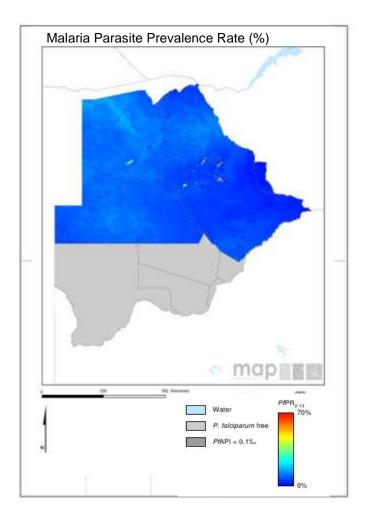
Botswana ALMA Quarterly Report Quarter One, 2018



Scorecard for Accountability and Action



Commodities Financed and Financial Control			
RS financing 2018 (% of at-risk population)			100
Public sector RDT financing 2018 projection (% of need)			100
Public sector ACT financing 2018 projection (% of need)			100
World Bank rating on public sector management and institutions 2016 (CPIA Cluster D)			
insecticide Resistance Monitoring, Implementation a	nd	Impa	oct
insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010			ě
nsecticide resistance monitored since 2015 and data reported to WHO			
National Insecticide Resistance Monitoring and Management Plan			
Scale of Implementation of iCCM (2017)			
RS Operational Coverage (%)	•		7
Reduced Malaria Incidence by >40% by 2020 (vs 2015) (projected)			
Tracer Indicators for Maternal and Child Health and I	VTI	Os	
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2016)			ě
Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2016)			8
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2016)			6
% deliveries assisted by skilled birth attendant	A		10
Postnatal care (within 48 hrs)			
Exclusive breastfeeding (% children < 6 months)			28
Vitamin A Coverage 2015 (2 doses)			5
DPT3 coverage 2016 (vaccination among 0-11			81

The annual reported number of confirmed malaria cases in 2016 was 718 with 3 deaths.

Key



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Malaria

Progress

Botswana has successfully mobilised resources for malaria control with sufficient financing secured for IRS, malaria diagnosis and treatment in 2017. The country has increased IRS coverage. WHO has identified Botswana as being a country with the potential to eliminate local transmission of malaria by 2020. 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 2016 was 718 with 3 deaths. WHO projects that the country is on track to reduce malaria cases by greater than 40% by 2020. However, the country experienced an increase in cases of more than 20% between 2015 and 2016 and investigating and addressing the key underlying reason for this upsurge will be a key priority for 2018.

Key Challenges

- Malaria outbreaks have been reported during the previous malaria seasons.
- 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	Finalise and implement the national insecticide resistance monitoring and management plan	Q1 2017		Botswana finalised the insecticide resistance monitoring and management plan
Address funding	Ensure the revised GF malaria funding application is submitted by Q1 2018	Q1 2018		The country delayed the submission of the GF revised proposal in order to enhance absorptive capacity of the current grant
Impact	Investigate and address the reasons for the WHO estimated increase of greater than 20% in the malaria incidence rate between 2015 and 2016	Q4 2018		Botswana has observed a malaria upsurge between 2015 and 2016 which continued into 2017. Factors contributing to the upsurge include weaknesses in disease surveillance, delayed procurement of insecticides, sub-optimal IRS coverage and weak supervision and monitoring. Some lessons have been learned fromor the most recent malaria season, for example, with the insecticide procured and delivered in a more timely way and an increase in IRS coverage

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. The country has also responded positively on the reporting of insecticide resistance data to WHO.

MNCH and NTDs

Progress

Botswana has achieved good coverage in tracer MNCH interventions, including deliveries by skilled birth attendants and ART coverage 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.

Progress in addressing Neglected Tropical Diseases (NTDs) in Botswana is illustrated using a composite index calculated from preventive chemotherapy coverage achieved for schistosomiasis and soil transmitted helminths. Whilst 29% preventive chemotherapy coverage for soil transmitted helminths in Botswana has been achieved, coverage for schistosomiasis is low (0%). Overall, the NTD preventive chemotherapy coverage index for Botswana in 2016 is low, but shows some improvement over the 2015 index value.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH ¹ : Optimise quality of care	a) Identify and address reasons for the decrease in coverage of DPT3	Q2 2018		One of the reasons for the poor DPT3 coverage has been identified as an unreliable denominator, and so this is currently being reviewed by the MoHW. Poor transport is being addressed through upgrading of vehicles and there are ongoing efforts to address stock outs through training of health workers on forecasting of commodities and building their capacity to improve the quality of data
	b) Address the decreasing vitamin A coverage	Q4 2018		Low coverage of vitamin A was found to be due to both a lack of community awareness and supply chain issues. In response, a long term contract was established for the regular supply of vitamin A capsules and the MoHW has intensified community mobilisation which has improved uptake of vitamin A
NTDs	Given the Soil Transmitted Helminths (STH) Preventive Chemotherapy (PC) coverage achieved, implement PC for Schistosomiasis alongside STH, at least for school- age children	Q4 2018		Before introducing Preventive Chemotherapy for Schistosomiasis in school-age children, the NTD programme has requested support from WHO AFRO to establish the presence or absence of Taenia species in the areas targeted for Schistosomiasis PC. This will also entail requesting for resources to implement Schistosomiasis Preventive Chemotherapy before the end of 2018

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

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.

