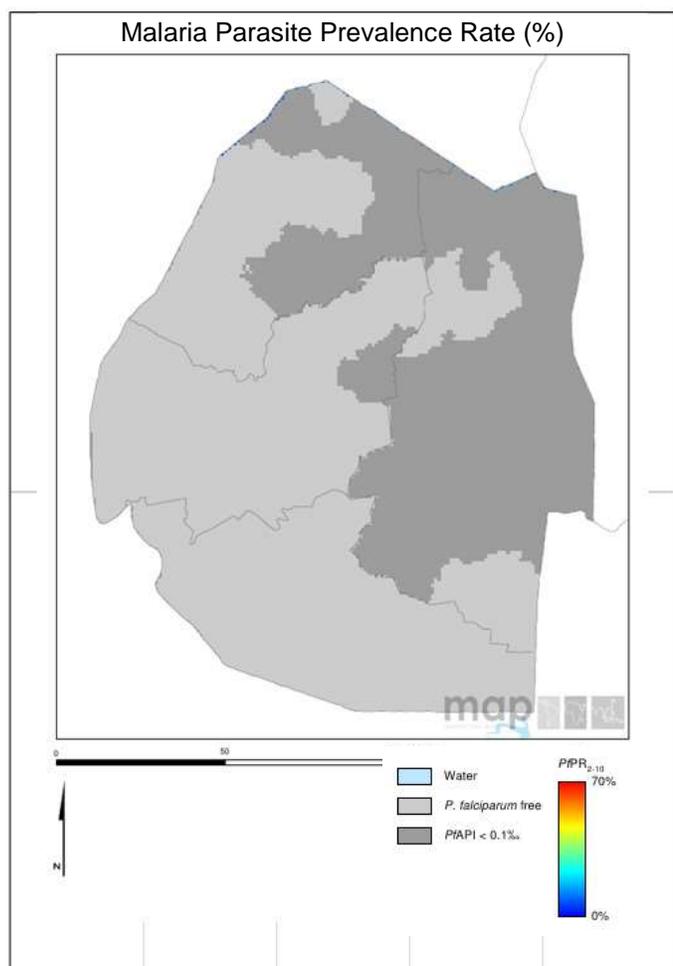


Scorecard for Accountability and Action



Metrics

Commodities Financed and Financial Control	
IRS financing 2016 (% of at-risk population)	100
Public sector RDT financing 2016 projection (% of need)	100
Public sector ACT financing 2016 projection (% of need)	100
World Bank rating on public sector management and institutions 2015 (CPIA Cluster D)	
Insecticide Resistance Monitoring, Implementation and Impact	
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	0
Insecticide resistance monitored since 2014 and data reported to WHO	
National Insecticide Resistance Monitoring and Management Plan	
Scale of Implementation of iCCM (2016)	
IRS Operational Coverage (%)	97
Estimated change in malaria incidence rate (2010–2015)	
Estimated change in malaria mortality rate (2010–2015)	
Tracer Indicators for Maternal and Child Health	
Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2015)	67
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2015)	78
% deliveries assisted by skilled birth attendant	88
Postnatal care (within 48 hrs)	87
Exclusive breastfeeding (% children < 6 months)	64
Vitamin A Coverage 2014 (2 doses)	43
DPT3 coverage 2015 (vaccination among 0-11 month olds)	90

Key

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

Malaria transmission is seasonal in Swaziland; the annual reported number of malaria cases in 2015 was 651 and 5 deaths.

Malaria

The Global Fund has announced that Swaziland will receive US\$ 49.8 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation for 2018-2020. The Global Fund has determined the total allocation amount based on Swaziland's disease burden and income level, as well as several other factors. The malaria component is also allocated a specific proportion of the total, according to a formula developed by the Global Fund that takes into account several factors, including disease burden and previous disbursements. For Swaziland this is calculated at US\$ 2.6 million. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. Swaziland is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation, as well as from domestic resources, to sustain the gains made in recent years, and achieve its elimination targets.

Progress

Swaziland has made significant progress in scaling-up malaria control interventions leading to a significant reduction in malaria burden in the country. Adequate resources have been secured to fund the IRS, ACTs, and RDTs required to sustain universal coverage in 2016. The country has achieved high operational coverage of IRS. Swaziland was the first country in Africa to introduce a malaria elimination scorecard to enhance tracking, accountability and action as the country moves towards malaria elimination.

Impact

The annual reported number of malaria cases in 2015 was 651 with 5 deaths. WHO estimates that the country has achieved a decrease of greater than 40% for malaria incidence rate and malaria mortality rate for the period 2010 - 2015.

Key Challenges

- Maintaining malaria high on the political and funding agenda post-2015.
- There is a need to strengthen cross border collaboration with neighbouring countries.

Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Vector control	Report the status of both insecticide resistance monitoring and the national insecticide resistance monitoring and management plan to WHO	Q1 2017		Swaziland has been regularly monitoring insecticide resistance and at present reports that mosquitoes are susceptible to all 4 classes of insecticide. The country has not yet developed a national insecticide resistance monitoring and management plan

Swaziland has responded positively to the recommended action addressing the lack of data on iCCM and continues to strengthen access to treatment of malaria, pneumonia and diarrhoea.

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Address funding	Ensure the GF malaria funding application is submitted by Q2 2017 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q2 2017

MNCH

Progress

Good progress has been made on tracer MNCH interventions including DPT3, skilled birth attendants, exclusive breast feeding and postnatal care. Swaziland has significantly enhanced tracking and accountability mechanisms towards malaria elimination with the development of a Reproductive, Maternal, Newborn and Child Health Scorecard.

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due