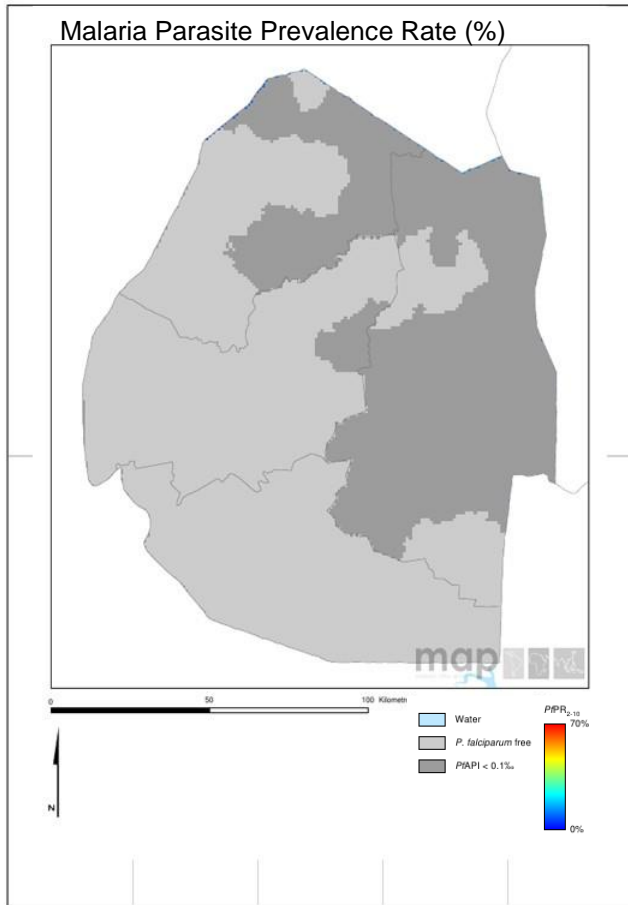


Scorecard for Accountability and Action



Malaria transmission is seasonal in Eswatini; the annual reported number of malaria cases in 2017 was 1,127 with 20 deaths.

Metrics

| Commodities Financed and Financial Control  |     |
|---|-----|
| IRS financing 2018 (% of at-risk population)  | 100 |
| Public sector RDT financing 2018 projection (% of need)   | 100 |
| Public sector ACT financing 2018 projection (% of need)   | 100 |
| World Bank rating on public sector management and institutions 2017 (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  |     |
| Scale of Implementation of iCCM (2017)  |     |
| IRS Operational Coverage (%)  | 76  |
| Change in Estimated Malaria Incidence(2010–2017)  |     |
| Change in Estimated Malaria Mortality rate(2010–2017)   |     |
| Tracer Indicators for Maternal and Child Health and NTDs  |     |
| Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2017)                               | 92  |
| Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2017)          | 85  |
| Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2017) | 75  |
| % deliveries assisted by skilled birth attendant  | 88  |
| Postnatal care (within 48 hrs)  | 87  |
| Exclusive breastfeeding (% children < 6 months)   | 64  |
| Vitamin A Coverage 2016 (2 doses)   | 39  |
| DPT3 coverage 2017 (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

### Progress

Eswatini secured sufficient resources to fund the IRS, ACTs, and RDTs required to sustain universal coverage in 2018. WHO has identified Eswatini as being a country with the potential to eliminate local transmission of malaria by 2020. The country has recently finalised the insecticide resistance monitoring and management plan. 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.

### Impact

The annual reported number of malaria cases in 2017 was 1,127 with 20 deaths. The country experienced a significant increase in malaria cases and deaths in 2017 and investigated and addressed the underlying reason for this upsurge.

### Key Challenges

- Maintaining malaria high on the political and funding agenda post-2015.
- Upsurges of malaria in 2016 and 2017.

### Previous Key Recommended Actions

| Objective                | Action Item  | Suggested completion timeframe | Progress | Comments - key activities/accomplishments since last quarterly report   |
|--------------------------|--|--------------------------------|----------|---|
| Optimise quality of care | Ensure the IRS programme is fully implemented before the beginning of the malaria season | Q4 2018                        |          | IRS began in Eswatini at the end of August. The number of spray operators was doubled compared to previous years. A consignment of insecticides donated by the Republic of Madagascar has been received. There are adequate supplies of insecticides to sustain and complete the spray season and provide for reactive spraying as required. Compared to the previous season in the same period there is an observed decline in malaria cases |

Eswatini has responded positively to the recommended actions addressing reporting insecticide resistance data to WHO and the lack of data on iCCM, as well as addressing the upsurges in 2017, and continues to strengthen access to treatment of malaria, pneumonia and diarrhoea.

## MNCH and NTDs

### Progress





Good progress has been made on tracer MNCH 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 high for both schistosomiasis (100%) and soil transmitted helminths (84%). Overall, the NTD preventive chemotherapy coverage index for Eswatini in 2017 is 92, which represents an increase compared with the 2016 index value (90).

### Previous Key Recommended Action

| Objective                                       | Action Item                           | Suggested completion timeframe | Progress | Comments - key activities/accomplishments since last quarterly report |
|---|---------------------------------------|--------------------------------|----------|---|
| MNCH <sup>1</sup> :<br>Optimise quality of care | Address the low coverage of vitamin A | Q2 2019                        |          | Deliverable not yet due   |

### Key

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

<sup>1</sup> MNCH metrics, recommended actions and response tracked through WHO MCA