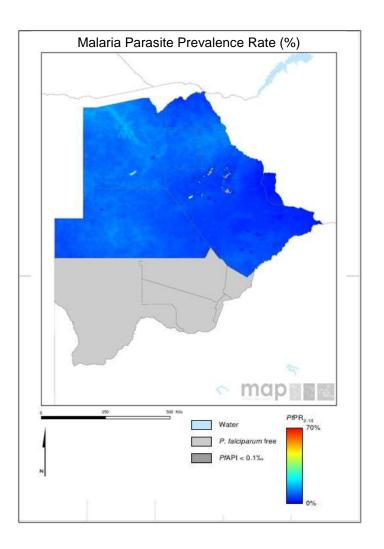
# **Botswana ALMA Quarterly Report Quarter Four, 2016**



## **Scorecard for Accountability and Action**

Metrics



Commodities Financed and Financial Control	
IRS financing 2016 (% of at-risk population)	100
Public sector RDT financing 2016 projection (% of need)	100
Public sector ACT financing 2016 projection (% of need)	100

Insecticide Resistance Monitoring, Implementation and Impact

World Bank rating on public sector management

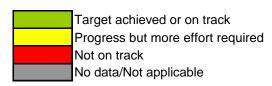
and institutions 2015 (CPIA Cluster D)

Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	1
Insecticide resistance monitored since 2014 and data reported to WHO	
National Insecticide Resistance Monitoring and Management Plan	
Scale of Implementation of ICCM (2016)	
IRS Operational Coverage (%)	78
Estimated change in malaria incidence rate (2010–2015)	
Estimated change in malaria mortality rate (2010–2015)	

Tracer Indicators for Maternal and Child Health	
Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2015)	78
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2015)	95
% deliveries assisted by skilled birth attendant	95
Postnatal care (within 48 hrs)	
Exclusive breastfeeding (% children < 6 months)	20
Vitamin A Coverage 2014 (2 doses)	70
DPT3 coverage 2015 (vaccination among 0-11 month olds)	95

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

## Key



## **Botswana ALMA Quarterly Report Quarter Four, 2016**



### 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**

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Vector control	Report on the status of insecticide resistance monitoring to WHO and finalise and implement the national insecticide resistance monitoring and management plan	Q1 2017		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

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** 

Objective	Action Item	Suggested completion timeframe
Address funding	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	Q1 2018

## **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** 

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH1: Optimise quality of care	Identify and address reasons for decreasing vitamin A coverage	Q3 2017		The country estimates the annual vitamin A coverage in 2015 at 84%. Child health days are implemented annually in May and November, suppored by social mobilization including health talks at health facilities and mass media (radio, TV and adverts on local news papers). 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

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.



<sup>&</sup>lt;sup>1</sup> MNCH metrics, recommended actions and response tracked through WHO MCA