswana. Molao o o tla ka nako e e maleba, re tshwanetse ra o ema nokeng.

Mr Speaker, molao o fa o tla jaana, dingwe tse Batswana ba neng ba tshwenyegile ka tsone ke gore, *Medical Aid Funds were allocating customers to service providers*. Batswana ba ba nang le botsogo jo bo rileng, gongwe ke jwa pelo, diphilo kana eng, *Medical Funds were allocating* gore wena o ka ya go bona ngaka ya gore. E le gore go na le ditumalano tse ba di dirang le *those medical practitioners*. Go bo go raya gore ka gone mo ba kgona go laola ditlhwatlhwa tsa melemo. Jaanong molao o o tla ka nako e e maleba, e e leng gore *they will be regulated*, ditlhwatlhwa tsa melemo le tsone di nne mo seemong se Batswana ba ka se keng ba jewa ntsoma.

E nngwe ke e e setseng e builwe ke batlotlegi ya gore, kana e ntse e le tlwaelo gore *Medical Aids Funds* fa o ntse o tswela *contributing* o le leloko *for five years or more*, ga go na thulaganyo ya gore o ka busetswa madi a gago. Jaanong re dumela gore Molao-kakanyetso o o tshwanang le o, o botlhokwa ka gore o tlaa sireletsa maloko a *Medical Funds* ba e leng gore *they have contributed* lebaka le le leele mme e bile ba sa kgona *to use their claims* gore ba sireletswe gore madi a a boele kwa go bone.

Se sengwe se se ntseng re diragala *Mr Speaker* ke gore, *Medical Aid Funds were setting the maximum cap* ya *claim* e e leng gore molwetse o ne a letlelelwa gore o ka e tsaya. Gone mo go ne go dira gore bontsi jwa balwetse ba felele ba sa bone kalafi e ba e tlhokang. Re dumela gore Molao-kakanyetso o o tla ka nako e e maleba, o tlaa thusa Batswana ba le bantsi ba ba ntseng ba jewa ntsoma.

Ke gakolola Batswana gore, ke one mosepele bagaetsho o o golelang kwa gore mo go yone nako e fa re santse re baakanya melao e e leng gore *these are low hanging fruits*, re tlaabo re itse gore *the National Medical Health Insurance Scheme* le yone e mo tseleng, ke yone e tona, ka gore e akaretse Batswana ba bantsi ba itsholelo e e kwa tlase le ba e leng gore ga ba na eng, ga ba na eng. Ke bone ba re tswelletseng re santse re ba baakanyetsa *Mr Speaker*.

Ke ne ke re ke bue dintlha tse tse di supang gore molao o ke o o maleba. Ke re ka mantswe a a kalo, ke sutele bakaulengwe ba bangwe le bone ba akgele.

MR KEDIKILWE (SEROWE WEST): Ke go leboge Motsamaisa Dipuisanyo tsa Palamente. Ke bo ke go dumedise mo tshokologong ya gompiano. Ke dumedise le ba Serowe West.

Re akgole Mothusa Tautona e bile e le *Minister* wa tsa Madi gore a bo a tlile ka molao o, o o amang dikgang tse tsa *medical aid*. Go leboga ga me ke gore go bo go supa gore jaanong go na le yo o tlaa laolang (*regulating*) gore go bonwe gore dilo di tsamaya sentle. Ka gore ga go na motho yo o ka tshamekang bolo ya ba ya nna *referee* gape, *match* wa tsaya gore o *valid* o ntse jalo. Jaanong go lebega Batswana ba sa bolo go jewa ntsoma ke *medical aids*, ka gore go *regulate* ga tsone go ne go le kwa tlase thata.

Se ke se lebogelang ke gore, o supa gore molao tota fela la ntlha ke gore o sireletse dikgatlhago tsa Batswana le *the members who joined the medical aid*. Fa godimo ga moo, go supafala sentle gore *they will be licensed* ka fa molaong, jaaka *Clause 3 up to 11* e bua. Yo o tlaa fitlhelwang a tsere gore go tshwana bogologolo, kwa a neng a tswa teng a ja Batswana ntsoma, le fa a sena *licence* o tlaa tswela ka kgwebo, fa ke go ratileng ke gore letsatsi lengwe le lengwe le a tlaabong a tlodile *for 30 days* a dira a sena *licence*, o tlaabo a lopiwa madi fela a a utlwalang. *For 30 days charging* motho P5,000, ke madi a a ka dirang gore mongwe le mongwe a *comply*.

Kana jaaka molao o sena go feta, ka boammaaruri go na le yo o tlaa *regulate* jaaka go supafala go ya go nna le *board*, le yone fa e le gore e a imelwa, e tlaa nna le *sub-committees* tse di tlaabong di e thusa go lebelela dikgang tse tsa *medical aid*. Ka tsela e e ntseng jalo, ke dumela gore, dilo di tlaa tsamaya sentle botoka gona le ka fa di ntseng di tsamaya ka teng. Fa e le gore jaanong go na le *board* e e tlaabong e lebeletse, ke yone e tlaa lebang fa ditsamaiso di tlolwang teng ka bonako, fa e le gore motho o itlhokomolosa molao. Gantsi batho ba lemogile gore Batswana ga se batho ba ba balang molao thata, ke jaaka o bona le kwa *furniture shops* fa o kolota o fitlhela fa o bayang monwana teng go le ditlhaka di kima. Fa gotweng o bale teng wena, di nna ditshesane, ba bo ba go neela, o bo o itsapa go bala o bo o saena ka bonako. Jaanong ke gone ka fa re ntseng re jewa ntsoma ka teng, mme le mo ke dumela gore fa e le gore ke boammaaruri *board* e e tlaabo e bereka jaaka e tlhophilwe ke ba ba e romileng, go ka kgoreletsa gore Batswana ba jewa ntsoma.

