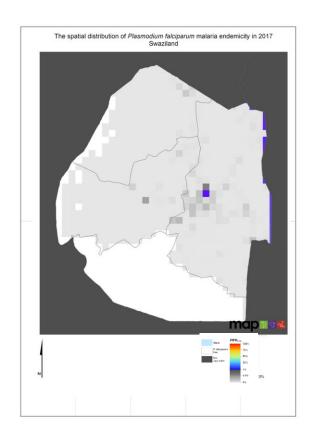
Eswatini ALMA Quarterly Report Quarter One, 2023



Scorecard for Accountability and Action



Commodities Financed		
IRS financing 2023 (% of at-risk population)		100
Public sector RDT financing 2023 projection (% of need)		100
Public sector ACT financing 2023 projection (% of need)		100
Policy		
Signed, ratified and deposited the AMA instrument at the AUC		
Malaria activities targeting refugees in Malaria Strategic Plan	Γ	
Malaria activities targeting IDPs in Malaria Strategic Plan		
Country Reporting Launch of Zero Malaria Starts with Me Campaign		
End Malaria Council and Fund Launched		
Resistance Monitoring, Implementation and Impact	/	
Drug Resistance Monitoring Conducted (2018-2020) and data reported to WHO		
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 (>6 months stock)		
ACTs in stock (>6 months stock)		
LLIN/IRS campaign on track		
IRS Operational Coverage (%)		90
On track to reduce case incidence by ≥40% by 2021 (vs 2015)		
On track to reduce case mortality by ≥40% by 2021 (vs 2015)		
Tracer Indicators for Maternal and Child Health, NTDs an	d C	ovid 19
Scale of Implementation of iCCM	L	
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2021)		0
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2021)		98
Vitamin A Coverage 2021 (2 doses)		33
DPT3 coverage 2021 (vaccination among 0-11 month olds)		77

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

Key



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Malaria

Global Fund Allocation

The Global Fund 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 previous disbursements. 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. The Global Fund resources are especially important in the current resource constrained environment. The ongoing economic crisis, increased costs of doing business, and the need to introduce newer more expensive commodities to address insecticide and drug resistance mean that countries may experience shortfalls in sustaining their life-saving malaria essential services.

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 2023 and has good stocks of ACTs and RDTs. 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. 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.

Previous Kev Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Policy	Sign, ratify and deposit the AMA instrument at the AUC	Policy		No Progress Reported
Monitoring	Ensure that drug resistance monitoring is conducted and the data are reported to WHO	Monitoring		The country has included drug resistance testing in the GF grant cycle 7 funding request

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

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
NTDs	Ensure that NTD interventions including MDAs for schistosomiasis and soil-transmitted helminths are implemented	Q4 2023		The country is mobilizing funds to conduct the 2023 MDA and to conduct the impact surveys in order to adjust the strategies. Routine activities are being conducted as planned

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

