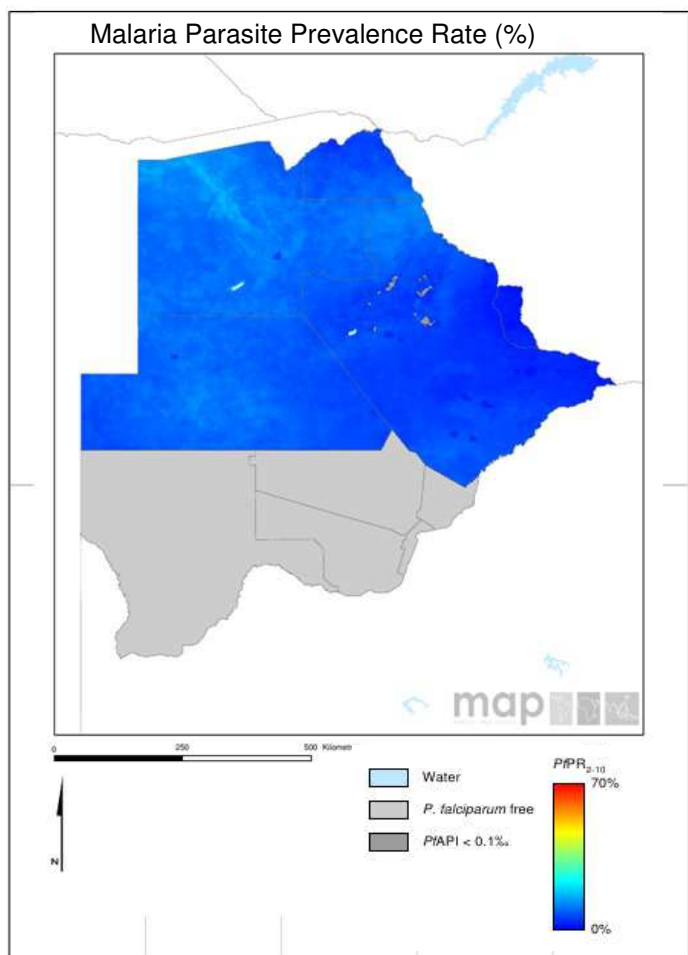


Scorecard for Accountability and Action



Metrics

Commodities Financed and Financial Control	
IRS financing 2017 (% of at-risk population)	100
Public sector RDT financing 2017 projection (% of need)	100
Public sector ACT financing 2017 projection (% of need)	100
World Bank rating on public sector management and institutions 2016 (CPIA Cluster D)	
Insecticide Resistance Monitoring, Implementation and Impact	
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 (%)	69
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 (2016)	▲ 83
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2016)	60
% 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 2016 (vaccination among 0-11 month olds)	▼ 85

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

Key

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

Malaria

Global Fund Update

The Global Fund 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 2017. The country has monitored insecticide resistance since 2014 and the national plan for insecticide resistance monitoring and management is under development. WHO has identified Botswana as being a country with the potential to eliminate local transmission of malaria by 2020. Botswana was awarded the 2017 ALMA Award for Excellence for reducing malaria incidence and malaria mortality by more than 40% for the period 2010-2015. 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 five 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

- A malaria outbreak has been reported by the country.
- 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, which is currently a near final draft, with support from WHO. Further refinements may be made following a review of the situation following the recent upsurge
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		Deliverable not yet due but the country has commenced with the development of the GF funding application
Impact	Investigate and address the reasons for the reported increase in cases in 2017	Q4 2017		Botswana carried out a comprehensive review of the underlying reasons for the malaria upsurge. Reasons identified include: weak disease surveillance to diagnose and treat cases as rapidly as possible; population movement both within and from neighbouring countries; structures were not sprayed with DDT due to procurement delays and there was significant flooding increasing the number of mosquito breeding sites. In response, IRS and surveillance are being strengthened
Vector Control	Investigate and address the reasons for the decreasing coverage of IRS	Q4 2017		Inadequate supervision and monitoring of the indoor residual spraying contributed to the low coverage. Additionally, the spraying started late due to delayed procurement of insecticide. Botswana is working to improve IRS planning, procurement and supervision, to address the underperformance

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.

MNCH

Progress

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





Previous Key Recommended Actions

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.

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
MNCH ¹ : Optimise quality of care	Identify and address reasons for the decrease in coverage of DPT3	Q2 2018

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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