MELAPO HEALTH COLLECTIVE

Executive Prospectus

A Botswana-led nonprofit polyclinic and outreach system for Northern Botswana

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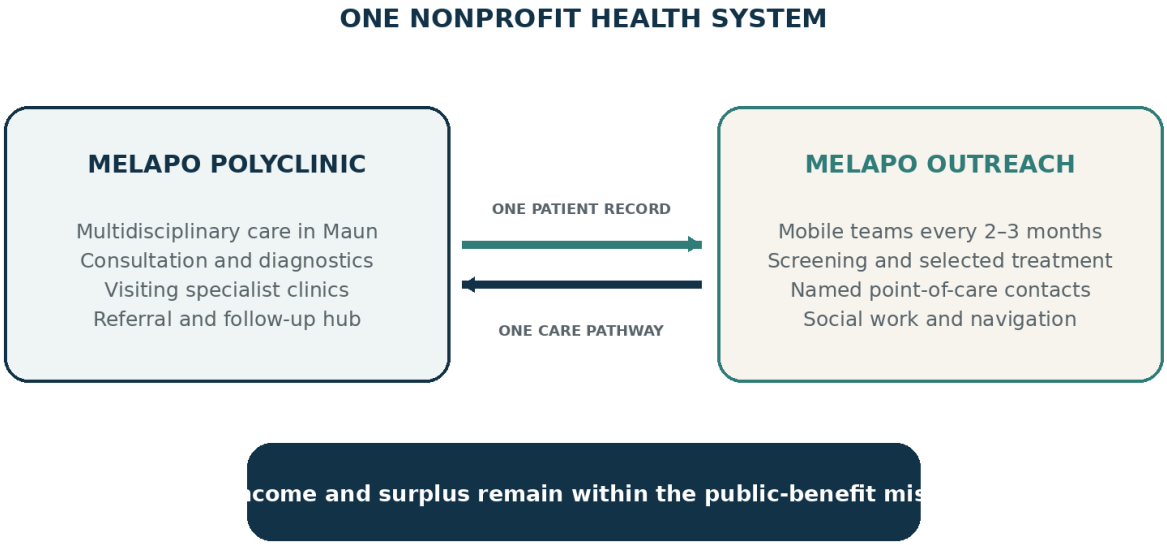
Melapo Health Collective is being developed to connect dependable multidisciplinary care in Maun with recurring mobile outreach to hard-to-reach villages and settlements. Its defining commitment is not simply to identify illness, but to support the complete pathway from assessment through referral, treatment and follow-up.

Prepared for medical partners, public authorities, NGOs, foundations and mission-aligned funders

Prepared by Dr Tepo E Phetolo

The proposition

Melapo Health Collective will be one nonprofit healthcare institution with two integrated delivery components. The organisation is intended to complement Botswana's public health system, not duplicate or replace it. Its role is to add reliable multidisciplinary capacity, recurring community access and active referral follow-through in a defined Northern Botswana catchment.



What makes the model different

Conventional gap	Melapo response
Screening without a confirmed next step	No screening programme begins without a diagnostic, referral and treatment pathway.
One-off mobile campaigns	Selected communities are revisited approximately every two to three months, subject to need and operational conditions.
Referral as a letter or instruction	Patients requiring further care receive a named point-of-care contact and active navigation.
International visits without continuity	Specialists participate through licensed, longitudinal programmes with preparation, follow-up and knowledge transfer.
Charity dependent on one donor	The polyclinic earns clinical income while outreach uses cross-subsidy, grants and donations; all surplus remains in the mission.

Why Melapo is needed

Botswana has an extensive health system and a strong public commitment to affordable care. Government sources report that the public sector provides services to about 80 percent of the population and that 95 percent of residents live within five kilometres of a health facility. The need is therefore not best described as an absence of healthcare. It is the gap between physical access and effective access: timely assessment, diagnostics, specialist availability, clear communication and completed referral.

Evidence point	Strategic implication
WHO reported a Universal Health Coverage service coverage index of 55 in 2021, compared with a global average of 67. Service capacity scored 43.	Melapo should focus on dependable service delivery and continuity, not simply add another facility.
Statistics Botswana recorded a 6.1 percent decrease in public health workers between 2022 and 2023.	A nonprofit partner can add selected capacity while investing in Botswana-led workforce development.
Botswana studies describe barriers including distance, transport, waiting, limited operating hours, communication and delays in results or appointments.	Navigation and social support must be built into care, not treated as optional administration.
Cancer-care studies have documented substantial delays between first presentation and specialist care.	Referral completion should be a primary outcome measure.