Ke tshwenngwa thata ke kgang e ya *late joiner penalties*, ga ke itse gore e raya mang ka mongwe le mongwe go na le fa a simololang teng? Gone foo ke gone fa a kgonang teng, jaanong *why do we penalise them* gore letsatsi leo o a kgona? Kana re batla a etse *Honourable* Segokgo a re, ke sale ke le duela go fitlhelela ke thunya tlhogo, mme ke ise ke lwale, jaanong ke gone fa *medical aid* o itumelang teng foo. Legale ka molao o a baakanya o a re ga go na jaaka e ka tlhola e gana Motswana, fa e le gore o a kgona e bile o eletsa go tswelela ka go duela, a re dumele gore ga e ka ke ya tlhola e mo gana. Ke tshwenngwa ke kgang e ya *penalty*, fa gotwe motho o *late to join medical aid* go bo gotwe o lopiwa *penalty*. O mo *charge penalty* jang, ka gore ke gone a tlang? A re tseye gore o ya go *observe 3 months* wa gagwe, gongwe a bo a feta a ise a lwale. Jaanong o a bona gore *you penalised them* ka se *medical aid* e neng e akanya gore jaaka o bona a tla jaana a godile, go raya gore o tlaabo a lwala kamoso. Jaanong kgang e e ntshwenyang ke ya *to penalise*, ga ke bone go siame ka gore o ntse o ya *to observe waiting period* ya gagwe fela jaaka mongwe le mongwe. A re dumele gore molao o direlwa gore go baakanngwe, ka bo nna ga ke dumalane le kgang ya teng. Fa e ne e le nna ke ka bo ke re, *let us remove that Clause* ya gore motho *would be penalised*, ka gore *they joined late*. Ke ipotsa gore *late* go simolola fa kae go ema fa kae, ba raya eng fa ba re *late*? Ke gone fa ke sa tlhologanyeng teng, legale fa o setse o tla o feleletsa kwa bofelong *Minister*, ke tlaa tlhologanya gore fa o re *late* o raya jang.

Ke lebogela gore jaanong go a tlhalsega gore, "*it shall not*," fa e re *shall* kana e raya gore *by law* motho ga a ka ke a tsoga kamoso gotwe, ka gore *you disclosed* gore o ntse o na le *asthma*, diphilo kana o bolawa ke mokwatla gale, jaanong *we will not be able to cover you*. *As long as* e le Motswana, ke ratile thata gone foo gore go raya mongwe le mongwe o tlaa nna le *access* fa a kgona, *to join medical aid* gore le ene a tle a bone botsogo jo bo botoka kamoso fa a palelwa.

E nngwe e ke e ratileng kgang mo *Bill* e Tona, ke ya *start-up capital*. Kana jaaka kgantele *Minister* Mokgware a leka go bua gore, ga o ka ke wa simolola kgwebo o sena madi. Fa e le gore re ipeetse setlamo sa gore *at least 25 per cent* ya *annual contribution for the first year's operation*, go raya gore ope yo o tlaabong a re ke batla *licence* ya go simolola *business* ya *medical aid*, re ya go mo sekaseka ka tsela e e ntseng jalo gore a mme o na le *start-up capital*. A se ka a bo a tla fela a beile gore o ya go ja madi ka *claims* tsa Batswana, e bo e re

within a period go bo go raya gore ka ga a tla a tshwere sepe se Batswana ba se ntshang. Ka bokhutshwane ke sone se o bonang tse dingwe di tle tsa wa, tsa bo tsa tsamaya. E ne e tla e le keletso ya kgwebo fela, e le gore bone jaanong mo kgwebong mme ga ba a tla ba tshwere sepe, fa e le sengwe ba na le melawana e ba e beileng e e lekang go re tsoketsa gore re tle re kgone *to join*. E bo e re kwa bofelong go bo go sena se rona re tlaa se anywang mo go bone, ba tsamaya ka madi a Batswana, Batswana ba sa bona sepe.

At least fa re beile *that 25 per cent*, ke dumela gore go tlaa ya teng Tona. Ke gone ka fa *regulator* a tlaabong a mo sekaseka ka teng fa a mo neela *licence*. O tlaabo a bona gore motho yo o ka kgona go tswelela ka kgwebo mo lebakeng la *at least* ngwaga. Fa a tla fela a batla kgwebo a bo a e neelwa, go sena mabaka a a ka itshupang gore ke ka kgona, go raya gore e ka re kamoso le sena go mo neela *licence*, e bo e le *business* e e oleng. Jaanong ke lebogela thata gore go bo go supile gore, le ene go na le *capital* e a tlaabong a *inject* mo kgwebong e go supa gore o *serious* ka *business* e a batlang go e dira.

Jaaka ke ne ke bua ke re ke lebogela *board*, ka gore e tlaabo e lebelela *operations, audit risks, complaints* tsa Batswana le *compliance* tota. Gore a mme o tsamaya sentle ka fa *licence* e re go e neetseng e go tsamaisang ka teng. Ga a ka ke a dira fela e le gore kgantele o tswa le mo molaong. Fa e le gore ga go na ope yo o lebeletseng gore a o tsamaya sentle, ke gone mo o neng o fitlhela ba dira se ba se batlang. Ke lebogela thata gore go bo go na le *board*, e e tlaabong e lebile gore a ditsamaiso tsa molao ga di tlolakwe, a Batswana ga ba jewe ntsoma. Ka tsela e e ntseng jalo, fa re mo neetse *licence*, re tlaa kgona *to monitor them* gore e se ka ya re kamoso ba bo ba siile ka madi a Batswana, go sa itsiwe kwa a ka bonwang teng.

Sa bofelo, go supa gore *medical aid* o *operate* ka fa molaong e bile ga o batle go ja Batswana ntsoma, *Clause* e ke e ratileng ke e e supang gore *within 14 days* e bo a *member* a ka kopa *financial statement*, gore fa a ntse a le foo a bo a le *sure* gore a mme *medical aid* o ke mo go one o a tshela kana o sule. *Within 14 days* molao o tlaabo o tlama gore a go neele *financial statement*. Ka tsela e e ntseng jalo, go raya gore fa Motswana a tsene mo *medical aid* o, o *sure* ka gore o a tshela. Fa a batla go lebelela gore a o santse a ka kgona go tswelela ka one, o tlaa bona gore...

MR SPEAKER: E go tshwere *Honourable* Kedikilwe.

MR KEDIKILWE: *Thank you very much, ke ne ke reeditse ka koo.*

MR MAPULANGA (CHOBE): Ke a leboga *Mr Speaker*. Ke le leboge thata bakaulengwe. Ke go leboge Mothusa Tautona go tlisa sengwe se re sa bolong go se batla mo lefatsheng le, gore a ko go laolwe. Go nne le melao e e tsamaelanang le one o o tlišang gompiano. Ke supe jaana gore ke tshwentswe ke lefoko le le kwa go 34 la “may.” Ke dumela gore *it is mandatory* gore go nne le *these committees*. Re se ka ra re, “may”, e ye kwa go “shall” to force gore go nne le *oversight committees* tse di ka thusang go tsamaisa.

