



**Southern African Regional Network  
SECRETARIAT**

**SARN MISSION REPORT TO BOTSWANA ANNUAL MALARIA CONFERENCE 2014**

**HELD AT MAUN LODGE**

**MAUN, BOTSWANA**

**22<sup>nd</sup> to 25<sup>th</sup> SEPTEMBER, 2014**

**SARN Secretariat  
Gaborone, Botswana**

## 1.0 BACKGROUND

The Botswana National Malaria Control Program (NMCP) in collaboration with provinces, districts, and in-country partners organizes the Annual Malaria Conference every year for the purpose of reviewing progress made by the NMCP, provinces, partners and communities and plan for the following year. The conference also reviews recommendations and resolutions made during the past year Annual Malaria Conference. This year's conference was special in that for the first time Botswana would be submitting the Concept Note which the NMCP presented to the gathering.

The 2014 conference which was opened by **Mr Moswete**, the Council Secretary, North Western District Council on Tuesday 23 September, in the town of Maun, 800 kilometres from Gaborone. Maun is in the Okavango River Delta, a world renowned tourist area which harbours the highest malaria burden in Botswana. In 2013 and 2014, it registered the highest number of cases. Participants to the meeting included the NMCP team, District Health Teams, representatives of other government departments such as Agriculture, Botswana Military Health Services, Debtswana, Peace Corps, CHAI, WHO-IST, WHO-Botswana, Botswana Agriculture Research Institute, Okavango Research Institute, Botashi, Victoty Ventures, BOCODOL, Ledumang, Anglican Church, RBM Secretariat and SARN Secretariat. The conference was held under the Theme: "Vector Control for Malaria Elimination".



**Group Photo of the Botswana 2014 Annual Malaria Conference – Maun**

SARN-RBM attended the meeting as a continuation of a planned series of missions to utilize the National Malaria Annual Conferences to support the development and publication/upload of the 2014 country roadmap, carry out partner landscaping, elicit partner support for launching the Malaria Business Plan by the Minister of Health, introduce the management tool, partner landscaping tool, and the partners' role in documentation of the performance/achievement of the GMAP targets/milestones in preparation of the 2015 reporting. SARN also utilized the forum to consult all stakeholders

on the E8 CN development process in line with the GF requirement and update them on current development in RBM.

## 2.0 OBJECTIVES

The specific objectives of the conference were to:

1. Review performance, challenges and opportunities in the implementation of malaria control/elimination interventions.
2. Provide a forum for sharing of experiences in the implementation of malaria elimination activities.
3. Share updates on technical and policy issues related to malaria elimination.
4. Come up with recommendations on how best we can improve impact of the implemented interventions.
5. Come up with updated 2014/2015 malaria implementation plans.
6. Finalize the Roadmap, introduce it to the partnership and upload it as a published record.

## 3.0 MAIN OUTCOMES

The main outcomes of the conference were:

- 2013 -2014 experienced increases in cases and deaths in several districts.
- 2013/ 2014 performance, experiences, best practices and challenges shared and discussed.
- Increased visibility of malaria control among the existing and new partners.
- Clear understanding by all partners on the achievement of program goals and objectives.
- Consensus on plans for 2014/2015 malaria season.
- Update and review of the Concept Note development and submission process
- Update on the E8 Expression of Interest (EOI) approved by the Global Fund.
- Endorsement of the development of E8 concept note by the conference.
- Agreement by partners to support development, update and publication of the country roadmap as a record.
- Reviewed 2013 conference recommendations and resolutions.
- Conference confirmed that although Botswana has few partners, those who are participating, link into **One National Plan**.
- Consensus reached on creating a forum for launching of the Business Plan after submission of the CN in October 2014.
- Management tool, Partners landscaping tool and documentation of performance/achievement of GMAP targets/milestones introduced to all stakeholders.
- SARN-RBM received first-hand information from districts including challenges faced by same.
- SARN-RBM was able to assess the strengths and weaknesses in the Botswana partnerships.
- SARN-RBM will continue to assess the current status of performance/achievement of GMAP targets based on presentations by all stakeholders to ensure Botswana is on track for 2015 reporting. **The good news** is that some of the indicators showed that they are on track for 2015 reporting.

