Malaria transmission is seasonal in Eswatini; the annual reported number of malaria cases in 2020 was 325 and 2 deaths.
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.

WHO estimates that there were an additional 47,000 malaria deaths globally in 2020 due to service disruptions during the COVID-19 pandemic, leading to an estimated 7.5% increase in deaths.

It is essential to ensure the continuity of malaria, RMNCAH and NTD services in 2022 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.

The country has been affected by the continent-wide restriction of access to COVID-19 vaccines but has been able to cover 25% of their population by the end of 2021.

Malaria

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 hub.

Impact

The annual reported number of malaria cases in 2020 was 325 and 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, malaria and NTDs.

### 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>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 2022</td>
<td>In relation to Case Management, the malaria programme encouraged early health care treatment seeking behaviour for fever and suspected malaria 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 Rapi Diagnostic Tests (RDTs) for those suspected of having malaria. These commodities were delivered to facilities to avoid stock outs. The country has been faced with procurement bottlenecks for essential malaria commodities and has limited stocks of ACTs, but good stocks of RDTs. The Indoor Residual Spraying campaign rolled out as planned and is expected to be completed in January 2022, with high coverage reported to date</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.

### 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 zero for soil-transmitted helminths and schistosomiasis.
## Previous Key Recommended Actions

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<tr>
<td>RMNCAH¹: Impact</td>
<td>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</td>
<td>Q4 2022</td>
<td>The country developed COVID-19 RMNCAH guidelines which are in line with WHO guidance. The country is experiencing issues of commodity stock outs despite efforts to limit such challenges</td>
<td></td>
</tr>
<tr>
<td>NTDs</td>
<td>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. In 2020, preventive chemotherapy coverage was 0% for both schistosomiasis and soil-transmitted helminths. Overall, the NTD preventive chemotherapy coverage index for Eswatini in 2020 is zero, which represents a decrease compared with the 2019 index value (3).</td>
<td>Q4 2022</td>
<td>Since the COVID-19 pandemic, the country has not carried out the planned MDA but hopes to implement as soon as the COVID-19 situation allows</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.

### Key

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

¹ RMNCAH metrics, recommended actions and response tracked through WHO