Sengwe se ke neng ke re ke wele mo go sone thata *Mr Speaker*, ke kgang ya *exclusion* e re bonang gore Molao-kakanyetso o, o supa gore, ke *process* ya bo 2012 kwa e simolotseng teng. *It is 13 years down the line today* mme re santse re batla go o tsaya re o tlhamalatsa jaaka o ne o simolotse. Ke akanya gore fa re tsamayang teng fa, re ka bo re simolola to include the traditional coverage mo *insurances* kana *traditional medicine coverage*. Ka gore fa re sa di tsenye gompiano *Mr Speaker*, o a itse gore mafatshe a re siile, ba setse ba dirile *research* mo melemong. Mengwe ya melemo e o neng o e bona kwa re neng re ile teng, ditlhare tsa teng di teng mo Botswana.

Ke dumela gore *let us include the traditional cadre* kana ba dingaka tsa setso jaaka re ba tlwaetse. A melemo ya Setswana e lemogiwe *Mr Speaker*. A molao o fela pele re o fetisa Vice President (VP), a ko re o sekaseke, re bone gore a ga go na fa re ka di tsenyang teng. Mokola ga o ka ke wa o alafa ka sepatela, ga go yo. *It is traditional*. Ke gone kwa o ka o alafang teng. Noga fa e go lomile, go kentiwa ka *anti-venom*. *Anti-venom* ngwaga le ngwaga fa dipula di na go a ruruga, go dira eng *but* kwa Setswaneng go a fetswa golo moo. A *insurances* tse, di lemoge gore re ye go tsenya dilo tse mo teng ka gore fa re sa dire jalo, re ya go ba sia kwa morago. A go nne le *offices*...

MR HIKUAMA: *Clarification*. Ke a leboga *Honourable Mapulanga*. Ke kgatlhiwa ke ya gore mokola ga nke o alafiwa kwa dipatela. Ga ke gakgamale gongwe kwa bo Chobe kwa go senang bongaka, a ke dikgang tse le di bolelelwang gore dipatela le *clinics* tsa ka koo ga di kgone mokola?

MR MAPULANGA: Tanki. Go ntse jalo *Honourable Hikuama*. O tlaa lemoga gore *distribution* ya *resources* mo go rona, e a tlhabela. *I can assure you* gore mokola ba ya go go kenta, mme ngwaga o o tlang kana *after*

some months, go ntse go ya go tswelela go ntse go diragala. Ga go *permanent* ga sepatela. Mo Setswaneng go *permanent*. Jaanong a *insurances* di *extend these coverages* kwa melemong ya Setswana. Fa re sa e lemoge, ke gore *the indigenous knowledge* e re nang le yone, re simolola to *exclude it* gone fa *and ignore it*. Re na le *research centres* tse re tshwanetseng to *set them up to promote the indigenous knowledge and the medicines* tsa Setswana. Fa re leba fela mo Sekgoeng, re bo re re *insurance* e go thusa fela kwa Sekgoeng, re tlogela dilo tse dingwe kwa morago tsa Setswana. Re ya go di tsenya leng gore le tsone di nne *included* mo *medical coverages* tse? Go raya gore Batswana ka bontsi *in terms of affordability*, re lebile *the unemployment percentage* e re nang le yone, ga ba ye go kgona go tsena.

Kwa dingakeng tsa Setswana, *it is cheaper* go thusa motho *than* kwa *medical coverages*. Fa batho ba rona ba sa bereke thata jaana, go raya gore *their affordability* e kwa dingakeng tsa Setswana, kwa e leng gore *medical aid* tse gape ga di tsene teng. Ke eng re sa tseye nako ya go sekaseka gore a mme re ka se di tsenye? Dingaka tsa Setswana di nne le diofisi mo dipateleng tsa rona tse re di bokang tse, go pala eng? Palamente e ke ya go dira molao, e bile Puso ke dumela gore re *promote every sector*, go bona gore re ka e thusa jang mo itsholelong le yone e tswelele. Fa re ba tlogela kwa morago ba sena diofisi mo dipateleng, re tsaya gore fa motho a robaditswe fa sepatela se paletswe, go raya gore go padile.

Kwa ke tswang teng *Mr Speaker*, ga go na sepatela se se tona. Go raya gore *the community surrounding those areas*, thuso e ba ka e bonang, ke fa go utlwaletswa gotwe go na le moruti kana ngaka golo gongwe. O a itse le gompiano gore dipatela tsa Sekgoa gompiano, ga di na melemo. Fa re sa tsene ka *insurance* kwa dingakeng tsa Setswana, go raya gore re ba tlogela kwa morago ka *the private sector* le yone e mo *business*. *Pharmacies* tse re nang le tsone gompiano kwa *medical aids*, *where we are recommended* teng, *it is business*. *If it is an economic inclusion* mo go bone, ke eng re tlogela *the traditional medicines* kwa morago, kana *the natural intelligence* e re nang le yone *in terms of knowledge* ya *indigenous plants* *because the plants are available*? Kgang ya rona ke go di tsenya mo *laboratories*, *then we process them* kwa Setswaneng, *then covered by insurance*.

Ke dumela gore go a tlhokafala *Mr Speaker* gore *insurance* re e *extend*, e goroge le kwa bongakeng jwa Setswana *because they are certified*, ba neetswe ditlankana. *If they*

are certified, le melemo e ba e dirisang *can still be tested* fa e le gore re batla National Agricultural Research and Development Institute (NARDI) mo teng. Re ye go bona gore a mme e a tsamaelana. Jaanong re tlogela *the natural intelligence* e re nang le yone, re bo re ya *to insure* tsa Sekgoa fela. *I can assure you* gore *some of the medications* tse re di neelwang, di na le *side effects* Mr Speaker. Melemo *that are covered by medical aids* fa o e tsaya kgapetsakgapetsa e nna mo mmeleng wa gago, ke yone e nang le *side effects*. Re bo re boela gape kwa dipateleng re ya *to be covered by insurance again*. Ka jalo, re alafa selo se le sengwe *more than three times*. *The after use* ya melemo ya Sekgoa, e e *covered by medical aids*, e re busetsa mo malwetseng a mangwe gape. *Have we tried our indigenous knowledge? We have not*. VP, *we have not tested it*. Re go kope gore tlholang mo *Clauses* tse, gore le ka se tsenye *coverage* ya *the indigenous knowledge*. *If* le batla go kopana le *those who are practising*, kopanang le bone *for assurance* ya melemo e ba e dirisang. O ne o kopile *clarification*.

MR SPEAKER: O emela eng rraetsho?

MR MAPULANGA: I yield for clarification sir.

MR SPEAKER: No one has sought clarification.

MR MOALOSI: Ke ne ke e kopile *sir*; a bo a re, ke eme pele.

MR SPEAKER: Freeze the clock. Honourable Moalosi, *fa o kopa clarification, o e kopa mo go Speaker. O e kopa mo go ene mme o le mo microphone*, I will notice.

