Republic of Botswana

MALARIA POLICY

2011

National malaria Policy

nyeletsa malaria

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National Malaria Program

nyeletsa malaria

Foreword

In the past ten years, Botswana has made tremendous progress in reducing the burden of malaria. Encouraged by the declining malaria cases the government of Botswana envisages eliminating malaria by 2015. In line with the African Union Elimination Campaign, the Regional Elimination Strategy of the SADC Council of Ministers of Health, and the RBM - Global Malaria Action Plan, the 2009 malaria programme review culminated in the development of this malaria policy. This policy is intended to serve as a guide to health workers, government departments, private sector and partners involved in planning of resource mobilisation for, and implementation of the malaria elimination activities as outlined in the malaria strategic plan. It provides an implementation framework that outlines the roles and responsibilities of all malaria partners and stakeholders in malaria elimination.

This policy document incorporates guidelines and recommendations based on local evidence, and are in keeping with guidance from the World Health Organization. This document contains the rationale for developing the policy, and policy statements and objectives on the following programmatic areas: programme management and coordination; malaria prevention (including Integrated Vector Management and chemoprophylaxis); malaria diagnosis and treatment; epidemic preparedness and response; surveillance, monitoring and evaluation, and research; and advocacy, information, education, communication, and behaviour change.

I am confident that concerted efforts to implement this national policy with support of local and international partners will enable Botswana to achieve our goal of malaria elimination by 2015 and realise our vision of a malaria free Botswana.

K. C. S Malefho
Permanent Secretary, Ministry of Health

Acknowledgements

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Abbreviations/Acronyms

ACT	Artemisinin based combination treatment
AL	Artemether - lumefantrine
ANC	Antenatal Clinic
BCC	Behaviour change communication
CMS	Central Medical Stores
DDT	Dichloro-Diphenyl-Trichloroethane
DFID	Department For International Development
DHMT	District Health Management Team
DS	Demographic Survey
EPI	Expanded Programme on Immunisation
G-6PD	Glucose-6-Phophatase Dehydrogenase
HEA	Health Education Assistant
HEO	Health Education Officer
IDSR	Integrated Disease Surveillance and Response
IEC	Information, education and communication
IMCI	Integrated Management of Childhood Illness
IRS	Indoor Residual Spraying
ITNs	Insecticide Treated Nets
IVM	Integrated Vector Management
LLINs	Long lasting insecticide treated nets
MoH	Ministry of Health
MoLG	Ministry of Local Government
MoU	Memorandum of Understanding
NDP	National Development Plan
NGO	Non-Governmental Organisation
NMP	National Malaria Programme
PCR	Polymerase Chain Reaction
QA/QC	Quality Assurance/Quality Control
RBM	Roll Back Malaria
RDT	Rapid diagnostic test
SADC	Southern Africa Development Community
SARN	Southern Africa Roll Back Malaria Network
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

Chapter One: Rationale and Background

1.0 Rationale of developing the policy

The purpose of the national malaria policy is to provide the Ministry of Health, communities, and stakeholders with a single policy framework for malaria elimination in Botswana and strategic orientation for its implementation.

This National Malaria Policy seeks to bring together policy statements that appear in guidelines and strategic documents, and is in line with the National Health Policy. There has been lack of a comprehensive malaria policy document, though there had been policy statements that were incorporated in various malaria guidelines and strategic documents. The development of this policy has also provided the opportunity to revise policies in line with new targets and recommendations from the global Roll Back Malaria Network regarding the implementation of malaria control and elimination interventions.

In addition, it will become increasingly necessary to target interventions based on "hot spots" of transmission as the country moves toward elimination. A National Malaria Policy will therefore guide strategy and the effective use of resources for efforts to control and ultimately eliminate malaria in Botswana.

1.1 Background

1.1.1 Epidemiology of malaria in Botswana

Malaria transmission in Botswana is seasonal with variations between years. Rainfall is a major factor that determines the amount and distribution of malaria. Transmission mostly occurs in the rainy season between October and May with a peak from mid-February to April. This unstable nature of transmission results in negligible acquired immunity on the population leaving all age groups at risk of developing severe malaria.

Botswana is stratified into three epidemiological zones based on levels of malaria transmission (see Fig. 1). Zone A is endemic with regular and high transmission levels, Zone B has low transmission and Zone C has no transmission but is characterised by sporadic outbreaks during transmission season.

