The annual reported number of confirmed malaria cases in 2017 was 1,902 with 17 deaths.
Malaria

Progress
Botswana has successfully mobilised sufficient financing for IRS, malaria diagnosis and treatment in 2019. The country has finalised the insecticide resistance management and monitoring plan. WHO has identified Botswana as being a country with the potential to eliminate local transmission of malaria by 2020. Botswana has significantly enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Elimination Scorecard.

Impact
The annual reported number of malaria cases in 2017 was 1,902 with 17 deaths.

Key Challenges
- Malaria outbreaks were reported during the previous malaria seasons.
- Achieving and maintaining IRS coverage above 80%.
- Need to further strengthen cross border collaboration with neighbouring countries.

Previous Key Recommended Actions
Botswana has responded positively to the recommended action addressing the lack of data on iCCM and continues to strengthen access to treatment of malaria, pneumonia and diarrhea. The country has also responded positively on the reporting of insecticide resistance data to WHO.

RMNCAH and NTDs

Progress
Botswana has achieved good coverage in tracer RMNCAH interventions, including deliveries by skilled birth attendants, DPT3 and ART coverage in the total population. The country has enhanced the tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn, Adolescent and Child Health Scorecard.

Progress in addressing Neglected Tropical Diseases (NTDs) in Botswana is illustrated using a composite index calculated from preventive chemotherapy coverage achieved for schistosomiasis and soil transmitted helminths. 29% preventive chemotherapy coverage for soil transmitted helminths in Botswana has been achieved, whilst data for schistosomiasis were not reported to WHO.

Previous Key Recommended Actions
The country has responded positively to the RMNCAH recommended actions addressing low coverage of exclusive breastfeeding, lack of data for postnatal care and lack of data on preventive chemotherapy coverage of schistosomiasis and continues to track progress as these actions are implemented.