The annual reported number of confirmed malaria cases in 2022 was 446 with 6 deaths.
Malaria

Africa is at the centre of a perfect storm that threatens to disrupt malaria services and undo decades of progress. We must act urgently to both prevent and mitigate the adverse effects of the ongoing global financial crisis, increasing biological threats, climate change, and humanitarian crises. These threats represent the most serious emergency facing malaria in 20 years and will lead to malaria upsurges and epidemics if not addressed. AU Member States face a $1.5 billion gap just to sustain existing, yet inadequate, levels of malaria-related services between now and 2026. To get back on track and eliminate malaria, we will need to mobilise another $5.2 billion dollars annually to fully finance our national malaria plans. Climate change presents a significant threat to the progress that we have made. Africa is disproportionately exposed to the risks of climate change and by the 2030s, 150 million additional people will be at risk of malaria because of warmer temperatures and increased rainfall. Climate disasters displace millions and destroy roads and health facilities, reducing access to health services. There is urgency to decarbonise and reduce our carbon footprint. We must implement integrated and multisectoral solutions, and adapt our health systems to the threats of both climate change and pandemics. We must also take action to confront the threats of insecticide and drug resistance, reduced efficacy of rapid diagnostic tests, and the Anopheles stephensi mosquito which spreads malaria in both urban and rural areas. The good news is that the malaria toolkit continues to expand. WHO has approved the use of dual-insecticide mosquito nets that are 43% more effective than traditional mosquito nets and will address the impact of insecticide-resistance. New medicines for treating malaria and two malaria vaccines for children have also been approved with an increasing number of countries deploying these new tools. The scaling up of these interventions will help us achieve our goal of eliminating malaria. This will require integrated approaches with malaria as a pathfinder for pandemic preparedness, climate change and health, Primary Health Care and Universal Health Coverage. We must work to sustain and increase domestic resource commitments including through multisectoral End Malaria and NTD councils and Funds, which have raised over US$50 million.

Progress

Botswana has secured sufficient resources to fund the required ACTs, RDTs and IRS required in 2024-2026. WHO has identified Botswana as being a country with the potential to eliminate local transmission of malaria by 2025. The country has finalised the insecticide resistance management and monitoring plan. In line with the priority agenda of the ALMA chair, His Excellency President Umoro Sissoco Embaló, Botswana has enhanced the tracking and accountability mechanisms for malaria with the development of the Malaria Elimination Scorecard and this is shared publicly in-country, but not yet posted to the ALMA Scorecard Knowledge Hub. Discussions are ongoing for the creation of the Botswana End Malaria and NTD council.

Impact

The annual reported number of malaria cases in 2022 was 446 with 6 deaths.

Key Challenges

- Achieving and maintaining IRS coverage above 80%.
- Need to further strengthen cross border collaboration with neighbouring countries.
**Previous Key Recommended Actions**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
<th>Progress</th>
<th>Comments - key activities/accomplishments since last quarterly report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy</td>
<td>Sign, ratify and deposit the AMA instrument at the AUC</td>
<td>Q1 2023</td>
<td>Red</td>
<td>No progress reported</td>
</tr>
<tr>
<td>Impact</td>
<td>Investigate and address the reasons for the increase in estimated malaria incidence and mortality since 2015, which means that the country is not on track to achieve the 2025 target of a 75% reduction in malaria incidence and deaths</td>
<td>Q4 2024</td>
<td>Green</td>
<td>The country reported a consistent decrease of malaria cases in the last 4 years from 953 in 2020 to 382 in 2023. Malaria deaths have also decreased from 11 in 2020 to 2 in 2023. The country is currently developing a new strategic plan to achieve the target of malaria elimination.</td>
</tr>
</tbody>
</table>

**Reproductive, Maternal, Newborn, Adolescent and Child Health**

**Progress**

Botswana has enhanced the tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn, Adolescent and Child Health Scorecard.

**Neglected Tropical Diseases**

Progress in addressing Neglected Tropical Diseases (NTDs) in Botswana is illustrated using a composite index calculated from preventive chemotherapy coverage achieved for schistosomiasis, soil transmitted helminths and trachoma. Preventive chemotherapy coverage is good for schistosomiasis (89%), 100% for trachoma (disease under surveillance only) and was not implemented for soil-transmitted helminthiasis (0%). The overall NTD preventive chemotherapy coverage index in 2022 is 10 shows an increase compared to the 2021 index value (3). The country reached the WHO MDA coverage target for Schistosomiasis. The country has signed the Kigali declaration. Botswana has significantly enhanced the tracking and accountability mechanisms for NTDs with the development of a NTD Scorecard tool.

**Previous Key Recommended Action**

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<tr>
<td>Optimise quality of care</td>
<td>Work to implement preventive chemotherapy for Soil Transmitted Helminthiasis and reach WHO targets.</td>
<td>Q4 2024</td>
<td>Yellow</td>
<td>In 2023, the country did not carry out Mass Drug Administration (MDA) for both Soil Transmitted Helminthiasis and Schistosomiasis due to delays in drug delivery by WHO. The drugs have now been delivered and the country is working to mobilise funds and organize the MDAs in Q2 2024. Other NTD routine activities including trachoma surveillance are being conducted as planned.</td>
</tr>
</tbody>
</table>