Malaria transmission is seasonal in Eswatini; the annual reported number of malaria cases in 2021 was 581 and 5 deaths.
Malaria

Global Fund Update
The Global Fund has announced that Eswatini will receive US$45.4 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation for 2024-2026. 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 the importance of sustaining life-saving essential services. 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.

Progress
The country continues to work on strengthening and maintaining health services following the devastating impact of the COVID-19 pandemic. In this regard, Eswatini secured sufficient resources to fund the IRS, ACTs, and RDTs required to sustain universal coverage in 2022 and has good stocks of ACTs and RDTs. Eswatini increased the coverage of IRS in 2021. Eswatini is a member of the Elimination 8 and MOSASWA initiatives, strengthening their cross-border collaboration with neighbouring countries. The country has finalised the insecticide resistance monitoring and management plan and has launched its Zero Malaria Starts with Me campaign. WHO has identified Eswatini as being a country with the potential to eliminate local transmission of malaria.

In line with the priority agenda of the ALMA chair, His Excellency President Umaro Sissoco Embaló, 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 2021 was 581 and 5 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.
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 the tracer RMNCAH intervention ART coverage in children.

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 2021, preventive chemotherapy coverage was 0% for both schistosomiasis and soil-transmitted helminths. Overall, the NTD preventive chemotherapy coverage index for Eswatini in 2021 is 0, which is the same compared with the 2020 index value (0).
### 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>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>Green</td>
<td>The country developed COVID-19 RMNCAH guidelines which are in line with WHO guidance. The country experienced stock outs of some essential Family Planning commodities, including oral and injectable birth control, oxytocin and magnesium sulphate. However, through UNFPA, emergency commodities were sources and the stock-out addressed</td>
</tr>
<tr>
<td>NTDs</td>
<td>Recognising the negative impact of COVID-19 on the 2020 MDA coverage, ensure that NTD interventions including MDAs, vector control and Morbidity Management and Disability Prevention are sustained and implemented whilst using Covid-19 sensitive guidelines during the pandemic. This includes prioritizing key necessary catch-up activities</td>
<td>Q4 2022</td>
<td>Green</td>
<td>The country is conducting NTD routine activities whilst respecting COVID-19 safety measures. The last MDA in country was conducted in 2019 and the country is mobilizing funds from WHO and other stakeholders to support the next MDA which will take place once funds are available. The country has also requested support from ESPEN to have sentinel sites for Soil Transmitted Helminths established and is still waiting for the support</td>
</tr>
</tbody>
</table>

The country has responded positively to the RMNCAH recommended action addressing vitamin A coverage and continues to track progress as this action is implemented.

### New Key Recommended Action

<table>
<thead>
<tr>
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<th>Action Item</th>
<th>Suggested completion timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTDs</td>
<td>Ensure that NTD interventions including MDAs for schistosomiasis and soil-transmitted helminths are implemented</td>
<td>Q4 2023</td>
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</tbody>
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¹ RMNCAH metrics, recommended actions and response tracked through WHO lack of