MR MOALOSI: Ke ne ke dirile jalo *sir*.

MR SPEAKER: Clarification Honourable Moalosi.

MR MOALOSI: *Clarification*. Ke a leboga Mr Speaker. *Sorry about the confusion*. Ke botse *sir*, ke utlwa o kopela *medical aid to cover indigenous knowledge*, ke re go na le batho ba ba sa utlweng jaaka bo Rre Lekutlane, o kgona go ya kwa ngakeng ya Setswana a nkopela tladi. Jaanong ke *indigenous knowledge*, gore a mme go tlaabo go le maleba gore a dirise *medical aid*?

MR MAPULANGA: *I withdraw* foo Mr Speaker. Ga e tlhoke gore ke e tlhalose. Fa re bua dilo tse, *we are going to regulate them. If we have regulated them* a bo di tsamaelana, *they will be covered*. Se ke se eletsang ke gore, a re se ka ra ikgatholosa *the indigenous knowledge*. Re a itse go na le dikgang tse re di utlwang tsa thobega gone kwa. *Have we tried that and tested it through the medical centres* tse re nang le tsone? *We have not*. Insurance e re e batlang e, ke ya gore e se

ka ya ya go tsamaya fela e bo e tswelela ka Sekgoa. A e bone le gore e tsenya jang Batswana mo teng. *It is tested* kwa bo China. *You are aware of that*. Ba na le *centres* fela le *universities* tse di tswelletseng ka go dirisa *indigenous knowledge*, melemo ya bone e teng e a dirisiwa, le mo Botswana e gorogile. *So, let us find time to include* ditirelo tsa kalafi ya Setswana mo *medical insurances*. Mr Speaker, I submit.

MR KAPINGA (OKAVANGO WEST): *Thank you Mr Speaker*. Ke itumelela gore ke bo ke ka bua mo molaong o wa *Medical Aid*. Ka letsatsi la gompiano ke wetse mo dingwageng tse e leng gore ke ka bidiwa mogolo. Kana fa o gola...

HONOURABLE MEMBER: ...(Inaudible)...

MR KAPINGA: Ee, *tandabala* ya UDC gakere e simolola ka 60.

HONOURABLE MEMBERS: ...(Laughter!)...

MR KAPINGA: Fa o gola Mr Speaker, ke yone nako e e leng gore jaanong o tlelwa ke dilo tse di tshwanang le malwetse, bokoa bo nna bo go atumela kgapetsakgapetsa. Nna fa ke santse ke le lepodise ke le monnyennyane, ke ne ke sa itse gore go lwala ke eng, ke sa itse *sick leave*. Malatsing a ke utlwa e le gore seemo se a fetoga.

Kgang ya ntlha e ke batlang go e gatelela Mr Speaker, ke e, gore o bo o neela batho *medical aid* jaaka ke na le badiirelapuso ba se kana ka sepe kwa kgaolong yame Mr Speaker, *stationed* kwa bo Gudigwa, Beetsha, Skondomboro, kwa bo kae, ga go na le fa e le ngaka ya *private* koo, ngaka ya *private* o mongwefela mo Shakawe o bidiwa Dr Phillip. *So, fa o na le medical aid mme o le stationed* kwa Gudigwa, go tshwana fela le mo go a tleng gotwe e re motho a botsa potso go bo gotwe *it is a mute question, because* ga e na mosola mo go wena. Gore o bone bongaka, ke gore o bo o ile *all the way to Shakawe, and most of the time all the way to Maun because* bomme ke batho ba ba tlhokang dilo tse di tshwanang le tsa bo *gynecological services*. Ga go na *gynecologist* mo Shakawe, le fa e le gone kwa J. P. Kavindama. Jaanong selo se se tshwereng ditlhabololo tsa go nna jaaka ke gore ga go na ditlhabololo mo dikgaolong tsa rona tse e leng gore *professions* kgotsa *services* tse di tshwanang le tse, di ka atumela kwa bathong ba ba tlhokang ditirelo tseo. *So, re ka ntsha medical aids*, mme fa e le gore jone bodiredi jo bo ka neelang batho ditirelo tseo ga bo yo kwa kgaolong eo,

dilo tseo di tlhoka go nna le mosola mo bathong *Mr Speaker*:

E nngwe kgang e ke reng gongwe re e le balebe, ke *medical aids* tse di nang le *funeral benefits*. *Mr Speaker*, ke dumela gore *medical aid* mosola wa one ke gore e re o lwala, o go thuse ka madi gore o fole. Jaanong tse di tlakisang batho ka *funeral benefits* gore nnyaa, le fa o ka swa re tlaa sala re phimola ba ga lona dikeledi ka *benefit* ke e, ke bona e le gore ga di a tshwanela gore di tsenye *focus* thata mo *funeral benefit*. *Let them focus* mo go lekeng ka bojotlhe jwa bone gore ba thuse molwetse go fola, gona le gore ba mo ntshetse madi a lekesi, mme e le a *medical aid society*, e se a *funeral services provider*.

E nngwe e ke batlang go bua ka yone *Mr Speaker*, ke *over the counter medication*. Fa ke nna kwa South Africa, ke ne ke dirisa *medical aid* mongwe o e leng gore o ne o rotloetsa gore e seka ya re o tsenwe ke *flu* o bo o sianela kwa ngakeng o re ke ya go itekodisa ngaka e mphe *prescription* ya *flu*, ke gone ke bo ke ka ya go bona melemo *at the pharmacies*. *They had clear rules* gore *for these conditions, you have the freedom* gore o ka ya kwa *pharmacy, pharmacist* e bo e go neela *the applicable medication*. Jaanong mono *Mr Speaker*, maitemogelo ame ke gore re ya kwa dingakeng re isa *minor conditions* so that dingaka can earn their *consultation fees*. Go ne go ka nna motlhofo fela gore o tlhamalale fela kwa *chemist* gore nnyaa, ke tsenwe ke *flu*, ke a gotlholala, ke kopa melemo, a bo a go neela, e bo e le gore *medical aid* one o duelela fela melemo e o e tsereng. *There are rules that are put in place* go itsa gore batho ba nne ba tsamaya fela fa ba kgatlhegile ba ya go tsaya melemo. *There are rules that are in place to discourage such behavior* *Mr Speaker*.