- Roadmap finalized and presented to partners who welcomed it as an important tool that informs them of the status of implementation and also warns them on **Off Track activities**.
- SARN and the new WHO-IST Team Leader agreed to conduct joint monthly review of the Roadmaps and discuss with program managers solutions on activities that are **Off Track**.
- The SARN Coordinator and IST-Team leader also agreed to strengthen their collaboration, develop a joint TA plan and jointly support E8 with the requested elimination tools and advice.



Military Health Services Capt (Dr) Monte presenting



District teams participating in the meeting

#### 4.0 PARTNERS COMMITMENT

Some of the partners link into **One National Plan** while others have pledged to join the support for the **One National Plan**. Their commitment was shown during the meeting when they all arrived on day 1 and left at the end of the meeting. They participated in all activities (presentations, discussions, rapporteuring, facilitating and participating in facilitators meetings). However, the number of partners is limited and hence the need for engaging on a drive to rope in new players.

#### 6.0 PROFILES OF PARTNERS WHO ATTENDED THE CONFERENCE

##### 6.1 World Health Organization (WHO)

WCO continues to lead the partnership and providing technical guidance/support and participating in the MSP, GAP Analysis and GF Concept Note development.

##### 6.2 WHO-IST-ESA

WHO-IST-ESA provides Technical support for MSP, Gap Analysis, CN development, advice on elimination, re-orientation and provides new tools. IST also provides advice on Insecticide and Drug resistance, QA/QC, vector control and case management/diagnosis.

### 6.3 CHAI

CHAI has no resident presence in Botswana but they support from their regional office in Johannesburg South Africa. Currently they are supporting the CN development and in the past they have supported with capacity building for mapping of cases, data management and surveillance.

### 6.4 Peace Corps Volunteers (PCVs)

Peace Cops work under the guidance of the USAID and are supporting in the following ways:

- Train and become resources for fellow PCVs in malaria
- Health system strengthening
- Grass-root level advocacy and education
- Strengthening partnerships at all levels
- Database management

#### Introducing new technology to assist in anti-malaria efforts

- Geographic Information Systems (GIS)
- Offering GIS training to NMP, DHMTs, and other malaria stakeholders

## Example PCVs' Malaria Projects

### Capacity building and grass-root level advocacy/education

- At clinics and DHMTs with health education assistants



Bed net education, Shakawe



Malaria and HIV co-infection on ARV days, Bobinwa Sub-district

### 6.5 Anglican Church

Anglican Church provides and distributes LLINs in several districts. They have also been selected as the Malaria representative in the CCM.

### 6.6 Okavango Research Centre

The research centre carries out operational research and trials and the generated information is being used by the NMCP for planning and decision making. The centre is also being used for training of MPHIL and PhD students in various areas of malaria. The students share progress in their projects by presenting during NMCP meetings. During this

Conference, 5 students from the centre gave highly informative presentations on work in progress.

## **6.7 Botswana College of Agriculture**

They carry out operational research to generate evidence based data/information for the NMCP and partners to make informed decisions and planning. Support also includes capacity building in Vector bionomics, resistance management, use of surveillance data, larval source management, and mapping. Since insecticides require registration and proper use, the college emphasizes environmental management and supports registration and monitoring of insecticides.

## **6.8 University of Botswana**

Is used as a centre for both under-and post-graduate training of malaria students and their laboratory carries out QA/QC for the NMCP including PCR capacity.

## **6.9 Debswana**

The Diamond Company provides support during NMCP events by providing IEC/BCC materials. They are currently exploring other areas of support indicated in the Business Plan.

