

THE BOTSWANA NATIONAL MALARIA CONTROL PROGRAM HOLDS ITS ANNUAL PLANNING MEETING IN MAUN, BOTSWANA:

MAUN, BOTSWANA, 19 September, 2012: Botswana National Malaria Control Program (NMCP) started its Annual Malaria Planning meeting on 18 September 2012 in the Town of Maun, in the Okavango Delta. Participants include: MoH, Local Government, District Health Management Teams (DHMTs), Botswana Military Health Services, Arysta Life Sciences, Anglican Churches-Nets for life, Okavango Research Institute, Rotary Club of Gaborone, Young Leaders Organization, LoveBotswana Outreach Mission Trust, Victory Venures, Japan Embassy and USA Embassy. SARN supported with facilitation and gave presentations on regional malaria situation/cross-border/E8 and the Southern Africa Climate outlook covering period from October 2012 to March 2013.



Group Photo of the Botswana NMCP Planning Meeting Participants

The main objective of the meeting is to review progress made in 2012, develop national and district plans for 2013 and update the malaria workers on new technologies/techniques and current national, regional and global developments. The main highlights include presentations by the NMCP and the DHMTs showing significant decrease in both cases and deaths and the increase in districts reporting zero cases and deaths. The total number of cases and deaths as of week 36 of

2012 is 163 and 3 respectively. Some of the districts have had no cases or deaths since 2009.

One of the partners Best donated 6 Spray Pumps to the NMCP. The NMCP encouraged other partners to follow suit. The NMCP informed the meeting that in October 2012, they will be distributing 100,000 LLINs in Maun. The LLINs are donations from several countries in Europe. The Rotarians also indicated that they have on-going scheme for mobilization of LLINs for the NMCP.



Mr Ali of Victory Ventures, hands over spray pumps to Mr. Mokgweetsinyana of the MoH



Meeting participants during plenary sessions

At the end of the meeting on 20 September 2012, main output will be the national and district Operational/Action Plans for 2013. Resistance management, QA and QC were emphasized especially as the country moves for targeted interventions in 3 of



the districts which have registered no cases or deaths for the past three years. All districts were directed to ensure operationalization of the T3 strategy by strengthening surveillance, reporting of all cases, tracking including testing and treating of people in the surrounding area. Since Botswana, shares borders with several countries, cross-border collaboration will be strengthened to minimize importation of cases and facilitate joint reporting and tracking of cases.

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