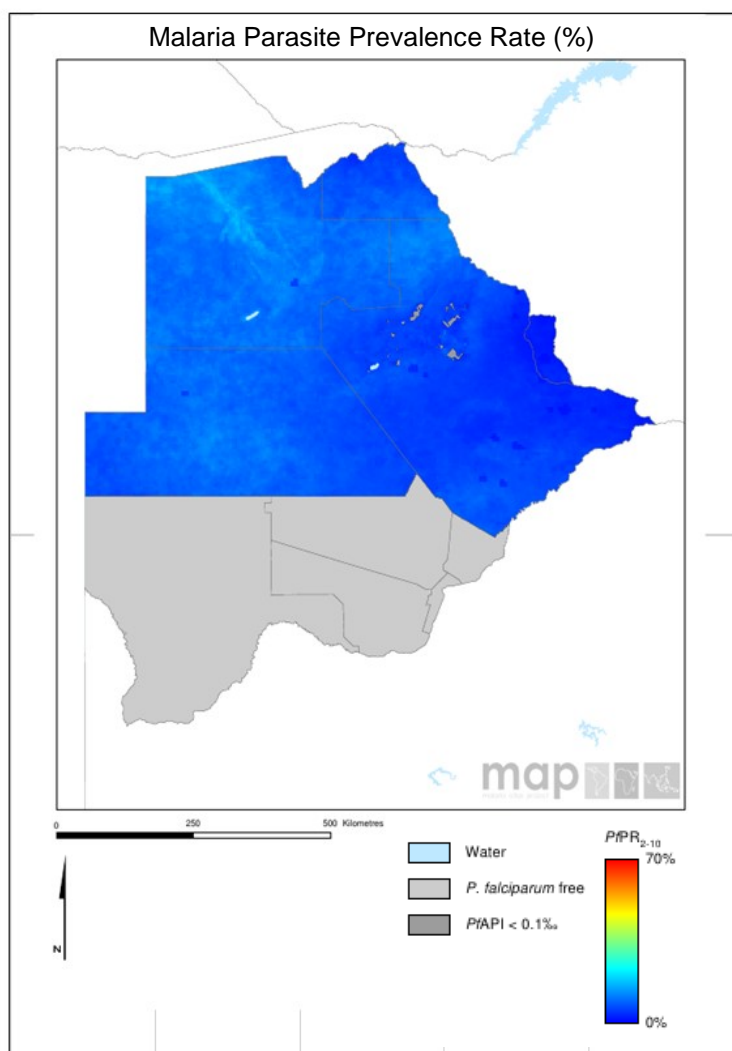


Scorecard for Accountability and Action







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 2014 was 1,485 with 22 deaths.

Metrics

Policy and Financial Control		
Oral Artemisinin Based Monotherapy Ban status (2015)		
Community case management (Pneumonia)(2015)		
Community case management (Malaria)(2015)		
World Bank rating on public sector mgmt and institutions 2014 (CPIA Cluster D)		
Commodities Financed, Implementation and Malaria Impact		
IRS financing 2015 (% of at-risk population)		100
Public sector RDT financing 2015 projection (% of need)		100
Public sector ACT financing 2015 projection (% of need)		100
IRS Operational Coverage (%)		64
>75% Decrease in Malaria Incidence Projected 2000–2015		
Tracer Indicators for Maternal and Child Health		
PM TCT coverage 2014 (% pregnant HIV pts receiving ARVs)		91
% deliveries assisted by skilled birth attendant		95
Exclusive breastfeeding (% children < 6 months)		20
Vitamin A Coverage 2013 (2 doses)		83
DPT3 coverage 2014 (vaccination among 12-23 month olds)		95
Postnatal care (within 48 hrs)		

Key

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

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.