A precise response to a real gap

- Reliable outpatient and selected diagnostic capacity in Maun.
- Predictable mobile access for communities facing geographic and practical barriers.
- Named navigation support for patients who need further investigation or specialist care.
- Regulated specialist exchange that strengthens local capability rather than replacing it.
- A nonprofit financial structure that allows earned income while protecting the public-benefit mission.

The first routes, services and specialties will be selected through formal needs assessment and consultation with health authorities, receiving facilities and communities.

The patient pathway

Melapo's service is designed around continuity. An outreach consultation or polyclinic visit is the beginning of a pathway, not the final output.



The service is complete only when the next step is confirmed and documented

Point-of-care contacts and social support

Every patient who requires additional care will receive a documented plan and an assigned nurse navigator, care coordinator or social worker. The named contact will track appointments, results and unresolved barriers while clinical responsibility remains with the treating clinician.

Barrier	Practical response
Transport or distance	Route planning, appointment coordination and transparent criteria for transport support.
Affordability	Medical-aid navigation, funded programme eligibility and defined social-support pathways.
Childcare, disability or caregiving	Social-work assessment and a feasible case plan.
Information and health literacy	Clear explanations, consented communication and reminders in an accessible format.
Delayed results or appointments	Active tracking, escalation and confirmation that the next clinical step occurred.

Core outcome

Melapo will measure completed care pathways—not only consultations, screenings or people reached.

Clinical model

Melapo Polyclinic in Maun

The polyclinic will be a fee-charging nonprofit multidisciplinary clinic. It will serve local families, medical-aid members, employers, visitors and appropriately referred outreach patients. Patient fees and scheme payments are compatible with nonprofit status; the defining rule is that no surplus is distributed privately.

Launch services	Phased additions	Services deliberately deferred
General or family care; paediatrics; women's health; chronic-disease care; selected point-of-care diagnostics; ultrasound where licensed; social work; referral navigation	Scheduled specialist clinics; rehabilitation partnerships; mental-health pathways; dental prevention; occupational health; structured teleconsultation	Inpatient beds, theatre, intensive care, advanced imaging and high-capital services without proven demand, staffing and emergency backup

Melapo Outreach

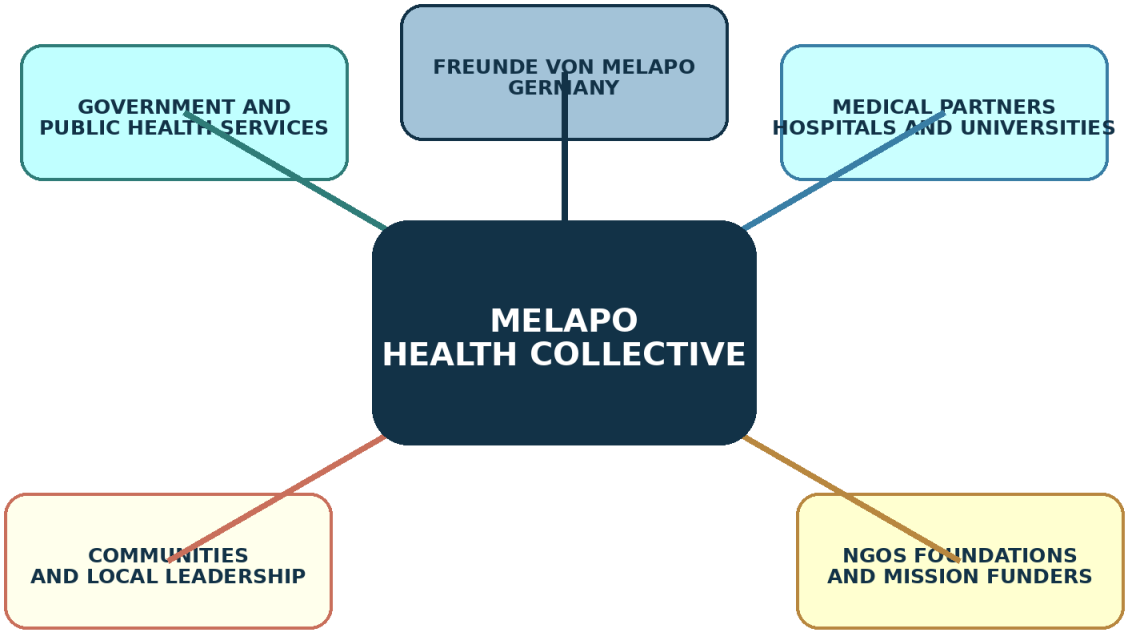
Mobile teams will return to selected villages and settlements approximately every two to three months. Frequency will be adapted to clinical need, seasonality, road access, partner schedules and available referral capacity.

