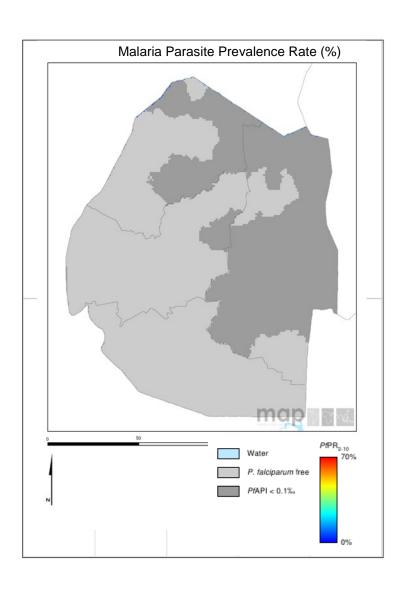
Swaziland ALMA Quarterly Report Quarter Four, 2015



Scorecard for Accountability and Action

Metrics



Policy and Financial Control Oral Artemisinin Based Monotherapy Ban status (2015) Community case management (Pneumonia)(2015) Community case management (Malaria)(2015) World Bank rating on public sector mgmt and institutions 2014 (CPIA Cluster D) Commodities Financed, Implementation and Malaria Impact

IRS financing 2015 (% of at-risk population)	100
Public sector RDT financing 2015 projection (% of need)	100
Public sector ACT financing 2015 projection (% of need)	100
IRS Operational Coverage (%)	93
>75% Decrease in Malaria Incidence Projected 2000–2015	

Tracer Indicators for Maternal and Child Health
PMTCT coverage 2014 (% pregnant HIV pts

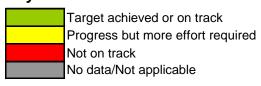
% deliveries assisted by skilled birth attendant	88
Exclusive breastfeeding (% children < 6 months)	64
Vitamin A Coverage 2013 (2 doses)	31
DPT3 coverage 2014 (vaccination among 12-23 month olds)	98
Postnatal care (within 48 hrs)	87

95

Malaria transmission is seasonal in Swaziland; the annual reported number of malaria cases in 2014 was 711.

Key

receiving ARVs)



Swaziland ALMA Quarterly Report Quarter Four, 2015



Progress

Swaziland has made significant progress in scaling-up malaria control interventions leading to a significant reduction in malaria burden in the country. Swaziland has declared an intention to ban oral artemisinin-based monotherapies. Adequate resources have been secured to fund the IRS, ACTs, and RDTs required to sustain universal coverage in 2015. Swaziland is the first country in Africa to introduce a malaria elimination scorecard to enhance tracking, accountability and action as the country moves towards malaria elimination.

Good progress has also been made on tracer MNCH interventions including DPT3, PMTCT coverage, skilled birth attendants, exclusive breast feeding and postnatal care. The country has significantly enhanced tracking and accountability mechanisms towards malaria elimination with the development of a Reproductive, Maternal, Newborn and Child Health Scorecard.

Impact

Swaziland has achieved significant impact in its malaria control programme. Malaria cases reported in 2014 were 711. The country has achieved the MDG target of at least a 75% reduction in malaria burden since 2000.

Key Challenge

• Maintaining malaria high on the political and funding agenda post-2015.

Recommended Action

Swaziland has responded positively to the MNCH recommended action addressing low coverage of vitamin A and continues to track progress as this action is implemented.