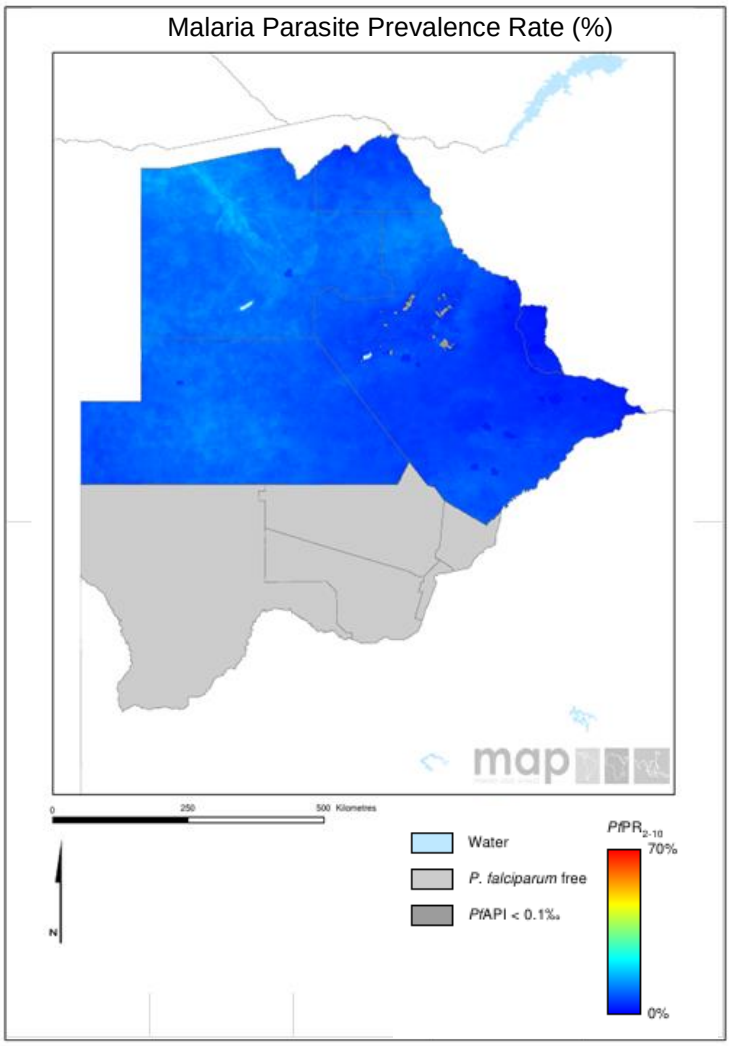
Botswana ALMA Quarterly Report
Quarter One, 2015

AFRICAN LEADERS MALARIA ALLIANCE ALMA

Scorecard for Accountability and Action

Malaria Parasite Prevalence Rate (%)



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 2013 was 456 with 7 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 2013 (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
On track in 2013 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)	
Tracer Indicators for Maternal and Child Health	
PMTCT coverage 2013 (% pregnant HIV pts receiving ARVs)	95
% deliveries assisted by skilled birth attendant	95
Exclusive breastfeeding (% children < 6 months)	20
Vitamin A Coverage 2012 (2 doses)	
DPT3 coverage 2012 (vaccination among 12-23 month olds)	96
Postnatal care (within 48 hrs)	

Key

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

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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. Significant progress has been made in scaling-up malaria control interventions, including case management. Good coverage has been achieved in tracer MNCH interventions, including PMTCT coverage, deliveries by skilled birth attendants, and DPT3 vaccination.

Impact

Botswana has made significant progress in malaria control. The number of confirmed malaria cases reported annually has declined from 3,362 during 2000–2005 to only 456 cases in 2013. Malaria deaths have declined from 21 to 7 during the same period. As such, the country has achieved the international target of reducing malaria burden by 75% since 2000. However, the number of malaria cases in 2013 increased to 456 from 308 in 2012 and deaths increased in 2013 to 7 compared with 3 deaths in 2012.

Key Challenges

- Achieving and maintaining IRS coverage above 80%.
- Increases in malaria cases reported in 2014.

Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Address funding	Ensure the GF New Funding Model concept note is submitted by Q4 2014 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q4 2014		Botswana submitted the GF New Funding Model concept note in January 2015

Botswana has responded positively to the recommended actions addressing low coverage of exclusive breastfeeding and lack of data for vitamin A and postnatal care and continues to track progress as these actions are implemented.

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Optimise quality of care	Investigate reasons for the increasing number of malaria cases in 2014	Q4 2015

Key

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