A new malaria stratification was developed in 2010 (Fig 1 Map B). The new stratification was based on slide positivity data, malaria attack rates, and reported confirmed malaria cases for the period 2007 to 2009. This new stratification is not able to pin point specific malaria foci within each of the districts. The data reported to the national level is not disaggregated by health facilities as it was in the year 2000. According to the new stratification, Okavango district is the only district with high level of transmission and therefore classified Zone A. Transmission levels vary significantly within districts, and there are pockets of high transmission (transmission foci) even in districts considered malaria free[1]. Stratification by foci will only be possible after planned implementation of the District Health Information System (DHIS) that will report data by health facility.

Map A: 1997-1999 malaria cases per 1000 pop

Map B: 2007-2009 malaria cases per 1000 pop

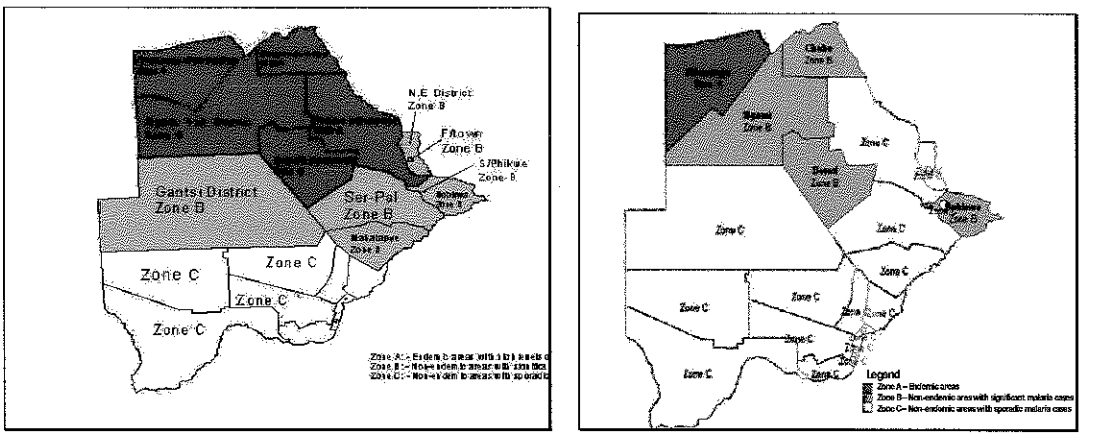
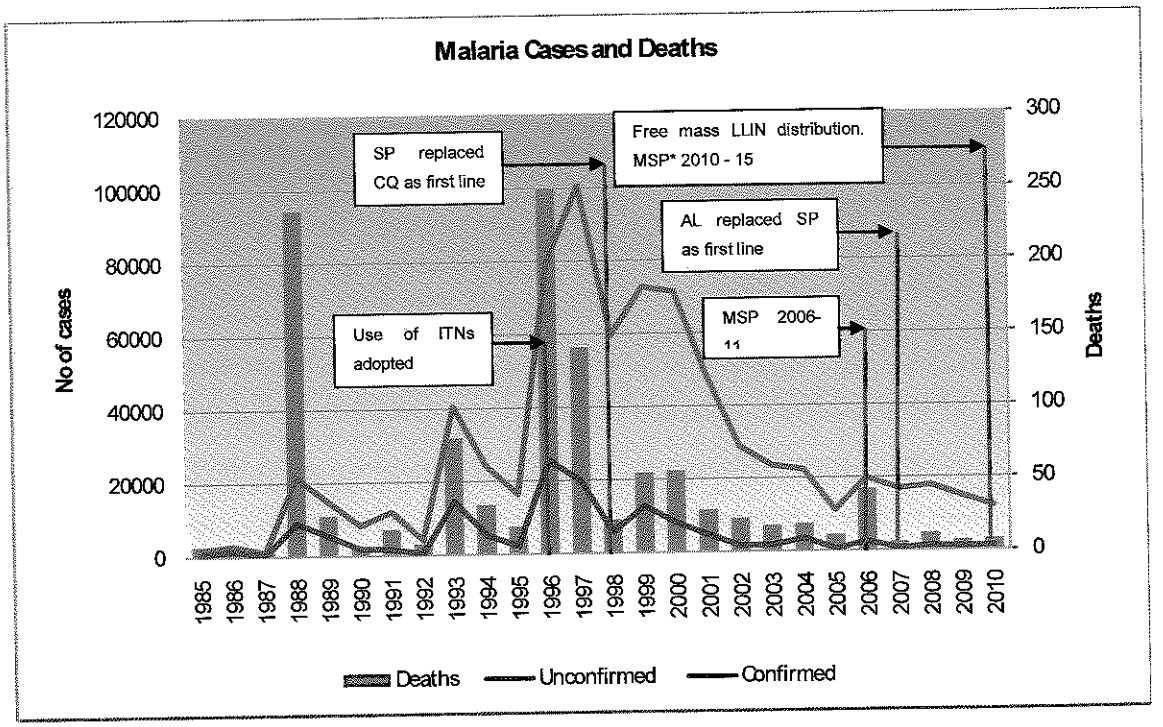


