The annual reported number of confirmed malaria cases in 2015 was 340 with 5 deaths.
Malaria

Global Fund Update
The Global Fund has announced that Botswana will receive US$ 17.2 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation for 2018-2020. 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$ 1.3 million. 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, as well as from domestic resources, to sustain the gains made in recent years, and achieve its elimination targets.

Progress
Botswana has successfully mobilised resources for malaria control. Sufficient financing has been secured for IRS, malaria diagnosis and treatment in 2016. The country has monitored insecticide resistance since 2014 and the national plan for insecticide resistance monitoring and management is under development. Botswana has significantly enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Control and Elimination Scorecard.

Impact
The annual reported number of malaria cases in 2015 was 340 with 5 deaths. WHO estimates that the country has achieved a decrease of greater than 40% for malaria incidence rate and malaria mortality rate for the period 2010 - 2015.

Key Challenges
- Achieving and maintaining IRS coverage above 80%.
- There is a need to strengthen cross border collaboration with neighbouring countries.

Previous Key Recommended Actions

<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>Vector control</td>
<td>Report on the status of insecticide resistance monitoring to WHO and finalise and implement the national insecticide resistance monitoring and management plan</td>
<td>Q1 2017</td>
<td></td>
<td>Botswana has shared the insecticide resistance monitoring data with WHO and is planning to finalise the insecticide resistance monitoring and management plan in the final quarter of 2016</td>
</tr>
</tbody>
</table>

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.
New Key Recommended Action

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address funding</td>
<td>Ensure the GF malaria funding application is submitted by Q1 2018 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>Q1 2018</td>
</tr>
</tbody>
</table>

MNCH

Progress

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

Previous Key Recommended Actions

<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>MNCH1: Optimise quality of care</td>
<td>Identify and address reasons for decreasing vitamin A coverage</td>
<td>Q3 2017</td>
<td>Green</td>
<td>The country estimates the annual vitamin A coverage in 2015 at 84%. Child health days are implemented annually in May and November, supported by social mobilization including health talks at health facilities and mass media (radio, TV and adverts on local newspapers). The Community Support Strategy delivers basic health care promotion, guidance and education at homes and community forums and engages community members in health promotion activities. The supply chain for Vitamin A including timely procurement and delivery to health facilities is also being strengthened.</td>
</tr>
</tbody>
</table>

The country has 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.

Key

- Action achieved
- Some progress
- No progress
- Deliverable not yet due

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