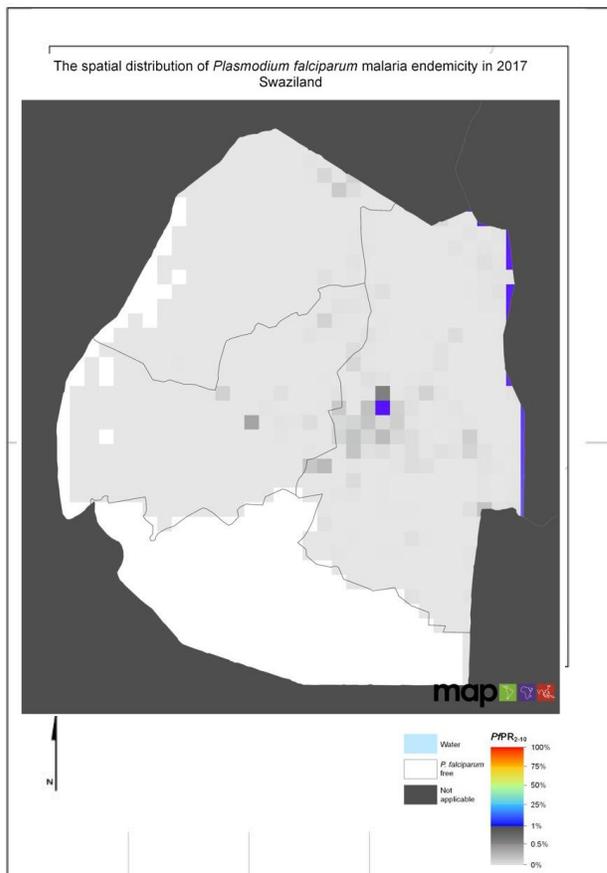


### Scorecard for Accountability and Action



Malaria transmission is seasonal in Eswatini; the annual reported number of malaria cases in 2018 was 656 and 2 deaths.

#### Metrics

| Commodities Financed and Financial Control  |     |  |
|---|-----|--|
| IRS financing 2019 (% of at-risk population)  | 100 |  |
| Public sector RDT financing 2019 projection (% of need)   | 100 |  |
| Public sector ACT financing 2019 projection (% of need)   | 100 |  |
| World Bank rating on public sector management and institutions 2018 (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 2015 and data reported to WHO                                      |     |  |
| National Insecticide Resistance Monitoring and Management Plan  |     |  |
| Country Reporting Launch of Zero Malaria Starts with Me Campaign  |     |  |
| Scale of Implementation of iCCM (2017)  |     |  |
| IRS Operational Coverage (%)  | 83  |  |
| On track to reduce case incidence by ≥40% by 2020 (vs 2015)   |     |  |
| On track to reduce case mortality by ≥40% by 2020 (vs 2015)   |     |  |
| Tracer Indicators for Maternal and Child Health and NTDs  |     |  |
| Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2017)                               |     |  |
| Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2018)          | 86  |  |
| Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2018) | 76  |  |
| % deliveries assisted by skilled birth attendant  | 88  |  |
| Postnatal care (within 48 hrs)  | 87  |  |
| Exclusive breastfeeding (% children < 6 months)   | 64  |  |
| Vitamin A Coverage 2017 (2 doses)   | 33  |  |
| DPT3 coverage 2018 (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**

### **Global Fund Update**

The Global Fund has announced that Eswatini will receive US\$53.9 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation for 2021-2023. The Global Fund has determined the total allocation amount based on Eswatini'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 Eswatini 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. Eswatini 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 accelerate progress and achieve its elimination targets.

### **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. In May 2019, the country launched an End Malaria Fund to raise US\$5 million towards malaria elimination. The country also launched its Zero Malaria Starts with Me campaign.

### **Impact**

The annual reported number of malaria cases in 2018 was 656 with 2 deaths.

### **Key Challenge**

- Maintaining malaria high on the political and funding agenda post-2015.

### **Previous Key Recommended Actions**

| <b>Objective</b> | <b>Action Item</b>   | <b>Suggested completion timeframe</b> | <b>Progress</b> | <b>Comments - key activities/accomplishments since last quarterly report</b>   |
|------------------|--|---------------------------------------|-----------------|--|
| Vector Control   | Ensure the IRS programme is fully implemented before the beginning of the malaria season | Q4 2019                               |                 | Eswatini procured sufficient insecticides, including buffer stocks. The country plans to finish spraying before the second peak of transmission in January |

Eswatini has responded positively to the recommended actions addressing reporting insecticide resistance data to WHO and the lack of data on iCCM and continues to strengthen access to treatment of malaria, pneumonia and diarrhoea. The country has also worked to address the upsurges in 2017, with a significant reduction in indigenous cases reported in 2018.

### **New Key Recommended Action**

| <b>Objective</b> | <b>Action Item</b>   | <b>Suggested completion timeframe</b> |
|------------------|--|---------------------------------------|
| Address funding  | Ensure the GF malaria funding application is submitted by Q2 2020 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years | Q2 2020                               |

### **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. The country has not reported preventive chemotherapy coverage in 2018 to WHO.

#### **Previous Key Recommended Action**

The country has responded positively to the RMNCAH recommended action addressing low coverage of vitamin A and continues to track progress as this action is implemented.

### **New Key Recommended Action**

| <b>Objective</b> | <b>Action Item</b>  | <b>Suggested completion timeframe</b> |
|------------------|---|---------------------------------------|
| NTDs             | Submit the preventive chemotherapy coverage data for schistosomiasis and soil transmitted helminths to WHO. | Q1 2020                               |