Malaria transmission is seasonal in Eswatini; the annual reported number of malaria cases in 2017 was 1,127 and 20 deaths.
Malaria

Progress
Eswatini secured sufficient resources to fund the IRS, ACTs, and RDTs required to sustain universal coverage in 2019. WHO has identified Eswatini as being a country with the potential to eliminate local transmission of malaria by 2020. The country has finalised the insecticide resistance monitoring and management plan. Eswatini has increased the coverage of IRS. Eswatini 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. Eswatini is a member of the Elimination 8 and MOSASWA initiatives, strengthening their cross-border collaboration with neighbouring countries.

Impact
The annual reported number of malaria cases in 2017 was 1,127 with 20 deaths. The country experienced a significant increase in malaria cases and deaths in 2017 and investigated and addressed the underlying reason for this upsurge.

Key Challenges
• Maintaining malaria high on the political and funding agenda post-2015.
• Upsurges of malaria in 2016 and 2017.

Previous Key Recommended Actions
Eswatini has responded positively to the recommended actions addressing reporting insecticide resistance data to WHO and the lack of data on iCCM, as well as addressing the upsurges in 2017, and continues to strengthen access to treatment of malaria, pneumonia and diarrhoea.

RMNCAH and NTDs

Progress
Good progress has been made on tracer RMNCAH interventions including DPT3, skilled birth attendants, exclusive breast feeding, postnatal care and coverage of ARTs in the total population. Eswatini has significantly enhanced tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn Child and Adolescent Health Scorecard.

Progress in addressing Neglected Tropical Diseases (NTDs) in Eswatini is measured using a composite index calculated from preventive chemotherapy coverage achieved for schistosomiasis and soil transmitted helminths. Preventive chemotherapy coverage in Eswatini is high for both schistosomiasis (100%) and soil transmitted helminths (84%). Overall, the NTD preventive chemotherapy coverage index for Eswatini in 2017 is 92, which represents an increase compared with the 2016 index value (90).

Previous Key Recommended Action

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
<th>Progress</th>
<th>Comments - key activities/accomplishments since last quarterly report</th>
</tr>
</thead>
<tbody>
<tr>
<td>RMNCAH*: Optimise quality of care</td>
<td>Address the low coverage of vitamin A</td>
<td>Q2 2019</td>
<td>✔️</td>
<td>The Eswatini 2018 vulnerability assessment reports that the coverage of vitamin A is high, at over 90%</td>
</tr>
</tbody>
</table>
Key
- Action achieved
- Some progress
- No progress
- Deliverable not yet due

RMNCAH metrics, recommended actions and response tracked through WHO MCA