Figure 1: Maps showing malaria stratification in Botswana

1.1.2 Malaria Trends

There has been a significant decline in malaria cases from 2000 to 2010. Figure 2 below summarises the observed decline in unconfirmed (suspected) and confirmed malaria cases, as well as malaria deaths. Annual unconfirmed malaria incidence declined from 71,555 cases in 2000 to 12,196 cases in 2010 and confirmed malaria incidence dropped from 8,056 to 1,046 cases. Deaths attributed to malaria declined from 35 in 2000 to 8 in 2010.

[1]Ministry of Health (2010) Malaria Strategic Plan 2010-2015.



*Malaria Strategic Plan

— Policy change

Figure 2: Malaria cases in Botswana, 1985-2010

1.1.3 Malaria vectors

The malaria vector in Botswana is *Anopheles arabiensis* a member of the *Anopheles gambie* complex. *An. arabiensis* breeds in temporary and sunlit freshwater: the adult feeds and rests indoors and outdoors. The particular behaviour of adult female mosquito has particular implications for vector control interventions as main interventions (IRS and ITNs) exploit indoor feeding and resting behaviour.

1.1.4 Malaria parasites

In Botswana, *Plasmodium falciparum* is responsible for 98% of malaria cases[2]. Unlike other human malaria p. falciparum malaria can be fatal. Severe malaria may occur if ineffective drugs are given or if treatment is delayed.

1.1.5 National Malaria Programme

[2]Ministry of Health (2007) Malaria Diagnosis and Treatment Guidelines.

Malaria control in Botswana started in the 1950s and focused mainly on vector control. A comprehensive National Malaria Control Programme (NMCP) was launched in 1974 and was initially run as a vertical programme, but, with the advent of Primary Health Care, the programme was later decentralized to districts in 1998.

The Malaria Program Manager is run from Department of Public Health. The programme has two offices one based in Gaborone at the Ministry of Health Headquarters and the Entomology Unit the other based in Francistown. The Francistown office is responsible for entomological work and the Gaborone office is responsible for overall coordination of malaria interventions.

1.2 Malaria programme interventions

1.2.1 Malaria Programme Management and Coordination

The National Malaria Programme is responsible for programme management and coordination to ensure efficient systematic implementation of quality malaria control interventions. The NMP achieves this through development and updating of guidelines and training manuals, supervision, monitoring, conducting periodic national reviews, and undertaking evaluations. The programme also collaborates with partners through the partners' forum.

1.2.2 Integrated vector control and environmental management

1.2.2.1 Indoor residual spraying (IRS)

IRS is routinely conducted in Zone A and parts of Zone B, In Zone C IRS is conducted in response to malaria outbreaks. Spraying is conducted once a year from October to December. For the past 3 years (2008-2010), the national IRS coverage has remained around 72%, well below the WHO recommended target of above 80%, largely due to low acceptance by communities.

DDT was used for vector control from the early 1950s until 1998 when its use was suspended and replaced with pyrethroids. DDT was reintroduced in 2009 following a recommendation from WHO for countries that is moving towards malaria elimination. Currently DDT is used along with Pyrethroids. Procurement

of insecticides is undertaken at national level to streamline the use of insecticide. Spraying equipments are procured and serviced at district level.

1.2.2.2 Insecticide Treated Nets (ITNs)

ITNs were introduced in Botswana in 1996 as a complementary strategy to IRS. Lately, in view of the recent advances in global and regional targets for malaria control and elimination countries were urged to achieve universal coverage with malaria interventions by 2010. To achieve this target, the program changed the policy to free distribution of LLINS to achieve universal coverage with LLINS in Zone A and parts of Zone B. Free distribution of LLINS is also mend to contribute to efforts towards malaria elimination in Botswana by 2015

1.2.2.3 Larviciding

There is currently no larval control in the country. However, recently there has been renewed interest in the intervention and feasibility studies are anticipated.