At each visit	Between visits
Clinical assessment; agreed screening; selected point-of-care tests; minor treatment within scope; health education; referral planning; navigation enrolment	Results reconciliation within 72 hours; urgent escalation; appointment tracking; telehealth or telephone follow-up; social-work support; preparation for the return visit

No outreach route will be selected for donor visibility or tourism convenience. Selection will be based on documented need, non-duplication, community consent, referral feasibility and the ability to return reliably.

Botswana Germany clinical partnership

Freunde von Melapo Health Collective e.V. is proposed as an independent German charitable sister organisation. Subject to registration and recognition by the competent authorities, it will mobilise donations, grants, equipment support and professional partnerships. It will not own Melapo's Botswana assets or direct individual clinical decisions.



A structured knowledge corridor

Partnership element	How it works
Named specialty partnerships	A German hospital department or professional group commits to a Botswana-defined priority over several years.
Case preparation	Botswana clinicians identify eligible cases, complete required investigations and define the clinical questions before a visit.
Joint specialist care	Visiting clinicians work only after Botswana registration, licensing, immigration, indemnity and institutional privileging are complete.
Between-visit continuity	Secure virtual case boards, results review, protocol development and mentoring continue after travel.
Reciprocal development	Botswana professionals receive observerships, courses, conference access and exchange opportunities.

Education and professional exchange

Visiting specialist faculty

Specialist participation is designed as recurring faculty, not short-term medical volunteering. Priority disciplines will be selected through local disease burden, referral delays, clinical leadership, receiving capacity and the ability to provide follow-up. Potential early areas include paediatrics and child development, women's health, dermatology, dentistry, ophthalmology, ultrasound, diabetes and hypertension, mental health and rehabilitation.

Medical and nursing students

Student placements can support learning and international understanding, but learners will never substitute for staff. Placements will be limited, supervised and governed by agreements with recognised institutions.

Non-negotiable safeguard	Requirement
Scope	No unsupervised clinical practice or independent procedures.
Patient rights	Patients may decline learner presence without affecting care.
Supervision	Named Botswana supervisor and home-institution contact.
Preparation	Confidentiality, safeguarding, occupational-health and cultural preparation.
Reciprocity	Meaningful opportunities for Botswana students, nurses and doctors.
Ethics	Service evaluation is routine; research requires separate Botswana ethics and data approval.

Nursing as an equal exchange pillar

Nursing exchange will cover areas such as maternal and neonatal care, chronic-disease counselling, infection prevention, wound care, triage, safeguarding, patient navigation, quality improvement and nursing leadership. The programme will be designed with Botswana nurses, not simply delivered to them.

Governance and institutional safeguards

Melapo's credibility depends on Botswana leadership, independent oversight and clear boundaries between clinical care, fundraising and connected businesses.

Safeguard	Institutional position
Botswana governance	A diverse board will cover clinical quality, nursing or public health, finance, law, community knowledge, safeguarding and institutional development.
German independence	The sister association will govern European fundraising and exchange compliance but cannot override Botswana-licensed clinicians.
Mission lock	All income and surplus remain within the public-benefit mission; there is no private distribution.
Related parties	Any transaction involving founders, Sekanka Safaris, Etela Africa or connected persons requires disclosure, recusal, comparison and an audit trail.
Patient protection	Safeguarding, consent, complaints, confidentiality and clinical incident systems apply equally in the clinic and outreach.
International visitors	Professional registration, immigration permission, indemnity, scope and supervision are completed before any clinical work.
Data	Clinical records are separated from donor reporting; external reports use aggregated or de-identified data unless lawful consent and purpose exist.

Partnership with the public system

Melapo will coordinate with the Ministry of Health, district health management, local authorities, professional councils and receiving facilities. Collaboration may include referral pathways, training, service mapping, quality improvement and selected programmes. No government endorsement or formal partnership is assumed until documented.

Financial framework

Nonprofit does not mean free, grant-dependent or financially undisciplined. The polyclinic is expected to earn recurring clinical income. Outreach, navigation and professional exchange will be financed through a blend of cross-subsidy, unrestricted donations, restricted grants and programme partnerships.

Financial layer	Planning position
Indicative start-up capital	BWP 9.0–20.5 million for fit-out, clinical and digital equipment, outreach vehicles, licensing, launch stock, working capital and contingency.
Indicative annual operating cost at stabilisation	BWP 9.3–19.1 million, driven mainly by people, clinical scope, facilities, supplies, outreach frequency and quality systems.
Earned income	Patient fees, medical-aid payments, selected employer contracts and approved training income.
Philanthropic income	Botswana and German giving, foundations, corporate sponsorship and restricted programme grants.
European funding	Competitive calls and consortium opportunities after governance, track record, co-financing and reporting capacity are established.
Reserve objective	At least four months of unrestricted operating expenditure after stabilisation.