Ke a feta ke ya kwa go e nngwe ya *election of board members*. Clause 27 e bua gore, “at least 50 per cent of the members who are appointed from its membership base through an election process.” Fa ke bala *this entire article* *Mr Speaker*, ga e itlhalose gore *where is this election going to take place*. E bile e a ntshwenya gore *will there be time to vet whoever gets elected into the board?* Fa ke santse ke le modirelapuso, *our medical aid society*, BPOMAS, e ne e letlelela maphata a matona a a tshwanang le sepoedise gore a itlhophele *representative into the Board of Trustees*, go bo go nna mo maruding a mohiri ene yoo gore ke ene yo o tlhophang a *fit and proper person to become a part of the Board Trustees of that medical aid society*. Jaanong ke ipotsa gore tse dingwe *societies* tse, ditlhopho tseo di ya go tsamaya jang. *Mr Speaker*, re a itse gore batho ba bangwe ba na

le bokgoni le maretshwa a go fenya ditlhopho, mme fa a setse a neelwa boikarabelo gotwe boikarabelo ke joo, boikarabelo bo a pala. E bile fa gongwe o kgona go fenya ditlhopho, batho ba bo ba sala ba gagametse gore gatwe go fentse semangmang, a fentse jang kgatlhanong le semangmang. Re kile ra bona mo phathing e nngwe ya ga *the Leader of the House*, ga ke ka ke ka bua ka maina, mme o a gakologelwa kwa Extension 27, mongwe a a ja a *very famous politician in the primaries*, batho ba sala ba gagametse gore e le gore motho yo o jele jang motho yo. Jaanong tsone ditlhopho tse *Mr Speaker*, ga se tse re di eletsang gore motho o ka ya go felela a tlhophilwe *to be a board member* mme a sena *that capability*. Go raya gore *process* yone ya go tlhophisa e, ke dumela gore e tlaa dirwa gore e nne *clear somewhere, maybe in the regulations* gore go ya go tlhophiwa jang *those members of the Board of Trustees*.

The last one that I want to talk about...

HONOURABLE MEMBER: Clarification sir.

MR KAPINGA: *The last one that I want to talk about is the management course, or remuneration of administration or the managers vis-à-vis the amount of money that the medical aid spends on patients.* Mma ke go fe clarification, 30 seconds.

MINISTER OF HIGHER EDUCATION (MR MAELE): *Point of clarification.* Ke a leboga *Mr Speaker*. *Thank you so much sir.* Ke gore ke ne ke reeditse *point* e a neng a bua ka *appointment* ya *the trustees*, so ke re gongwe a lebelele Clause 28, Sub-section 3, o kare e a go araba. Ke ne ke le *confused* kgantele ke bo ke bona karabo ya teng. Jaanong ke tsaya gore o mo seemong se ke neng ke le mo go sone, mme ke ne ka bona karabo ya teng. Ke a leboga *Mr Speaker*.

MR SPEAKER: *Freeze the clock.* Honourable Members, ke a le utlwa, le se ka la tsenelela thata *in the Clauses*, gakere le tlile go ya kwa *Committee Stage*, possibly tomorrow. Le tlaa di tlhodumela thata *Clauses*.

MR KAPINGA: *Thank you Mr Speaker.* The brief point that I wanted to make ke gone gore the election process should be such that it ensures the election of fit and proper persons to carry the responsibilities of board members.

Ya bofelo e ke neng ke batla go bua ka yone *Mr Speaker*, ke ya dituelo tsa bodiredi jwa *medical aid*, especially the executive gore e se ka ya nna a *gravy train*, ba amogela madi a a seng kana ka sepe, mme ba kgama

members at their benefits, mme remunerations tsa bone the executives di le kwa godimo. This thing is not meant to be a gravy train for the managers of these societies, di direletswe gore di thuse batho ba ba lwalang.

Sa bofelo ke gore ke bue gore go na le dingaka tse e leng gore *they are mercenaries when it comes to charging medical aid societies*. Re tshwanetse go tlhomamisa gore molao o le *regulations tsa one empower the regulators, or even the medical aid societies to deal with the doctors that overcharge. In this profession ya dingaka fela jaaka e tswana le ya lawyers, go na le bangwe ba ba ratang madi mo go feteletseng Mr Speaker, and they would want to maximise their profits when it comes to charges tse ba di lopang fa motho e le a member of the medical aid society. That conduct must be discouraged at all cost so that funds tse di thuse balwetse ka fa go tshwanetseng ka teng. Ke a leboga Mr Speaker.*

MR AARON (NGAMI): Ke a leboga *Mr Speaker*. Tla le nna ke tseye nako e...

HONOURABLE MEMBER: Procedure *Mr Speaker*.

MR SPEAKER: Sorry.

HONOURABLE MEMBER: ... (Inaudible)...

MR SPEAKER: O tlaa baakanya. Tswelela *Honourable Member*.

MR AARON: Re na le mathata, ga ke itse gore re tlaa reng ka ditilo tse.

Le nna tla ke tseye nako e ke go leboga *Mr Speaker*, go bo o ntitile gore ke akgele mo Molao-kakanyetsong o. Ke supe gore re lebogela gore a bo go tlisitswe molao wa go ka sekaseka ka fa *medical aids* di ka tsamaisiwang ka teng. Go botlhokwa fela thata le mo setšhabeng.

Mongwe o ka ipotsa gore ka gore molao o o tswa kwa *the 12th Parliament*, ke go le kae mo go dirilweng gore go tsamaelane le fa re leng teng gompiano? Ke reela gore ka gore molao o e ne e le wa Botswana Democratic Party (BDP) kana o dirilwe ka nako e o neng o eteletswe ke BDP, *does it carry the ideology and aspirations tsa Puso e e busang gompiano? A o tsamaelana le UDC?*

Ke dumela gore molao o o tlang fa o tla mo Ntlong e e le sengwe se se tshwanetseng sa tsamaelana le maikaelelo a rona kana ba e leng bone ba mo Pusong ka nako eo. Mongwe o ka ipotsa gape gore a molao o o akaretsa Batswana botlhe? Go botlhokwa thata gore sepe se re se sekasekang fa, a bo e le gore ga re bue ka bontlha bongwe

jwa Batswana, re bua ka Batswana ka kakaretso. Kana fa re bua ka *medical aids*, ga re farologane le mo ke ka reng ke *medical insurances, it is just a use of word gore do you say aid or insurance mme fela phelelong ke gore o a bo o itirela tsela ya gore o nne le insurance ya gore fa o ka nna le bokoa, ba kgone go go thusa. Ke go bona go tsamaelana le National Health Scheme e e neng e le gore Puso e ya gompiano e ne e e solofetsa Batswana ba e leng gore ga ba kgone go ka bona dithuso tse di botlhokwa mo dipateleng, tse re dumelang gore ke tsone tse di nang le kalafi e e pharologanyo fa re tshwantshisa le ya Puso. Ka re sa tswa go bua ka *medical aids* kana *medical insurances*, dingwe tsa tsone ga se tse e leng gore ke tsa *non-profit*, ke dumela gore le *National Health Scheme* ka gore le yone e *non-profit*, fa go ne go tserwe nako ya gore molao o o sekasekwe gore o tsamaelane le dinako tsa gompiano, le yone e ne e tshwanela gore e ne e ka nna teng gone fa.*

