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 2013 was 456 with 7 deaths.
Progress
Botswana has banned oral artemisinin-based monotherapies and has successfully mobilised resources for malaria control with sufficient financing available for IRS and malaria diagnosis and treatment in 2015. Significant progress has been made in scaling-up malaria control interventions, including case management. Good coverage has been achieved in 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 456 cases in 2013. Malaria deaths have declined from 21 to 7 during the same period. As such, the country has achieved the international target of reducing malaria burden by 75% since 2000. However, the number of malaria cases in 2013 increased to 456 from 308 in 2012 and deaths increased in 2013 to 7 compared with 3 deaths in 2012.

Key Challenges
- Achieving and maintaining IRS coverage above 80%.
- Increases in malaria cases reported in 2014.

Previous Key Recommended Action

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
<th>Progress</th>
<th>Comments - key activities/accomplishments since last quarterly report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address funding</td>
<td>Ensure the GF New Funding Model 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</td>
<td>Q4 2014</td>
<td>Green</td>
<td>Botswana submitted the GF New Funding Model concept note in January 2015</td>
</tr>
</tbody>
</table>

Botswana has responded positively to the recommended actions addressing low coverage of exclusive breastfeeding and lack of data for vitamin A and postnatal care and continues to track progress as these actions are implemented.

New Key Recommended Action

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimise quality of care</td>
<td>Investigate reasons for the increasing number of malaria cases in 2014</td>
<td>Q4 2015</td>
</tr>
</tbody>
</table>

Key
- Green: Action achieved
- Yellow: Some progress
- Red: No progress
- Grey: Deliverable not yet due