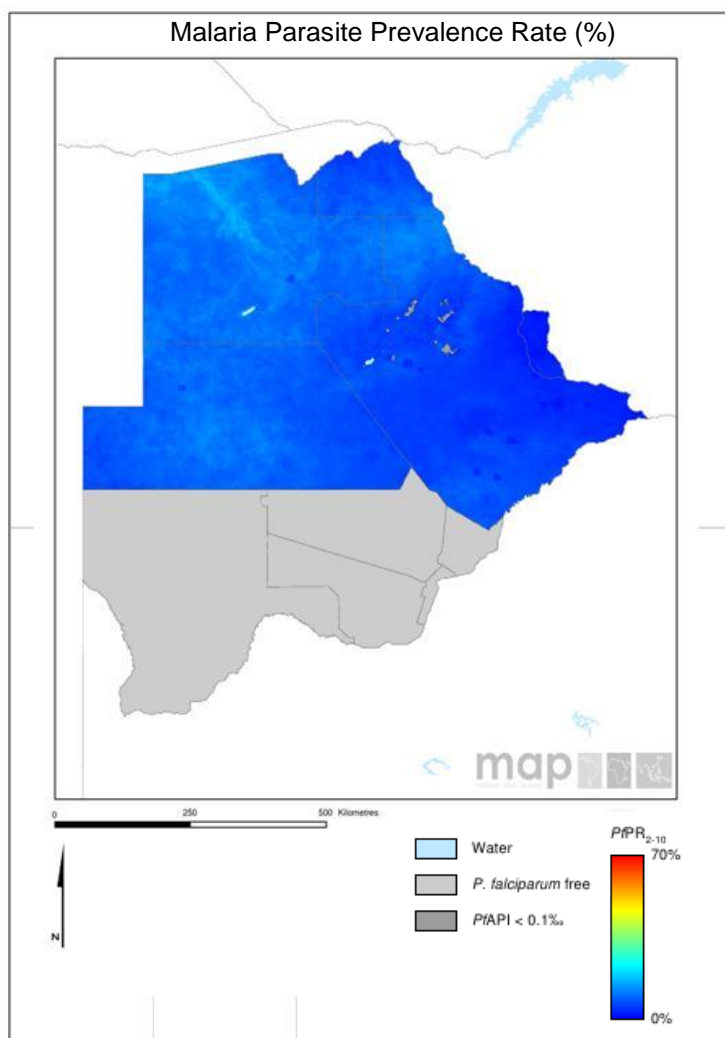


Scorecard for Accountability and Action



Malaria transmission is highly seasonal occurring between December and April mostly in the northern part of the country. The annual reported number of confirmed malaria cases in 2012 was 308 with three deaths.

Metrics

Policy and Financial Control		
Oral Artemisinin Based Monotherapy Ban status (2014)		
Community case management (Pneumonia)		
Community case management (Malaria)		
World Bank rating on public sector mgmt and institutions 2012 (CPIA Cluster D)		
Commodities Financed, Implementation and Malaria Impact		
IRS financing 2014 (% of at-risk population)		100
Public sector RDT financing 2014 projection (% of need)		100
Public sector ACT financing 2014 projection (% of need)		100
IRS Operational Coverage (%)		68
On track in 2012 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)		
Tracer Indicators for Maternal and Child Health		
PMTCT coverage 2012 (% pregnant HIV pts receiving ARVs)		95
% deliveries assisted by skilled birth attendant		95
Exclusive breastfeeding (% children < 6 months)		20
Vitamin A Coverage (2 doses)		75
DPT3 coverage 2011 (vaccination among 12-23 month olds)		96
Postnatal care (within 48 hrs)		

Key

	Target achieved or on track
	Progress but more effort required
	Not on track
	No data/Not applicable

Urgent Global Fund Update

The Global Fund has announced that Botswana will receive US\$ 28.7 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation under the New Funding Model. The total figure includes all existing, unspent funds from previous rounds and the Interim New Funding Model. The Global Fund has determined the total allocation amount based on Botswana's disease burden and income level, as well as several other factors. The malaria component is also allocated a specific proportion of the total, according to a formula developed by the Global Fund that takes into account several factors, including disease burden and previous disbursements. For Botswana this is calculated at US\$ 5.1 million, all of which are new resources. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. Botswana is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation at a level that is sufficient to sustain the gains made in recent years.

Progress

Botswana has banned oral artemisinin-based monotherapies and has successfully mobilised resources for malaria control with sufficient financing available for IRS and malaria treatment in 2014. Significant progress has been made in scaling-up malaria control interventions, including case management. Progress has also been made on tracer MNCH interventions, including PMTCT coverage, deliveries by skilled birth attendants, and DPT3 vaccination.

Impact

Botswana has made significant progress in malaria control. The number of confirmed malaria cases reported annually has declined from 3,362 during 2000–2005 to only 308 cases in 2012. Malaria deaths have declined from 21 to three during the same period. As such, the country has achieved the international target of reducing malaria burden by 75% since 2000.

Key Challenge

- A key challenge is achieving and maintaining IRS coverage above 80%.

Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH ¹ : Optimise quality of care	MNCH Ensure all facilities are baby friendly by implementing the ten steps to successful breastfeeding, providing follow-up support to breastfeeding mothers and enhancing community awareness	Q1 2013		Botswana has a strong national level policy and strategy environment for breastfeeding and has introduced the International Code of Marketing Breast-milk Substitutes. Behaviour change communication and the BFHI requires strengthening

New Key Recommended Actions

Objective	Action Item	Suggested completion timeframe
Optimise quality of care	Urgently investigate and address reasons for low IRS coverage	Q4 2014
Address funding	Ensure the NFM concept note is submitted by Q4 2014 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q4 2014

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

¹ MNCH metrics, recommended actions and response tracked through WHO MCA/IERG