## **7.0 CHALLENGES AND RECOMMENDATIONS**

### **7.1 Challenges**

- Since introduction of Case Based Surveillance – challenges remain in Case reporting/investigation/follow ups/both entomological and parasitological investigation
- Weak communication systems between the national and district levels as a result, there are delays in the analysis of reports and consequently their resolution
- Lack of soft copy reporting forms as well as fragmented reporting tools
- Inadequate induction and training of health workers
- Resurgence of malaria in districts that had attained the Zero status compounded by sporadic outbreaks
- High number of cases and deaths in some districts when compared to 2012 – 13
- Shortage of manpower and skill levels (both at central and peripheral levels) compounded by rapid staff turnover
- Shortage of transport during IRS campaigns
- Net use remains low

### **7.2 Recommendations:**

- Participants recommended to the National program to come up with solutions of addressing case based surveillance challenges that were presented during the conference.
- In future, NMP to invite neighbouring countries in order to strengthen cross border collaboration.

- There is need to strengthen communication and partnership between the national Malaria Program and the districts in order to address reporting issues as they emerge as this will address reporting issues timely.
- Participants requested the National Malaria Program to avail soft copy of the reporting forms as well as harmonization of reporting tools in order to improve the overall reporting.
- There is need to improve districts capacity on issues of data analysis and to show trends at district level and use this information for decision making.
- Districts and national malaria program to come up with a package for induction and training of new health in the districts on malaria.
- National malaria program to build capacity on case management through training and re-training of health workers.
- National Malaria Program and the District Management Health Teams to address transport and manpower issues that hamper the smooth implementation of malaria activities.
- For future management of district reporting, national malaria program to develop conference reporting template that should be sent to the districts prior the conference in order to standardize district reporting.
- National Malaria Program to intensify supervision on vector control particularly IRS.

## **8.0 NEXT STEPS**

1. Embark on review of the Business Plan for the Minister of Health with support of the PS, to market the business plan to all stakeholders.
2. The conference constituted a core team to lead in the identification, documentation and publication of best practices in conjunction with the NMCP, provinces, districts, communities and partners.
3. Finalization of conference report by 20<sup>th</sup> October 2014.
4. Implementation of the conference recommendations by various responsible offices.
5. Invite participants to the 2015 conference from neighbouring countries and other corporate partners.

### **SARN's support going forward – Next Steps**

1. SARN-RBM will utilize the existing strengths in the in-country RBM partnership to further strengthen its engagement and a drive towards bringing new players (extraction industry and other corporates).
2. Support NMCP to analyze reports, publish and resolve challenges timeously
3. The shift in the demand for bottlenecks observed in Zimbabwe during the SARN Diagnostic Mission and the Annual conference was further confirmed during the Botswana Annual conference – new focus will be on the following bottlenecks:
  - a. Knowledge management – information packaging, documentation, publication
  - b. Insecticide resistance and Therapeutic Efficacy Testing (TET) for monitoring drug resistance and QA/QC.
  - c. Support NMCP and partners to strengthen the current community participation/empowerment exercise.
  - d. Encourage NMCP to promote peer learning visits among communities from different districts and to neighbouring countries.

4. Support NMCP to conduct analysis of the quality of presentations and capacity of districts to conduct data analysis.
5. Support the Botswana partnership to carry out periodic analysis of the roadmap, weekly, monthly, quarterly and annual reports from districts to tease out any increases in the number of cases and activities that are **Off Track** and facilitate resolution of challenges to bring them on track.
6. Convene monthly TCs with WHO-IST and NMCPs to review roadmap implementation, activities that are **Off Track** and provide support that ensures all activities are on track.
7. Facilitate the Botswana partnership to analyze weekly, monthly, quarterly and annual reports, package the information and publish achievements.
8. SARN will share its experiences obtained from the conference with other SARN countries and SRNs.
9. The Botswana experience could be used as a best practice for sharing with external world and for peer learning exchange visits by other countries.
10. Support the partnership to strengthen surveillance systems aimed at reversing the observed increase in cases and deaths.
11. Joint support with WHO-IST on safe disposal of DDT waste.



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