1.2.2.4 Environmental management

The current Public Health Act requires communities and households to prevent potential breeding sites for mosquitoes by filling ditches around dwellings and other activities. Large construction companies are required to conduct Environment Impact Assessments (EIAs) before major construction begins.

1.2.3 Case management

Early diagnosis and prompt and effective treatment for malaria is one of the key strategies for reducing malaria-related morbidity and mortality in Botswana. Artemisinin based combination therapy (ACT), specifically artemether-lumefantrine (AL), is current first line treatment for uncomplicated *P. falciparum* malaria. Second line treatment for uncomplicated *falciparum* malaria is quinine tablets. Parenteral quinine is used to treat severe malaria[3].

National treatment and diagnosis guidelines recommend that, treatment should be based on parasitological confirmation (RDT or microscopy) in both public and

[3]Ministry of Health (2007) Malaria Diagnosis and Treatment Guidelines.

private facilities[4], but over-reliance on clinical diagnosis by health workers remains a major challenge.

1.2.4 Chemoprophylaxis

The current guideline stipulates that Chloroquine and Proguanil should be given for chemoprophylaxis to pregnant women of all parities in endemic areas and to residents of non-endemic areas (Zone C) visiting endemic areas (Zone A or Zone B)[5]. This chemoprophylaxis regimen will be subject to change based on evidence gained through research. Mefloquine is the recommended drug for chemoprophylaxis for visitors to malaria endemic regions outside Botswana.

1.2.5 Epidemic preparedness and response (EPR)

The Malaria Epidemic Preparedness and Response Committee provide technical support on EPR to the NMP and districts. District rapid epidemic response teams respond to malaria outbreaks and meet monthly to review malaria issues in the districts. District level EPR plans help to guide response to malaria outbreaks.

1.2.6 Advocacy; IEC/BCC, and Community mobilisation

The Health Promotion and Education Division in the Department of Public Health provide technical support to the NMP and districts. While all health workers are involved in the delivery of IEC and advocacy activities at district level, health education officers (HEOs) are responsible for coordination of all community mobilization and health promotion and education interventions, including those on malaria.

1.2.7 Surveillance, Monitoring and Evaluation, and Research

Passive surveillance is currently the only form of case detection in the country, both private and public health facilities are required to report malaria cases and deaths. The country is currently in the process of developing active surveillance guidelines for use in malaria free areas. Health facilities and districts report weekly to the Integrated Disease Surveillance and Response (IDSR). Districts also report monthly to the Health Statistics Unit. The NMP has adapted a WHO-

[4] Ministry of Health (2007) Malaria Diagnosis and Treatment Guidelines

developed database to store and monitor malaria data and updates it regularly to capture all malaria elimination information at national level.

The NMP conducts regular malaria indicator surveys, drug efficacy studies, and entomological surveillance.

1.2.8 Community management

With adequate infrastructure and access to health services, community management of malaria is not employed in Botswana.

2. Chapter Two: Broad policy direction

2.1 Vision

Malaria-free Botswana

2.2 Mission

The National Malaria Program is committed to the elimination of malaria in Botswana through a dedicated skilled workforce and implementation of scientifically proven methods.

2.3 Guiding principles

a) **Consultative planning**: The National Malaria Programme shall coordinate the consultative planning, implementation, research, monitoring and evaluation of malaria prevention and elimination activities.

b) **Public Private Partnerships**: The NMP shall build strong mechanisms for partnerships and encourage Public-Private Partnership (PPP) and multi-sectoral collaboration during the implementation of this policy to achieve malaria elimination.

c) **Implementation of activities**: Partners shall implement activities outlined in the Malaria Policy or changes made thereof under the leadership and coordination of the National Malaria Program and in line with this National Malaria Policy.

d) **Information sharing**: All partners involved in malaria control will be required to share information on malaria control interventions delivered in their geographical locations.

e) **Cross border collaboration**: There shall be efforts to ensure coordinated planning and organization of joint activities with neighbouring countries

f) **Research**: Malaria interventions shall be evidence based and be appropriate for local conditions.

g) **Communication**: There shall be emphasis on communication for behaviour change and community empowerment

h) **Participation**: Community participation shall be encouraged in the planning, management and delivery of malaria services.

2.4. Overall goal

To achieve zero local malaria transmission in Botswana by 2015

2.5 General objectives

a) To improve the National Malaria Programme management and coordination.
b) To strengthen malaria prevention, diagnosis and treatment.
c) To strengthen advocacy, communication and social mobilisation
d) To strengthen surveillance monitoring, evaluation and research

2.6. Policy themes

2.6.1 Programme Management

Preamble

Effective coordination and management for malaria at all levels of the health care delivery system and creation of diverse, inclusive partnerships together build the platform on which the country can move towards malaria elimination and ultimately achieve malaria free status.

