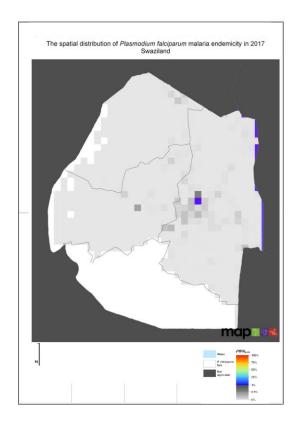
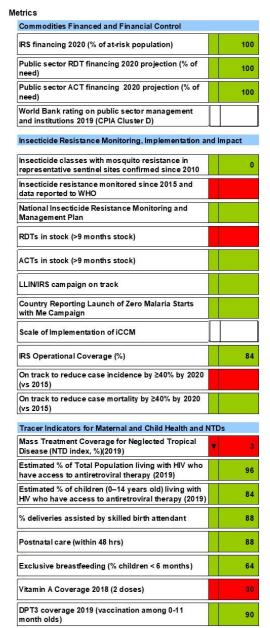
# Eswatini ALMA Quarterly Report Quarter Four, 2020



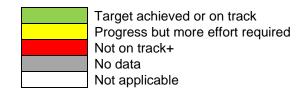
## **Scorecard for Accountability and Action**





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

## Key



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## **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. For Eswatini, it was vital that the indoor residual spraying (IRS) campaign planned for the fourth quarter of 2020 went ahead and that the insecticides for the campaign were ordered on time, whilst taking into account physical distancing, in accordance with the recent guidance and recommendations from WHO. The country rolled out IRS at the end of quarter 3, although IRS is still ongoing. Without this IRS, coupled with the need to sustain essential health services including malaria case management, there would have been an increase in malaria cases and deaths.

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 2020. 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 2019. The country has sufficient stocks of ACTs and insecticide required for the 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 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 commenced indoor residual spraying in Q4 2020 however, spraying was not completed before the end of 2020. Case Management services are on track

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.

**New Key Recommended Action** 

Objective	Action Item	Suggested completion timeframe
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

## **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. (Confirm on validation)

**Previous Key Recommended Actions** 

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
RMNCAH <sup>1</sup> : 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 Ministry of Health in collaboration with partners developed a plan for continuity of essential health services where RMNCAH has been prioritised. RMNCAH services are still ongoing. A technical guidance pocket book on RMNCAH during COVID was developed for Health care workers and disseminated to health facilities and is being used. In terms of commodities, stock outs in selected facilities on supplies and medicines for maternity and family planning were experienced. However, redistribution from facilities which have the commodities to those that have run out off, was done through central medical store supply chain. An assessment was done on provision of continuity of essential health services in the context of COVID -19 and relatively small disruptions were noted for the majority of essential RMNCAH services

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.

**New Key Recommended Action** 

Objective	Action Item	Suggested completion timeframe
NTDs	Ensure that NTD interventions including Mass Drug Administation, 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



<sup>&</sup>lt;sup>1</sup> RMNCAH metrics, recommended actions and response tracked through WHO