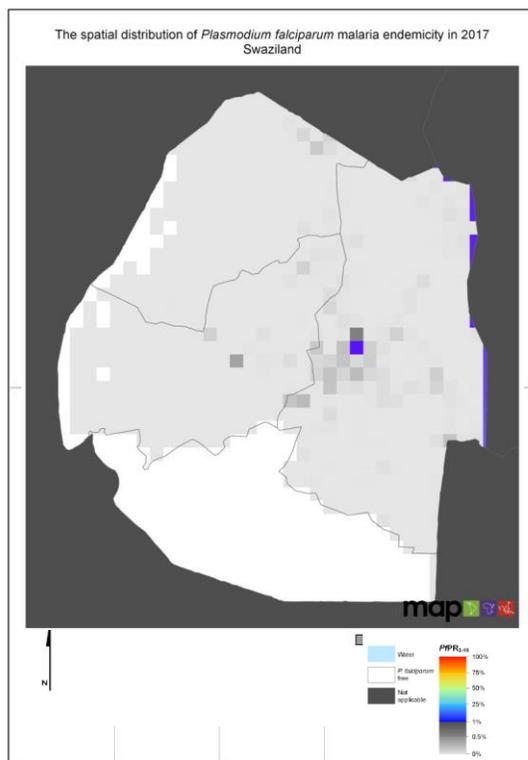


Scorecard for Accountability and Action



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 2020 (% of at-risk population)		100
Public sector RDT financing 2020 projection (% of need)		100
Public sector ACT financing 2020 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		
RDTs in stock (>9 months stock)		
ACTs in stock (>9 months stock)		
LLIN/IRS campaign on track		
Country Reporting Launch of Zero Malaria Starts with Me Campaign		
Scale of Implementation of iCCM (2017)		
IRS Operational Coverage (%)		84
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, %)(2018)		87
Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2019)	▲	96
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2019)	▲	84
% deliveries assisted by skilled birth attendant		88
Postnatal care (within 48 hrs)		88
Exclusive breastfeeding (% children < 6 months)		64
Vitamin A Coverage 2018 (2 doses)		30
DPT3 coverage 2019 (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

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 and 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.

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. The country has sufficient stocks of ACTs and RDTs and the insecticide required for the IRS is under procurement. 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.
- 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

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Impact	Ensure that malaria services including case management and vector control are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic	Q4 2020		The malaria control programme is procuring the insecticides for IRS through the GF which means IRS should be on track to take place as planned. Case Management services are on track. The country has experienced a primaquine stock out which is currently being addressed through a reprogramming request to the GF. The majority of other essential supplies are available
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		The country submitted the GF malaria application in Q2

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

Objective	Action Item	Suggested completion timeframe
Vector Control	Ensure the IRS commodities are procured in time for the 2020 IRS campaigns	Q3 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 Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
RMNCAH ¹ : Impact	Ensure that essential RMNCAH services are sustained and implemented whilst using Covid-19 sensitive guidelines during the pandemic. Address any stock-outs of essential RMNCAH commodities	Q4 2020		RMNCAH services are ongoing although challenges in access were observed during the COVID-19 lockdown

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.

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

¹ RMNCAH metrics, recommended actions and response tracked through WHO