Objectives

- To effectively coordinate malaria programme activities at all levels
- To develop sufficient capacity for an effective malaria elimination programme at all levels
- To strengthen intra-country partnerships and inter-country collaboration

Policy statements

The Government of Botswana through the MoH shall:

- Reorient the programme towards the goal of malaria elimination
- Ensure that requisite structure and capacity for elimination
- Establish and maintain a National Malaria Elimination Committee
- Ensure that adequate resources are mobilized to implement the malaria elimination strategy
- Provide malaria services free of charge to everyone

- Ensure that all strategies are implemented in line with national guidelines
- Engage key stakeholders in planning, implementation and monitoring for malaria elimination activities at all levels
- Adopt cross-border collaboration for malaria with neighbouring countries.
- Prohibit over-the-counter sale of anti-malarials
- Ensure all anti-malarials are imported through the Central Medical Stores-designated institution and quality tested

2.6.2. Malaria prevention

Preamble

Locally-appropriate prevention interventions, including comprehensive vector control, chemoprophylaxis, and effective case management, are important components of any malaria programme that aims to achieve malaria elimination and thus are key priorities in Botswana as the country continues to reduce local transmission.

2.6.2.1 Integrated Vector Management

Preamble

Integrated Vector Management (IVM) measures should be in place to prevent malaria transmission using environmentally-safe, cost-effective interventions with strong community participation.

Objectives

- To attain universal coverage with IRS in targeted areas
- To attain universal coverage with LLINs in targeted areas
- To promote larval control
- To promote source reduction where appropriate

Policy statements

The Government of Botswana through the MoH shall:

- Ensure access to free LLINs and IRS for all populations at risk
- Enforce legislation on appropriate use of LLINs and IRS

- Ensure vector control measures at all ports of entry to prevent importation of malaria vectors
- Ensure quality assurance and control of vector control commodities
- Promote complementary IVM approaches to vector control

2.6.2.2 Malaria chemoprophylaxis

Preamble

Pregnant women in malaria endemic areas and travellers from non-endemic to endemic areas are at high risk of malaria. Chemoprophylaxis is therefore recommended and is most effective when used in combination with other preventive measures.

Objectives

- To provide all pregnant women with effective chemoprophylaxis against malaria in endemic areas or its alternatives
- To provide effective chemoprophylaxis to all travellers from malaria free to malaria endemic areas.

Policy statements

The Government of Botswana through the MoH shall:

- Ensure the provision of malaria chemoprophylaxis or its alternatives in line with the current National Malaria Diagnosis and Treatment Guidelines

2.6.2.3 Prompt diagnosis and treatment

Preamble

Early diagnosis and prompt, effective treatment is the basis for the management of malaria and key to reducing malaria morbidity and mortality.

Objectives

- To ensure prompt diagnosis and effective treatment at all levels of health care
- To prevent the emergence and spread of resistance to anti-malarials
- To prevent the development of severe malaria

Policy statements

Diagnosis

The Government of Botswana through the MoH shall:

- Ensure all suspected malaria cases are tested parasitological test before commencement of anti-malarial treatment
- Ensure all patients in malaria free areas treated for malaria have a blood slide taken to confirm cure after completing treatment

Policy statements

Treatment

The Government of Botswana through the MoH shall:

- Ensure that clinicians adhere to the Malaria Parasite Slide or RDT result for the management of malaria.
- Ensure availability and accessibility of effective anti-malarial drugs at all levels of health care delivery
- Ensure that treatment of malaria is in line with the current National Malaria Diagnosis and Treatment Guidelines.
- Periodically review treatment guidelines in line with results from drug efficacy studies and regional and global recommendations to ensure effective and quality medicines

2.6.3 Epidemic Preparedness and Response

Preamble

The unstable nature and seasonal variation of malaria requires a functional malaria early warning system (MEWS). Years of heavy rainfall are associated with high morbidity and mortality. Prediction, prevention, detection and early response to malaria epidemics are vital to reduce malaria transmission.

