

SARN MISSION TO BOTSWANA

1.0 INTRODUCTION

SARN undertook a mission to Botswana on 8th February 2011 and the objective of the mission was to track progress on the implementation of the SARN work plan, road map implementation, progress towards malaria elimination and strengthening in-country partnerships in Botswana. SARN Secretariat accompanied by Dr James Banda from RBM Secretariat, attended a consultative meeting which was held at the Botswana Ministry of Health Headquarters, organized by the NMCP and chaired by the Clinton Access to Health Initiative (CHAI). The consultative meeting was attended by partners from WHO, UNICEF, schools, banks, faith based organizations, civic society, DEBTswana (DBS - diamonds), SADC Secretariat, SARN Secretariat and RBM Secretariat.



Group Photo of the Botswana RBM in-country Partnership Meeting held at Ministry of Health Headquarters, Gaborone, Botswana, 8th February 2011

2.0 Main outcomes

An update by the National Malaria Control Program on progress towards malaria elimination which was followed by partners' presentations on pledges towards supporting the drive for malaria elimination in Botswana.

3.0 Achievements by Botswana NMCP

The Botswana NMCP has worked hard over the past 5 years and their program is now among the high performing programs in the SADC region. As a result the program is now preparing for pre-elimination and the following achievements have been registered:

- 3.1 Successfully carried out MPR in 2010 – results and recommendation being used for program re-orientation and development of strategic frameworks
- 3.2 Finalized Malaria Strategic Plan for 2010 – 2015.
- 3.3 Launched Malaria Elimination and Advocacy campaign in September 2010.
- 3.4 Branded malaria elimination campaign.
- 3.5 Drafted malaria policy in line with MPR recommendations and malaria elimination.
- 3.6 Developed a new malaria stratification map: in accordance with the MPR results.
- 3.7 Malaria reference group appointed.
- 3.8 Achieved the 2010 targets and good progress in road map implementation
- 3.9 Organized Annual malaria conference
- 3.10 DDT successfully rolled out to all spraying districts and uptake was high in all spraying districts.
- 3.11 In February 2011, District Health Education Officers were sensitized on malaria elimination and their role.
- 3.12 Over 85,000 LLINs have been distributed to districts.
- 3.13 Trained Spray-operators in IRS using DDT in all districts
- 3.14 TV and radio adverts are being aired and newspaper strip messages are being published in the daily and Ngami times news papers.
- 3.15 Malaria Cross-border collaboration included in the Strategic Framework and the program is participating in the Trans-Zambezi (TZMI) and MOZIZA cross-border initiatives
- 3.16 In-country RBM partnership committee is vibrant and fully operational

4.0 Resource Gaps and Challenges

However, because Botswana is not eligible for Global Fund, they have resource gaps in LLINs they require 90,000 and 142,000 LLINs respectively for 2011 and 2012 including funds to cover distribution costs. The program also faces challenges in human resource, laboratory support for QC/QA, establishment of PCR, funding to carry out an MIS in 2011 including evaluation of the IRS program, slow uptake of IRS, over reliance on clinical diagnosis by health workers and late presentation for treatment. The program has outlined strengthening of Surveillance, Monitoring and Evaluation (SME), operational research, GIS data base set up and KAP study as the areas requiring support in 2011. While the SARN Secretariat will support with TAs for experts/consultants there is urgent need for in-country partnership, regional and global partners to provide extra resources to support the preparations for malaria elimination.

5.0 Partners' Presentations on Support towards Malaria interventions

5.1 US Embassy

The Embassy has participated in malaria campaigns and consultations will be undertaken at the Embassy to determine what support it would provide.

5.2 Gaborone Secondary School

Students from the school were very passionate to take part in malaria campaigns but the challenge was lack of transport and accommodation which limited their participation. The school would be able to provide up to 50 students if transport and accommodation was provided and would easily participate in bed nets distribution and malaria campaigns. The school has international student exchange partnerships with the Colorado School (USA) whose students come in July each year and also from Germany where 20 students come to Botswana and are hosted in family homes. These students participate in malaria campaigns. The school appealed for support from corporate organisations to meet the costs of transport and accommodation.

5.3 Anglican Church

The church works in partnership with Standard Chartered Bank who provided resources to distribute 1,500 nets and are now working on modalities to distribute these nets. The church was ready to provide a free hand to assist in various malaria activities.

5.4 SADC Secretariat

The Secretariat does not provide financial support but was ready to provide technical support if requested.

5.5 UNICEF

UNICEF continues to support the program through procurement of bed nets as well as facilitation of communication within communities on malaria. UNICEF also supports activities among the public related to education and communication.

5.6 Standard Chartered Bank

The bank has been focusing on purchase of bed nets but it would now also focus on net distribution and would discuss with Gaborone Secondary School on what assistance the bank would provide.

5.7 WHO (OMS)

OMS did not have support for nets distribution but would provide technical support and help in resource mobilization through writing proposals for possible funding.

5.8 DEBTSWANA (DBS - Diamonds)

DBS asked other partners to invite them to participate and get involved in malaria campaigns and also plan on how they could assist the catchment communities in which they have operations especially in the area of environmental management.

5.9 Clinton Access to Health Initiative (CHAI)

Although CHAI does not have funds for LLINs, they participated in the UNICEF LLINs distribution campaign in Okavango and the report will be made available. CHAI is supporting the NMCP in identifying gaps in Surveillance, Monitoring and Evaluation (SME) and use of mobile phones at community level to enhance SME. In terms of resource mobilization, CHAI re-affirmed their commitment to collaborate with SARN in mobilizing resources for the Botswana NMCP especially for SME

5.10 RBM Secretariat

Dr James Banda who was on a mission to SARN secretariat expressed that RBM Secretariat was impressed with the collaboration which was taking place among partners and that the partners were empowered to make decisions on what could be done. He informed partners that establishment of the global fund meant that the money would be taken where it was needed and it was sad that Botswana does not benefit from this fund.

The RBM Secretariat was also pleased that each country in Africa had surpassed target rate of reducing malaria prevalence rate by 50% by 2010 and in some cases up to 90% reduction. During the Trans-Zambezi Cross-border Malaria Initiative (TZMI meeting held in Victoria Falls, Zimbabwe, the RBM Secretariat was impressed with the desire of people in Victoria Falls to do things for themselves and it is important that communities are now taking ownership like the church which is giving a free hand. It was also mentioned that the TZMI will be an interesting experience for Botswana as it will help districts to lower the incidence of malaria in the Caprivi region.

5.11 SARN

SARN informed the participants that its office at Kgale is for partners and would be pleased if partners made use of the office through visits or carry out discussion on what was needs to be done via emails and tele-conferences. SARN would provide technical assistance to NMCP for micro-planning, MIS and finalization/publication of reports. SARN Secretariat will organize monthly teleconference with the Botswana RBM in-country partners.



Dr. Kaka Mudambo (Centre), SARN Coordinator making a contribution is franked by Dr. James Banda (Right), RBM Secretariat Coordinator and Team Leader for Country Support Facilitation

6.0 WAY FORWARD

- 6.1 Development of a partnership plan of action on how to deal with outstanding issues.
- 6.2 There exist gaps in the programme and hence the need for exploring and agreeing on how best support could be provided and continue to communicate with the program.
- 6.3 Inclusion of other partners/groups to ensure a vibrant in-country partnership team
- 6.4 Minutes of the consultations would be circulated each time the partners met.
- 6.5 During this period of high malaria transmission, consultations would be taking place once every month and the next consultations would take place on Tuesday, 8th March 2011 from 08:30 hours at Ministry of health Headquarters chaired by CHAI.