Tla ke supe gore fa re lebile molao o tswana le o, ke o go neng go tshwanela gore jaaka ke ne ke bua, bao ba e leng gore ga ba kgone *to enjoy the services*, bogolo jang batho ba e leng gore ba kgakala thata le ditlamelo tsa dipatela tsa gompiano. Jaaka kwa ke tswang teng ka gore fa re bua ka *private medical facilities* tsa maemo a a kwa godimo, tsotlhe fela re di bona mo *south*. Le fa e le Maun tota ga e na *a private medical health facility* e e botoka kana re ka re e ka phadisana le tse di bonwang kwano.

Re bua ka batho ba e leng gore fa ke lebile *areas* tse di tshwanang le kwa ke tswang teng kwa Xaxa, Qangwa, gotlhe fela le fa e le ene Gumare tota mongwame ka gore e bile wena ke dikgaolo tsa gago o a di itse, ga ke bone ope wa bone a ka thusiwa ke *medical aid scheme* e re leng fa. Fa ke ema fela pele selo sa ntlha, fa ke leba Botswana botlhe ke ipotsa gore a mme *this piece of legislature* e thusa go le kae batho ba ke ba emetseng pele ga Batswana botlhe? Ke potso e ke e ipotsang.

DR DOW: *Clarification.* Ke a leboga *Mr Speaker*. Ke a leboga mokaulengwe. O e tshwere sentle. Ke tsiboga fa o re o bua ka batho ba o ba emetseng, ke tsaya gore gape o emetse le bomme le borre. Ke ne ke re gape ke tsibosiwa ke kgang e o neng o bua gore ke molao wa ntlha wa Puso e e busang e, ke tsaya gore nngwe ya matshego a yone ke *human rights retrospective*, tekatekanyo, *equality* le *justice*. Ke ne ke re a o ne o sa bone gore gongwe e ka bo e rile kwa *Part 7* fa ba bua ka *Board of Trustees and principal officer*, ba bo ba tsentse *issue* ya *gender* gone foo go supa gore ke phathi e ntsha e e lebang dilo ka leitlho le le sa tshwaneng le la

maloba lele. Gore re simolole ke molao wa ntlha gone foo, a re ne re sa tshwanela go bona gone foo fa ba bua ka *Board of Trustees* ba gotweng ba se ka ba nna *less than five* mme e bile ba se ka ba nna *more than 11*, ga bo go tsentswe *gender perspective* gone foo go supa gore re mo tseleng e ntšha, *not the unseen road*? Ke a leboga.

MR AARON: Ke a leboga *madam, Mother of the House*. Ke supe gore keletso ya rona ke boammaaruri gore dilo tse di tshwanang le tse re ne re eletsa gore re ka di bona mo Pusong e ntšha. Gongwe fa re tla re bua ka botsogo, a re supe gore re ka itira baitimokanyi ka gore botsogo fela ke jwa *what we call western medicine*. Mme go boammaaruri, re a itse fela gore fa motho a robega, ke sa itse kwano, selo sa ntlha go batliwa go itsewe gore ke mang a itseng thobega. E bile kwa Gumare, ba thobega fa go le thata ka gore rona ga re na eng, ga re na eng, le kwa sepateleng o a dirisiwa. Ke raya gore... o e tla fela... “re kopa *nurses* le dingaka gore re ne re kopa gore molwetse wa rona a thusiwe ke motho wa thobega.” Ke nnete dilo tse di a thusa. Jaanong ka gore re setse re bona gore dikitso tse di tshwanang le tse di na le mosola mo e reng fa *x-ray* e sena go nna e tsewa, go fitlhelwa marapo a kopane e bile go na le *x* gone fa marapo a kopaneng teng. A re santse re ganana le gore ga di na mosola? Ke gakologelwa gore... ga ke batle go bitsa ka maina, mme go na le mogolwane mongwe yo o kileng a robega mme le ene ya re go ntse fela jalo, fa a tla a thusiwa, fa a goroga mo Gaborone, ga fitlhelwa e le gore marapo a gagwe a kopane mme e le ka thobega. A re santse re ganana le dithuso tse di tshwanang le tseo?

Go botlhokwa gore re lemoge gore ke dife dithuso kana mo re go bitsang *indigenous knowledge* tse e leng gore ke nnete di a thusa, mme le tsone re di tsenye mo. Ka gore fa motho a robega a le kwa Qangwa kana Xaxa kwa go senang le fa e le *x-ray*... le gone kwa Gumare, kana Gumare ga e na *x-ray* gone gompieno mongwame. E ne ya re nako ele o etetse kwa ka go isa go bona *clinic* ya teng e e bidiwang sepatela, mme ga e na *x-ray*. Jaanong o ka ipotsa gore fa go ntse jaana, go ka dirwa jang? Ke eng re sa thuse gore batho ba e leng gore ba ka kgona go thusa ka dithuso tse di ntseng jaana di lemogwe?

Ke gakologelwa kgang e e sa tswang go buiwa ke bo *the Speaker* le *comrade* Mapulanga fa. Go na le mongwe yo o kileng a bua mo go tshwanang le moo a re o ne a le kwa China, mme fa a le kwa koo a tshwenngwa ke mokwatla o o botlhoko. Ya re a le kwa China ba mmotsa gore “*do you want western medicine or the traditional medicine?*” A ipotsa gore ke eng ba mmotsa potso e tshwana le e. Jaanong fela ka *curiosity* a re a bo a batla

gore a ye go bona gore fa ba re *traditional medicine* ba raya eng. A re o fitlhetse kago ya matlhatlaganyane and fa a tsena kwa ke fa e le gore yo *traditional healer* a tla a mo tshwara a robetse, ga tla wa bobedi a rialo, a tla a riana a tsamaisa menwana mo mokwatleng wa gagwe, ke fa ba mo fa *medication*. A re le gompieno jaana mokwatla o ga o ise o bo o mmoelele. Ke bua dingwe tse di tshwanang le tse gongwe tse Motlotlegi Rre Mapulanga a sa tswang go di bua gore mme go boammaaruri. Nna yo e leng gore ke nna ke wa...