Objectives

- To develop effective coordination mechanisms during times of epidemics
- To strengthen capacity of districts to plan, detect and respond effectively and timely to malaria epidemics.
- To strengthen Malaria Early Warning Systems

Policy statements

The Government of Botswana through the MoH shall:

- Ensure that a functional and robust malaria early warning system is in place
- Ensure the planning and timely execution of rapid malaria epidemic response
- Ensure availability of contingency funds for EPR
- Ensure EPR guidelines are updated regularly in line with the current malaria risk profile

2.6.4 Surveillance, monitoring and evaluation, and operations research

Preamble

A robust passive and active surveillance system and comprehensive M&E are vital in the country's move towards elimination and subsequent prevention of the reintroduction of malaria. The NMP and District Health Management Teams (DHMT) in collaboration with partners will monitor and evaluate the implementation of the national strategy and activities against set targets. Evidence and experiences learnt through operational research will be used for malaria programme decision-making at all levels.

Objectives

- To strengthen operational research in vector control, case management and surveillance and any other key programmatic areas
- To strengthen active and passive surveillance
- To strengthen monitoring and evaluation to track and assess progress towards malaria elimination
- To prevent the emergence and spread of resistance to anti-malarials and insecticide

Policy statement

The Government of Botswana through the MoH shall:

- Adopt evidence-based practice through surveillance, research, monitoring and evaluation

- Ensure a comprehensive malaria surveillance system that incorporates active and passive surveillance including comprehensive case investigation
- Ensure regular entomological surveillance and monitoring
- Ensure regular updating of risk maps using epidemiological, entomological and geographical data
- Ensure integrated malaria data flow at all levels with participation by all public and private facilities
- Foster pharmacovigilance to monitor treatment resistance and risks and ensure patient safety

2.6.5 Advocacy, IEC, BCC, and community mobilisation

Preamble

Advocacy, communication and behaviour change are critical components to achieving universal coverage of malaria control interventions and elimination of the disease. IEC encourages people to seek prompt care and take preventive measures. Community mobilization promotes participation by individuals, families and communities. Advocacy informs and motivates leaders to create a supportive environment for the NMP. These efforts enhance resource mobilisation and actions to control and ultimately eliminate malaria.

Objectives

- To advocate for total commitment of political and community leaders, partners, and people of Botswana to the strategies and activities necessary to eliminate malaria
- To inform and educate the nation at all levels on behaviours, beliefs and practices necessary to attain a malaria free Botswana
- To empower communities to understand and take ownership over malaria interventions
- To promote early treatment seeking behaviour, adherence to effective anti-malarial treatment, and use of chemprophylaxis by at-risk groups

Policy statements

The Government of Botswana through the MoH shall:

- Ensure far-reaching advocacy to influence resource allocation decisions, increase resources mobilized, and enhance partnerships to build support for malaria elimination
- Ensure that all Batswana have access to appropriate, accurate and culturally relevant information about malaria control and management so that effective behavioural change is achieved toward malaria elimination
- Ensure the National Malaria Advocacy and Communication Strategy is implemented at all levels by all stakeholders
- The advocacy and communication strategy is regularly reviewed in line with current evidence

3. Chapter Three: Implementation framework

3.0 National Malaria Policy

Implementation of these policy directions will be guided by the current Malaria Strategic Plan and national guidelines. Changes to the policy will automatically be translated into changes in the guidelines.

3.1 Implementation mechanisms

The implementation of this National Malaria Policy will be a joint effort by MoH, partners, and stakeholders at all levels. The NMP shall coordinate the consultative planning, implementation, monitoring and evaluation for this policy. The programme will also be responsible for reporting strategic plan implementation progress and performance to the Ministry of Health, WHO and RBM. Mechanisms of implementation include the public health system and other public services (e.g. the Ministry of Education and Skills Development and the Ministry of Environment, Wildlife, and Tourism), as well as partners. Other departments within the MoH (e.g. Policy, Planning, Monitoring and Evaluation; Health Promotion and Education Division; Child Health; Sexual and Reproductive Health; IDSR; and Primary Health Care) will significantly contribute to successful implementation.

At district and community levels, the coordination of malaria control is integrated within District Health Management Teams (DHMTs) and Village Health Committees (VHCs) at the community level. The major functions of the coordination mechanisms at these levels include planning, resource mobilization, implementation of interventions, and performance monitoring and supervision.

While each implementing partner may have their own rules and regulations regarding implementation, accountability and reporting, there is only **one National Malaria Policy**, **one Malaria Strategic Plan**, **one coordination mechanism** to ensure maximum synergy and avoidance of duplications, and **one M&E Plan** to measure progress and assess impact.

