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 2014 was 1,485 with 22 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.

Good coverage has also been achieved in tracer MNCH interventions, including PMTCT coverage, deliveries by skilled birth attendants, vitamin A and DPT3 vaccination. The country has significantly enhanced the tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn and Child Health Scorecard.

Impact
Botswana has made significant progress in malaria control. The number of confirmed malaria cases reported annually has declined from 3,362 during the period 2000–2005 to 1,485 cases in 2014. The country has achieved the MDG international target of reducing malaria burden by 75% since 2000. However, the number of malaria cases in 2014 increased to 1,485 compared to 456 in 2013 and malaria deaths increased in 2014 to 22 compared with 7 deaths in 2013.

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

Recommended Actions
Botswana has responded positively to investigating the reasons for the increasing number of malaria cases in 2014.

The country has also responded positively to the MNCH recommended actions addressing low coverage of exclusive breastfeeding and lack of data for postnatal care and continues to track progress as these actions are implemented.