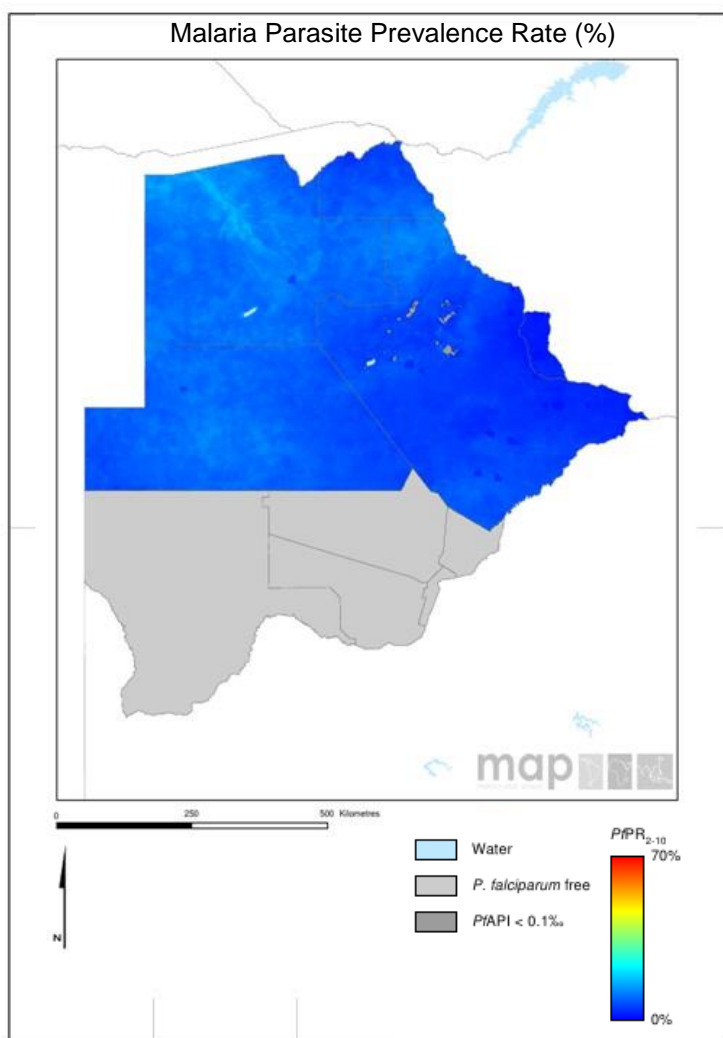


Scorecard for Accountability and Action







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 2014 (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 2014 (% pregnant HIV pts receiving ARVs) | | 91 |
| % deliveries assisted by skilled birth attendant | | 95 |
| Exclusive breastfeeding (% children < 6 months) | | 20 |
| Vitamin A Coverage 2012 (2 doses) | | |
| DPT3 coverage 2013 (vaccination among 12-23 month olds) | | 96 |
| Postnatal care (within 48 hrs) | | |

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.

Key

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

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. Good coverage has been achieved in tracer MNCH interventions, including PMTCT coverage, deliveries by skilled birth attendants, and DPT3 vaccination. The country has significantly enhanced the tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn and Child Health Scorecard.

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.

Recommended Actions

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. The country has also submitted the Global Fund New Funding Model concept note for malaria and has responded positively to investigating the reasons for the increasing number of malaria cases in 2014.