The roles of the MoH are to:

- Provide policy direction on malaria prevention, control, and elimination

- Ensure inclusion of malaria elimination in national and district plans with technically sound interventions as outlined in the National Malaria Strategy
- Deliver quality preventive and curative services
- Ensure adequate capacity building of staff
- Coordinate implementation and M&E efforts with partners
- Provide technical support and supervision
- Ensure quality products for malaria prevention and control
- Lead the response to malaria outbreaks or epidemics

3.2 Partners and their key roles

This section describes each of the partners in national efforts towards malaria elimination and their key roles.

3.2.1 Other government ministries

A number of other line ministries and their structures in the districts are critical partners in implementing this National Malaria Policy:

Ministry	Role
Education and Skills Development	Integrate malaria IEC into curriculum development and provide health education on malaria prevention, control and elimination
Defence, Justice, and Security	Collaborate with the MoH on epidemic response activities
Wildlife, Environment and Tourism	The Department of Environmental Affairs must involve the Ministry of Health in environment impact assessments (EIAs), reference groups, and project monitoring where relevant; Provide guidance based on results from health impact assessments; Align tourism activities with malaria elimination policies and strategies (i.e. inclusion of preventative measures and treatment)
Works and Transport	Align planning and implementation of development projects with malaria policies
Agriculture	Align activities to health and malaria policies, international agreements and conventions regarding use of pesticides
Finance and Development Planning	Mobilize financial resources to support the malaria elimination strategic plan
Local Government	Participate in the implementation of malaria elimination interventions at district and community level, including community health education and vector control
Labour and Home Affairs	Enforce cross border and port health activities according to the malaria elimination strategy

This list of ministries and their roles is not exclusive; all ministries must play a role in malaria elimination.

Overall, government ministries shall:

a) Align policies and activities to those of malaria elimination
b) Integrate malaria elimination activities into work plans
c) Contribute to resource mobilization
d) Promote behavioural change for malaria prevention

3.2.3 Political leaders

Leaders at the national level, including the Cabinet, Parliament, political parties, and at the district level, including Local Councils and Urban Councils and Ntlo ya Dikgosi must contribute to the implementation of this policy.

Their roles are to:

- Provide political leadership and advocate for malaria elimination as a cross-cutting effort within the context of the National Malaria Strategy
- Ensure adequate resource mobilisation for and allocation to malaria elimination
- Ensure adequate legislation (including bye-laws), regulation and incorporation of malaria issues into relevant laws (e.g. environmental management issues)

3.2.4 Civil Society

Civil society is comprised of international and local NGOs and community- and faith-based organizations (CBO and FBO). Several of these organizations provide curative and preventive health services through hospitals and health facilities including during emergency situations or in difficult to reach populations, while others work directly with communities in the implementation of a wide range of development programmes or support social mobilization and advocacy at various levels of society.

Their roles are to:

- Provide quality services in accordance with the National Malaria Policy and guidelines
- Conduct community outreach within their catchment populations to deliver malaria preventive services as part of an integrated package
- Assist in the mobilisation of resources

- Contribute to policy formulation
- Actively participate in coordinated M&E efforts
- Support at national and district levels the coordination of partners and planned activities
- Apply and evaluate innovative approaches to deliver core interventions
- Vocalize community needs in malaria elimination efforts, engage at risk populations, and ensure grass roots participation

3.2.5 Private sector

3.2.5.1 The private sector can be divided into several groups, the first comprising of the **for-profit health care providers**, including hospitals, clinics, pharmacies, drug shops, traditional practitioners, and professional organizations.

Their roles are to:

- Promote behavioural change in treatment seeking and prevention
- Provide quality of services according to national policy and guidelines
- Report all malaria cases to the national level

3.2.5.2 The second group of private sector partners include **commercial manufacturers and distributors** of health related products such as ITNs/LLINs, insecticides, medicines, diagnostics, and spray equipment. It also includes providers of services such as transport, IRS or maintenance of spray equipment.

Their roles are to:

- Produce and supply quality products and services
- Support the development of new or improved products
- Actively participate in the planning of national malaria elimination efforts

3.2.5.3 The third group of private sector partners include **large companies and corporations** in the banking, mining, industrial, agricultural or service industries.

Their roles are to:

- Provide leadership in malaria elimination efforts and adopt malaria elimination in their agenda
- Apply innovative ways to provide their staff with means of protection against malaria and advocate for behavioural change
- Assist in resource mobilisation

3.2.6 Communities

Households, community organizations (e.g. women groups), local leaders (political, traditional and religious), and health structures (Village Health Teams) are crucial partners in the implementation of the malaria policy.

