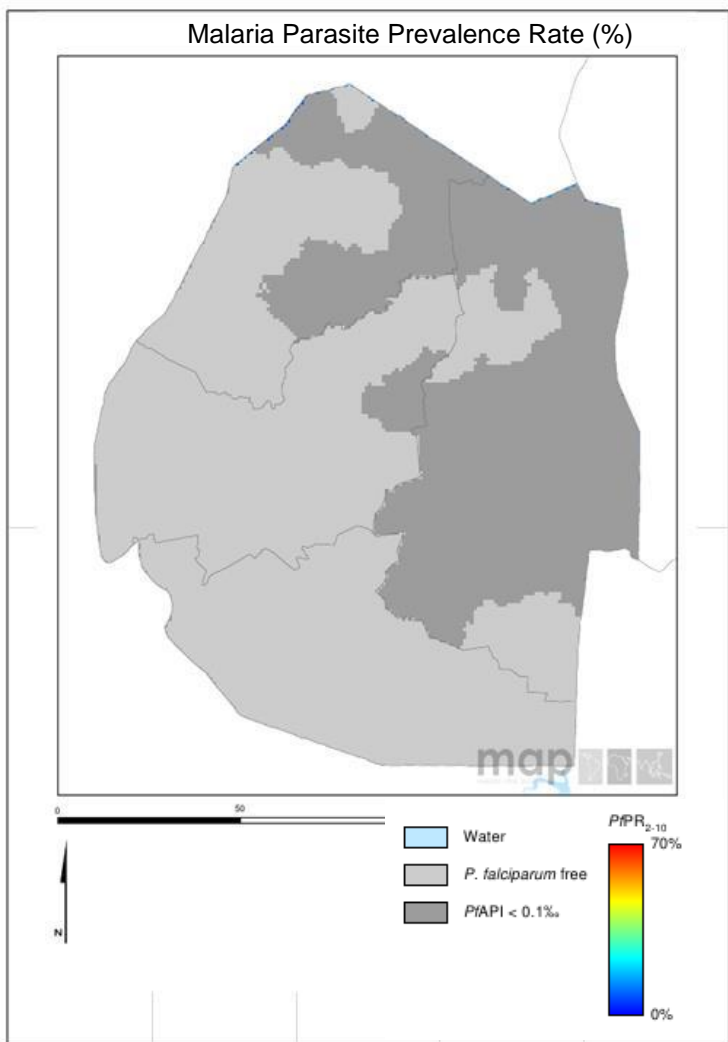


Scorecard for Accountability and Action





Metrics



| Policy and Financial Control   |  |     |
|--|--|-----|
| Oral Artemisinin Based Monotherapy Ban status (2014)                           |  |     |
| Community case management (Pneumonia)(2014)                                    |  |     |
| Community case management (Malaria)(2014)                                      |  |     |
| World Bank rating on public sector mgmt and institutions 2013 (CPIA Cluster D) |  |     |
| Commodities Financed, Implementation and Malaria Impact                        |  |     |
| IRS financing 2014 (% of at-risk population)                                   |  | 100 |
| Public sector RDT financing 2014 projection (% of need)                        |  | 100 |
| Public sector ACT financing 2014 projection (% of need)                        |  | 100 |
| IRS Operational Coverage (%)   |  | 90  |
| On track in 2013 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)         |  |     |
| Tracer Indicators for Maternal and Child Health                                |  |     |
| PMTCT coverage 2013 (% pregnant HIV pts receiving ARVs)                        |  | 95  |
| % deliveries assisted by skilled birth attendant                               |  | 82  |
| Exclusive breastfeeding (% children < 6 months)                                |  | 44  |
| Vitamin A Coverage 2012 (2 doses)  |  | 33  |
| DPT3 coverage 2012 (vaccination among 12-23 month olds)                        |  | 95  |
| Postnatal care (within 48 hrs)   |  | 22  |

Malaria transmission is seasonal in Swaziland; the annual reported number of clinical cases in 2013 was 669 with 4 malaria deaths.

Key

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

### **Progress**

Swaziland has made significant progress in scaling-up malaria control interventions leading to a significant reduction in malaria burden in the country. Swaziland has declared an intention to ban oral artemisinin-based monotherapies. Adequate resources have been secured to fund the IRS, ACTs, and RDTs in 2014. Good progress has been made on tracer MNCH interventions including DPT3 coverage, skilled birth attendants, and PMTCT.

### **Impact**

Swaziland has achieved significant impact in its malaria control programme. Malaria deaths decreased from 32 during 2000-2005 to 4 in 2013. As such, the country has achieved the target of a 75% reduction in malaria burden since 2000.

### **Key Challenge**

- Maintaining malaria high on the political and funding agenda.