Malaria transmission is seasonal in Swaziland; the annual reported number of malaria cases in 2015 was 651 and 5 deaths.
Swaziland ALMA Quarterly Report
Quarter Four, 2016

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

<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>Vector control</td>
<td>Report the status of both insecticide resistance monitoring and the national insecticide resistance monitoring and management plan to WHO</td>
<td>Q1 2017</td>
<td></td>
<td>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.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address funding</td>
<td>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</td>
<td>Q2 2017</td>
</tr>
</tbody>
</table>

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