Their roles are to:

- Use preventive measures to protect families and communities with special emphasis on at risk groups
- Identify ways communities can directly or indirectly contribute to the reduction of malaria transmission through community participation
- Promote early treatment seeking behaviour

3.2.7 Multilateral and Bilateral Organisations

Multi-lateral UN-organizations such as WHO and UNICEF and others including international finance institutions (e.g. World Bank, ADB, GFATM) together with organizations of bi-lateral cooperation (e.g. USAID BOTUSA, HARVARD, ACHAP) are also important partners in the implementation of this policy.

Their roles are to:

- Support the government in providing sound leadership for malaria elimination
- Provide technical support and guidance, particularly at national level
- Support the mobilisation of necessary resources for services and commodities through various channels
- Contribute to M&E efforts, particularly nationally representative surveys

3.2.8 Institutions of higher learning

This group of partners includes the rapidly growing community of national researchers from University of Botswana and other local universities, institutions such as the Okavango (Oppenheimer) Research Institute and Institute of Health Sciences (IHS). They may be supported by regional or international research organizations as well as a number of other universities and public health schools.

Their roles are to:

- Support the implementation of this policy
- Conduct or support essential research that will improve on existing interventions, develop new interventions, and support delivery mechanisms of these interventions

4. Chapter Four

4.0 Monitoring and evaluation

Monitoring and evaluation is an integral part of malaria control and elimination. The overall implementation of this National Malaria Policy will be monitored by the MoH and partners through the M&E Plan of the MoH. The frequency of evaluations and the indicators for monitoring this policy will be as indicated in the MoH M&E Plan. This policy will be reviewed every five years and as and when the Permanent Secretary in MoH calls a review.

Annex 1: Final editing team

Name	Organisation
Dr S Chihanga	MoH - DPH - NMP
T Mosweunyane	MoH - DPH - NMP
Dr J O D Othwolo	MoH - Deputy Director Health Services
Dr S Hamda	MoH - DPH
D S Ntebela	MoH - DPH - NMP
Dr H Masendu	MoH - NMP
K Moakofhi	World Health Organisation
M S Jele	MoH - HPED
D Theetso	MoH - HPED
A Tatarsky	Clinton Health Access Initiative
L Mothudi	MoH - DPH - NMP
Jane Alfred	MoH - HPDME
D Shashane	MoH - DPH - NMP
T Mphele	MoH – DPH- HPED - Chief Health Officer
M Motlaleng	MoH - NMP

Annex 2: Participants in drafting of policy

NAME	ORGANISATION
Dr B Nkomo	Kweneng East DHMT
Dr T Phologolo	MoH - DHAPC
Dr S Chihanga	MoH - DPH - NMP
Dr SPG Gasennelwe	MoH - DPH - NCD
A Tatarsky	Clinton Health Access Initiative
Dr C Chambo	MoLG
Dr J Othwolo	MoH - HQS
Dr Mukuhwa	MoH - DPH - IDSR
D S Ntebela	MoH - DPH - Entomology
G Kedikilwe	North East DHMT
Dr Kim	Consultant - MoH Policy and Planning
M Gaborone	WHO
O Mathala	MoH – Policy and Planning
Dr S Hamda	MoH - DPH
B Motlhalamme	Anglican Church
Dr Y Robele	Ngami DHMT
Dr BM Wafuana	Lobatse DHMT
M Sebeo	Princess Marina Hospital
G Nthume	Anglican Church
K Moakofhi	WHO
Dr G Mwaipopo	Sefhare Primary Hospital
Dr HT Masendu	MoH - DPH - Entomology
Dr HG Medhin	MoH - DPH - NCD
K Waniwa	MoH - DPH - Entomology
M Letshoo	MoH - DPH - NMP
A Nanjenu	South East DHMT
M Motlaleng	MoH - DPH - NMP
Dr JD Makuka	Chobe DHMT

T Mosweunyane	MoH - DPH - NMP
TS Mphele	MoH - HPED
W Mogotsi	Botswana Red Cross Society
G Machao	MoH - DPH - IDSR
J Pheresi	BDF - CHS
M Puso	UNICEF
Dr NJ Oumer	MoH - DPH - IDSR
M C Diswai	MoH - DPH - EOHD
Dr K Mudambo	SARN
Dr JC Kazadi	SADC
L Mothudi	MoH - DPH - NMP

MALARIA POLICY

2011

National malaria Policy

BOTSWANA
Our pride, your destination

MINISTRY of HEALTH