The financial ranges are planning assumptions, not supplier quotations or an investment offer. They require validation through property, equipment, staffing, payer and route studies.

What mission-aligned capital can fund

- Feasibility, licensing and institutional formation.
- Maun facility fit-out and maintainable clinical equipment.
- Outreach vehicles, field diagnostics and secure digital systems.
- Patient navigation, social work and transport support.
- Specialist exchange, local training and reciprocal Botswana placements.
- Monitoring, external audit and independent evaluation.

Implementation and measurable outcomes



Expansion follows clinical safety, reliable funding and demonstrated outcomes

Five-year outcome framework

Outcome	Provisional measure
Reliable access	At least 90 percent of planned outreach visits completed after the pilot year.
Completed care pathways	Year-on-year improvement in priority referrals completed within protocol targets; final target set after baseline.
Continuity	At least 95 percent of actionable results communicated and documented.
Patient experience	At least 90 percent reporting respect, privacy and understanding.
Clinical safety	All serious incidents reviewed within the policy timeframe.
Capability transfer	Programme-specific competencies achieved by Botswana staff through exchange.
Financial resilience	Four months of unrestricted reserves and diversified recurring income.

Targets remain provisional until local baseline data, route selection and the first operating year are complete. Melapo will publish an annual impact and accountability report including unmet targets and corrective actions.

Partnership opportunities

Melapo is seeking institutions that can help build a safe, credible and durable health system—not simply fund isolated activities.

Partner	Potential contribution	What Melapo provides
Government and public health authorities	Service mapping, referral coordination, technical guidance and programme alignment	Complementary capacity, referral feedback, data within lawful agreements and transparent reporting
Hospitals and specialist departments	Recurring faculty, case boards, clinical protocols, training and reciprocal observerships	Prepared case pathways, local co-leadership, licensed practice and outcome evaluation
Universities and training institutions	Structured student placements, nursing exchange, evaluation and ethically approved research	Supervision, defined learning objectives, safeguarding and reciprocity
NGOs and community organisations	Community knowledge, mobilisation, social support and programme coordination	Clinical pathways, referral navigation and non-duplication agreements
Foundations and mission-aligned funders	Formation capital, multi-year programme finance, equipment and evaluation	Restricted-fund controls, governance, measurable outcomes and audited reporting
Medical schemes and employers	Service contracts, prevention programmes and continuity pathways	Predictable access, quality standards and responsible cost management

Immediate priorities

- Complete Botswana legal, tax and licensing advice.
- Validate demand, payer mix, service scope and Maun site requirements.
- Select the first outreach catchments with authorities and communities.
- Establish the German founding association and pre-clear its charitable constitution.
- Secure a 12-month operating runway before clinical launch.
- Confirm one Botswana-led, multi-year specialist partnership as the first exchange programme.

Institutional position and contact

Melapo Health Collective is at the institutional development and feasibility stage. It is not yet presenting unconfirmed registrations, licences, government partnerships or grant awards as completed. This prospectus sets out the intended model and the standards against which implementation should be judged.

The partnership proposition

Melapo offers partners a disciplined platform through which clinical care, outreach, patient navigation and professional exchange can work as one system. The opportunity is to help build an institution that remains Botswana-led, returns to communities, completes care pathways and converts international relationships into durable local capability.

Founder

Dr Tepo E Phetolo is a Botswana physician and entrepreneur based between Germany and Botswana. Her clinical experience, Botswana roots and professional networks provide the initial bridge for Melapo's development. The institution is nevertheless designed to move beyond personal relationships through independent governance, documented partnerships and professional management.

Contact and due diligence

Detailed institutional business plan, evidence base, financial assumptions, legal due-diligence register and draft partnership frameworks are available for qualified discussions.

Dr Tepo E Phetolo
Founder | Melapo Health Collective

Selected evidence

- Botswana Ministry of Health Departments and Programs and national facility information
- World Health Organization Botswana Country Cooperation Strategy 2024 to 2027
- WHO Botswana Biennial Report 2024 to 2025
- Statistics Botswana Public Health Personnel 2023 published 2025
- Peer-reviewed Botswana studies on rural access, cancer delays, cervical screening, adolescent health-seeking and patient navigation
- Government of Botswana regulatory guidance for private facilities and professionals
- German Fiscal Code sections 51 to 60 and official association guidance
- European Commission and Engagement Global guidance on NGO and development funding

Full citations and links are contained in the Melapo Health Collective Institutional Business Plan 2026.