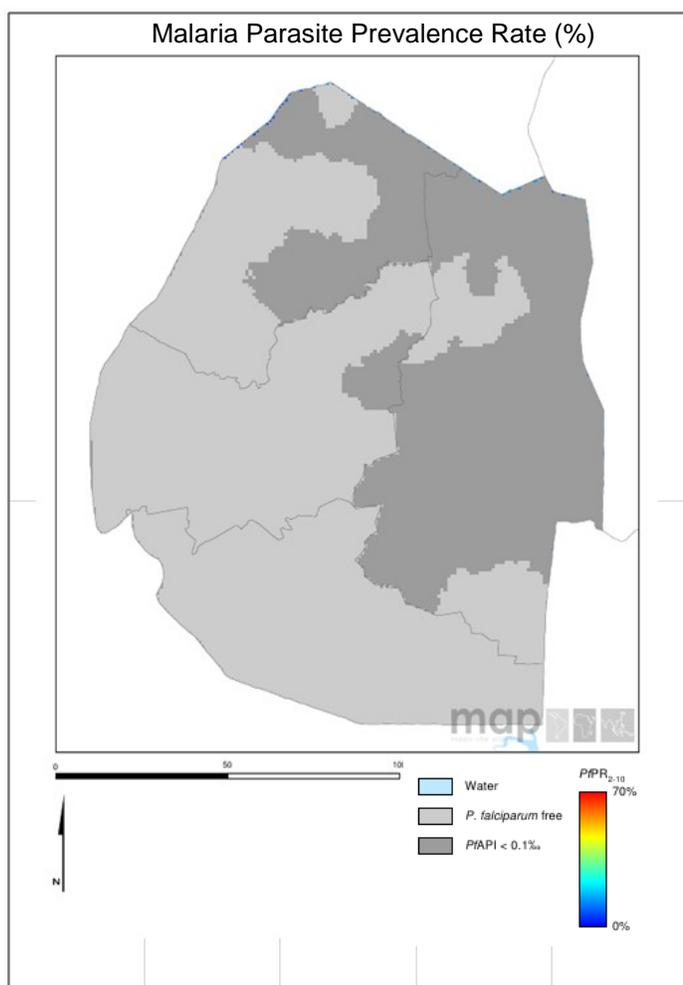


Swaziland ALMA Quarterly Report

Quarter Three, 2016



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 (2013)	
IRS Operational Coverage (%)	97
>75% Decrease in Malaria Incidence Projected 2000–2015	
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

Malaria transmission is seasonal in Swaziland; the annual reported number of malaria cases in 2014 was 711.

Key

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

Malaria

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. 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. Swaziland was awarded the 2016 ALMA Award for Excellence for achieving the Millennium Development Goals (MDGs) target for malaria.

Impact

Swaziland has achieved significant impact in its malaria control programme. Malaria cases reported in 2014 were 711. The country has achieved the MDG target of at least a 75% reduction in malaria burden since 2000.

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 diarrhea.

MNCH

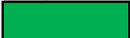
Progress

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

Previous Recommended Action

Swaziland has responded positively to the MNCH recommended action addressing low coverage of vitamin A and a 12% increase in coverage has been observed in the last quarter.

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due