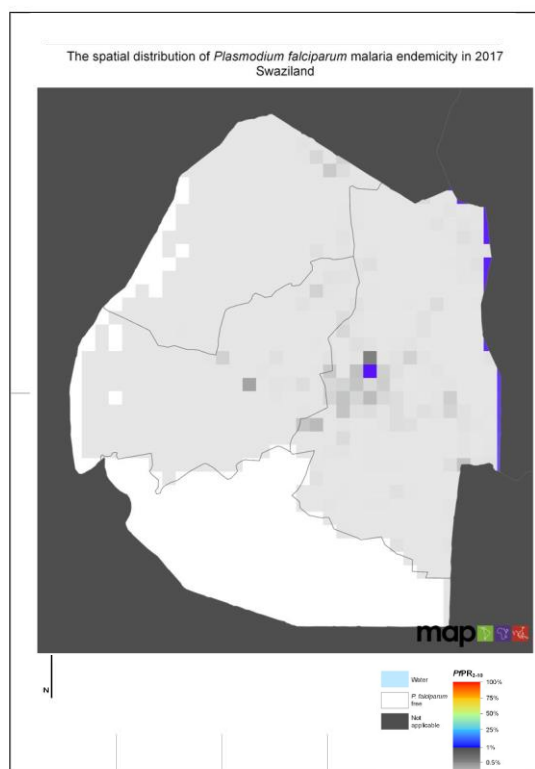


Scorecard for Accountability and Action



Malaria transmission is seasonal in Eswatini; the annual reported number of malaria cases in 2019 was 722 and 3 deaths.

Metrics

Commodities Financed and Financial Control		
IRS financing 2021 (% of at-risk population)		100
Public sector RDT financing 2021 projection (% of need)		100
Public sector ACT financing 2021 projection (% of need)		100
World Bank rating on public sector management and institutions 2019 (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		
IRS Operational Coverage (%)	▲	92
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, %)(2019)		3
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, Neglected Tropical Diseases 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.

It is essential to ensure the continuity of malaria, RMNCAH and NTD services in 2021 as the COVID-19 pandemic continues to impact our continent. This may include the implementation of any necessary catch-up activities and ensuring timely planning to account for potential delays in procurement and delivery. Any intervention must ensure the safety of communities and health workers given the ease of transmission of COVID-19.

Progress

Eswatini secured sufficient resources to fund the IRS, ACTs, and RDTs required to sustain universal coverage in 2021. WHO has identified Eswatini as being a country with the potential to eliminate local transmission of malaria. The country has finalised the insecticide resistance monitoring and management plan. Eswatini increased the coverage of IRS in 2021. The country has sufficient stocks of ACTs and insecticide required for the IRS. Eswatini is a member of the Elimination 8 and MOSASWA initiatives, strengthening their cross-border collaboration with neighbouring countries. The country also launched its Zero Malaria Starts with Me campaign.

In line with the legacy agenda of the ALMA chair, His Excellency President Uhuru Kenyatta, building of the agenda of His Majesty King Mswati III, in May 2019, the country launched an End Malaria Fund to raise US\$5 million towards malaria elimination. 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 and this has been publicly posted to the ALMA Scorecard knowledge hub.

Impact

The annual reported number of malaria cases in 2019 was 722 with 3 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, malaria and NTDs.

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		Eswatini has completed its IRS programme, although spraying spilled over into February 2021. In relation to Case Management, the programme encouraged early health care treatment seeking behaviour for fever and suspected malaria by the general population through billboards and radio adverts. This communication encouraged the population suffering from fever to test for malaria. The programme further ensured access to case management services in health facilities and communities through maintaining the availability Rapid Diagnostic Tests (RDTs) for those suspected of having malaria. These commodities were delivered to facilities promptly to avoid stock out. Although the country was faced with stock outs of anti-malarials, the NMP worked with the End Malaria Fund to facilitate the procurement of antimalarial drugs
Impact	Investigate and address the reasons for the increase in estimated malaria incidence between 2015 and 2019, which means that the country is not on track to achieve the 2020 target of a 40% reduction in malaria incidence	Q4 2021		At the development of the MSP in 2015, the country had 68 locally transmitted cases reported. Based on that figure, yearly targets were set with the goal of eliminating by 2020. In 2017 the country witnessed an upsurge of cases. The increase in cases was as a result of delays in implementation of vector control interventions such as IRS due to procurement challenges. Alert thresholds were seen early in the season (2017/2018) that the country was heading for an epidemic situation and due to the lack of insecticides the programme could not respond timely to contain the situation. In 2020 the NMP developed a 3 year strategy to eliminate malaria by 2023 and the outcomes of the Mid Term Review highlighted the need to ensure early forecasting and procurement of Insecticides as well as anti-malarials. The NMP submits these forecasts for Government procurement and is working with the relevant departments to ensure delays are averted in the course of elimination and sustained elimination gains post 2023

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.

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. Preventive chemotherapy coverage in Eswatini is good for soil-transmitted helminths (79%). Data for schistosomiasis are still under validation.

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		The country developed COVID-19 RMNCAH guidelines which are in line with COVID-19 WHO regulations. The country is experiencing issues of commodity stock outs despite efforts to limit such challenges. Family planning commodities stocked out but UNFPA was able to assist with emergency stocks but additional Family planning commodities are still required
NTDs	Ensure that NTD interventions including Mass Drug Administration, vector control and Morbidity Management and Disability Prevention are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic. This includes prioritising key necessary catch-up activities	Q4 2021		The country did not carry out the planned MDA in 2020 due to COVID-19 pandemic but the country is working to plan 2021 MDA as soon as schools re-open

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