MR HIKUAMA: *Clarification*. Ke a leboga *Honourable* Aaron. Ke utlwa ke akanya fa o bua ka sepatela se se senang *lab, I think* o ne o re sa kwa Gumare, go raya gore ga se na bongaka jo bo ka isiwang kwa bathong. Jaanong fa go buiwa ka kgang e ya National Health Insurance (NHI) e e tlaa fiwang mongwe le mongwe a ba a fiwa le karata ya *medical aid*, tsone dipatela tsa mofuta one o le tsa kwa bo Kareng le bo Xere, tse e leng gore go tlaabo go sena le fa e le ene *nurse* le fa e le yone pilisi, o tlaa *access* jang bongaka jo bo kwa Gaborone jo bo tlhokang dikarata tsone tse? Kwa ba leng teng ba humanegile, ga go na se se ka ba tsayang gone koo go ba isa gone kwa, ba tlaa goroga jang go ya go akola bontlente jo bo buiwa jo jwa *insurances* tse di tlaa duelelwang ke Puso mme e palelwa ke go tisa *labs* kwa dikgaolong tse di tlhokang? A mme o bona e le golo fela mo go dirang *sense to our situations*?

MR AARON: Ke a go leboga motlotlegi. E ke *challenge* e e leng gore re na le yone mo bogompionong. Ke dumela gore nngwe ya dikgwetlho tse e leng gore re na le tsone ke gore re bone gore dipatela tsa rona re di tokafatsa jang. Nna fa ke bua, ke bua ke lebile batho botlhe, e seng ba ba kgonang ba gore ba ka reng. Re di tokafatsa jang gore mme botsogo bo kgone go fitlhelela mongwe le mongwe?

Betsho, re na le *challenges*. Mo bogompionong jaana, le tsone *medical aids* tse re nang le tsone, ga se tse tsotlhe tse e ka reng o tsena mo sepateleng sengwe e bo se *recognise medical aid* oo. Ke sone se ke reng ke lebogela gore re bo re nnile le sengwe se se tshwanang le se. Re tswe ka tharabololo ya gore fa motho a duela *medical aid religiously*, e bo e re a tsena mo Sidilega ke e fa e le sekai, e bo e mo raya e re ga e letle gore o ka dirisa *medical aid* oo, go raya gore wena o a duela fa, o tlaa ya go *claim* madi a gago. Gakere ke rile ke fa sekai, wena mme o itse gore o ntse o duela *medical aid very religiously*, re bone gore re tswe ka ditharabololo tsa gore re ka dira jang ka gore ga se mongwe le mongwe yo o tlaabong a na le madi a gore o ka kgona go duela

sepatela, a bo a ka ya go *claim medical aid*. Dilo tse di a diragala gone gompiano, mme fa e le gore re tla ka dintlha dingwe tse e leng gore di ka *control medical aids*, ke gore re bone gore re ka dira jang ka tsone gore re bone gore mme le tsone re a di *control* gore batho ba e leng gore ga ba na madi a go ka duela ka nako yone eo mme ba duetse mo ba ntseng ba go duela, ba kgone go bona dithuso tse ba ka di bonang. Betsho, ke a leboga.

HONOURABLE MEMBERS: ... (Applause!) ...

MINISTER OF LABOUR AND HOME AFFAIRS (MAJ. GEN. MOKGWARE): *Thank you very much*

Mr Speaker: Ke leboge thata, ke leboge *the Vice President*, team ya gagwe le Puso e ya UDC gore letsatsi leno ba bo ba bone go le botlhokwa go sireletsa Batswana, ba ba ntshang madi ba beeletsa mabaka a bone a a farologaneng a botsogo. Golo mo go tla jaana e le gore mo sebakeng se se fetileng sa pele, Batswana ba le ba ntsi ga ba a ka ba bona kana ba nna le sepe se se botoka mo mading a bone fa ba ntse ba a ipeela ba a beela botsogo. E bile ke a dumela, e bile ke amogela se se neng se buiwa ke Mothusa Tautona a re ga se gore molao o o tshotse gotlhe. Ke a mo tlatsa ka re, ee, ke tshimologo, Roma ga a a agiwa letsatsi le lengwe fela. *A 1000 kilometres starts with one step*. Ke dumela gore ke selo se re tshwanetseng gore re le batho, re le Batswana re se iteele legofi re re nnyaa, mme go a supa e bile go na le lesedi kwa re yang teng. Le bone ba ba ntseng ba ntsha madi a *medical aid*, ke dumela gore ba tlaa nametsega pelo gore jaanong *there is order in the medical aid system*. Go botlhokwa gore go nne jalo, mme fela se re ka se buang le rona jaaka re ntse jaana, e ka nna dikgakololo gore go tsamaela kwa pele go dirwe eng, go ka tokafadiwa ka tsela e e ntseng jang gore jaanong *medical aid* wa rona le one o lebege o tsenya mongwe le mongwe jaaka ke ntse ke utlwa bakaulengwe ba bua gore o kare *it is not all encompassing*. Gongwe dingwe tse di dirang mo ga rona, re lebelele ditlhwatlhwa tsa botsogo, kana ke tsone tse o kareng di oketsa bogale jwa *contributions* tsa *medical aid*.

Mo garona fela botsogo ke a tle ke lebelele *consultation* fa o tsena kwa o lebelelwa gore o tsoga jang, o itekodisa ngaka fela, fa o emelela mo setilong o baya P500 *and something*, ba bangwe ba baya bo P1200. Gongwe nako e tlaa tla jaanong gore ditlhwatlhwa tse di leke go lebelelwa, ke tsone tse e kareng fa di lebeletse jalo, tsa dira gore madi a a batliwang mo go rona kana mo Batswaneng gore ba *join medical aid*, e nne madi a a botoka a mongwe le mongwe tota a ka a kgonang mo

Botswana, ga se ka ga nna jaaka o kare a ka bona a a *special* fela fale.

Sengwe se se tshwenyang, fa o lebelela ditsamaiso tsa mafatshe a re bapileng le one, o tlaa fitlhela tsa mafatshe a mangwe o kare di botoka thata gona le tsa rona, mme fa o lebelela *contributions* tsa rona di le kwa godimo ga bone. Jaaka ke a tle ke di tshwantshanye le tsa South Africa e re bapileng le yone, *company* e ntse e le nngwefela fela e e tsamaisang *medical aid* kwa South Africa, mme e boa e tsamaisa le *medical aid* ka kwano, kana e le *shareholder* kana *administrator*. O tlaa fitlhela bone e bile fa e le gore ga o a tsoga sentle, o na le matshwenyego, ba go raya ba re letsatsi le o robaditsweng mo sepatela, o kgona go bona le madi ka fa gape, mme o ntse o duelelwa *fully* ka fa. Mo go rona dilo tseo ga di yo. Re tshwanetse gore tota dilo tse re di ele tlhoko, re bone gore Batswana le bone ba *benefit* jaaka go diragala mo mafatsheng a mangwe.

