Malaria transmission is seasonal in Eswatini; the annual reported number of malaria cases in 2018 was 656 and 2 deaths.
Malaria
Sustaining Essential Health Services During the COVID-19 Pandemic
The COVID-19 pandemic is putting an incredible strain on health systems across Africa. Health systems are required to maintain routine health services for other illnesses even as they handle the additional burden of COVID-19. In order to prevent widespread morbidity and mortality, it is of vital importance that we work to sustain the delivery of essential life-saving interventions during this difficult time including for Reproductive, Maternal, Newborn, Adolescent and Child health including malaria.

WHO underlines the critical importance of sustaining efforts to prevent, detect and treat malaria during the COVID-19 pandemic. It is of vital importance to ensure the continuity of malaria prevention and treatment services including distribution of insecticide-treated nets and indoor residual spraying. Any intervention must consider the importance of both lowering malaria-related mortality and ensuring the safety of communities and health workers given the ease of transmission of COVID-19.

For Eswatini, it will be of vital importance that the indoor residual spraying (IRS) campaign planned for the fourth quarter of 2020 goes ahead and that the insecticides for the campaign are ordered on time, whilst taking into account physical distancing, in accordance with the recent guidance and recommendations from WHO. Without this IRS, coupled with the need to sustain essential health services including malaria case management, there will be an increase in malaria cases and deaths.

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 2020. 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 Challenges
• Maintaining malaria high on the political and funding agenda post-2015.
• Sustaining the delivery of essential life-saving interventions during the COVID-19 pandemic including for Reproductive, Maternal, Newborn, Adolescent and Child health including malaria

### Previous Key Recommended Actions

<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>Ensure the IRS programme is fully implemented before the beginning of the malaria season</td>
<td>Q4 2019</td>
<td>Eswatini procured sufficient insecticides, including buffer stocks. The country completed IRS late in Q1 2020</td>
<td></td>
</tr>
<tr>
<td>Address funding</td>
<td>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</td>
<td>Q2 2020</td>
<td>Deliverable not yet due</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact</td>
<td>Ensure that malaria services including case management and vector control are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic</td>
<td>Q4 2020</td>
</tr>
</tbody>
</table>

### 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 Actions**

<table>
<thead>
<tr>
<th>Objective</th>
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</tr>
</thead>
<tbody>
<tr>
<td>NTDs</td>
<td>Submit the preventive chemotherapy coverage data for schistosomiasis and soil transmitted helminths to WHO.</td>
<td>Q1 2020</td>
<td>Eswatini reported the preventive chemotherapy data for schistosomiasis and soil transmitted helminths to WHO</td>
<td></td>
</tr>
</tbody>
</table>

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.
### RMNCAH1: Impact

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>RMNCAH1: Impact</td>
<td>Ensure that essential RMNCAH services are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic</td>
<td>Q4 2020</td>
</tr>
</tbody>
</table>

**Key**

- **Action achieved**
- **Some progress**
- **No progress**
- **Deliverable not yet due**

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1 RMNCAH metrics, recommended actions and response tracked through WHO