Sengwe se se botlhoko ke gore, e re o joinne *medical aid* dingwaga tse dintsintsi fela o ntse o duela, o ise o lwale, letsatsi le o lwalang fela o tsena kwa sepatela o bo o tewa gotwe nnyaa, ga re tseye *medical aid*, re batla *cash*, e le lantlha o lwala morago ga dingwaga di ka nna tlhano, e le lantlha o ya go bona ngaka. Kana e re fa o tsena kwa o bo o tewa gotwe re na le *limit* fa, *medical aid* wa re o ka duela bokana, bokana o a bo ituelela. Batho ba le bantsi ba mo dipateleng jaaka re bua, ba mo dikolotong tse dintsi, ba gapetswe matlo ka ntata ya gore *medical aid did not cover* malwetse mangwe a ba neng ba a lwala.

Jaanong dilo tse ke tsone tse ke reng, a re di eleng tlhoko. Mo *medical aid*, ke leke go gakolola Mothusa Tautona, a ba dire gore *in their contracts* go se ka ga nna le mo gotweng *fine prints*. Mafoko fela a masesanyane a o sa a boneng a, a e reng letsatsi le o reng o isa *claim*, kana o tshwanetse gore o thusiwe, o bo o isiwa kwa go one gotwe o a bale. Golo moo o kare ke gone jaanong mo go re tsenyang mo mathateng jaaka ke go raya ke re malwetse mangwe ba re raya ba re fa e le bolwetse jo bo ntseng jaana re *cover* bokana fela, mme wena o sale o ntse dingwaga tse tsotlhe tse o se ka o lwala. Letsatsi la teng le o lwalang ga ba lebelele dilo tseo, ba go *refer to that fine print* ba re go na le *an exclusion Clause*. Jaanong ke re dilo tse Mothusa Tautona, gongwe ke tsone tse re ka di lebelelang ra bona gore a le tsone tota *we cover* gore Batswana ga ba tsietsege.

Ke dumalana le dibui jaaka di ntse di bua ka bontsi, di bua ka go lebelela *alternative medicines*. Gongwe nako

e setse e gorogile jaanong re le Botswana gore *medical aids* di leke go *cover* dilo tse, gore le bone batho ba e leng gore ga ba batle go ya go tsaya molemo wa Sekgoa, ba batla go tsaya wa rona wa Setswana. *Medical aid* e leke go o *cover as long as* molemo wa teng o kwadisitswe ka fa tshwanelong, ka fa tsamaisong e bile o lemogiwa gore ke molemo o o siameng e bile o o alafang eng. Re leke go bona gore go nna jalo, gona le jaaka gompiano ba bo ba re raya ba re *medical aid* ga o ke o amogela melemo e e ntseng jaana le jaana. Ke dumela gore golo moo e a bo e se go re direla sentle re le Batswana. Re tshwanetse re bone gore tse di tswang kgakala di ntse di re tshwere sentle, di re tsamaisa sentle, mme e bile e le tsone tse re ka ipelang ka tsone, kana tse di re beileng fa, re leke go di tsenya mo teng ga *medical aid* le one o tle o leke go di *cover* jalo.

Sa bofelo se ke batlang *medical aid* wa rona fa o se *cover*, fa re ka lebelela gompiano, ditiro di thata gore di nne teng. A *medical aid* o leke to *cover* motsadi le ngwana le ngwana wa ngwana. Bontsi jwa bana gompiano ga ba bereke jaana. Fa o lebelela *unemployment rate* ya rona *is going at 38 per cent*. Jaanong kana go raya gore o tlaa fitlhela wena o le *covered* foo fa o le motsadi, ngwana wa gago ka gore o setse a le bo 31 *years* a ntse a sa bereke, ga a *covered*. Ka go tlhoka lesego o tshotse ngwana, ngwana le ene ga a *covered*, jaanong mo go rayang gore fa ba na le malwetse go raya gore o tshwanetse gore o bo o ntsha madi a mantsi jalo. Gongwe melao e e leke go baakanngwa, e sekasekiwe fela thata gore jaanong o tle o leke go atolosiwa ka tsela nngwe e e ka dirang gore ga e turele Motswana.

Ya bofelo, ke lebogela ditsamaiso tse di leng teng, mme ka fa o tlaabong o tsamaisiwa ka teng, a di leke go ntlafadiwa, di leke go okediwa. Go nne le dikgato tse di ka tsewang tse di maleba thata, le gone tse di *strong* gore botlhe *abusing* madi a *medical aid* ba tseelwe dikgato. Ke ne ke utlwa mongwe a bua fa a re batho ba teng ka fa ba dirisang madi ka teng, bogolo jang bone bo *Chief Executive* le *boards* tsa teng, o fitlhela ba dirisa madi a teng kana ba ikamogedisa madi fela a mantsi, kana ba dira dipe fela tse e leng gore ga di sologele bone ba ba ntshang madi a mosola. Golo moo go lekwe go elwa tlhoko. Jaanong ke tlaa boela kwa morago ka one mafoko a go bua gore ke *support* mme e bile ke dumela e le Molao-kakanyetso o o re siametseng. Ke a leboga.

MR SPEAKER: Order! Order! Honourable Members, *ke a bona gore* it is a minute before six, let me encourage those who wish to notice amendments to do so. You may do so by notifying the Clerk or the Parliamentary

Counsel on the amendments that you wish to notice. *Tsweetswee dirang jalo*. Also, I hope that because it is now 6 o'clock, His Honour the Vice President, Minister of Finance and the mover of the Motion will also discuss with his team on whether they would wish to move some amendments because we might actually go for committee tomorrow.

The second one relates to the Bill by General Mokgware on the employment and labour relations. There was a hiccup I think about those who were scanning the Bill. So, I hope that situation has been remedied, so that tomorrow we are able to proceed with the Bill. *Gakere re a utlwana* Honourable Members.

As it is now 6 o'clock, I shall now call upon the Leader of the House, Honourable Minister Moeti Caesar Mohwasa, Minister for State President to move a Motion of adjournment.

MOTION

ADJOURNMENT

LEADER OF THE HOUSE (MR MOHWASA):

Thank you Mr Speaker. I beg to move that this House do now adjourn.

Question put and **agreed to**.

The Assembly accordingly adjourned at 6:00 p.m. until Wednesday 9th July, 2025 at 2:00 p.m.

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