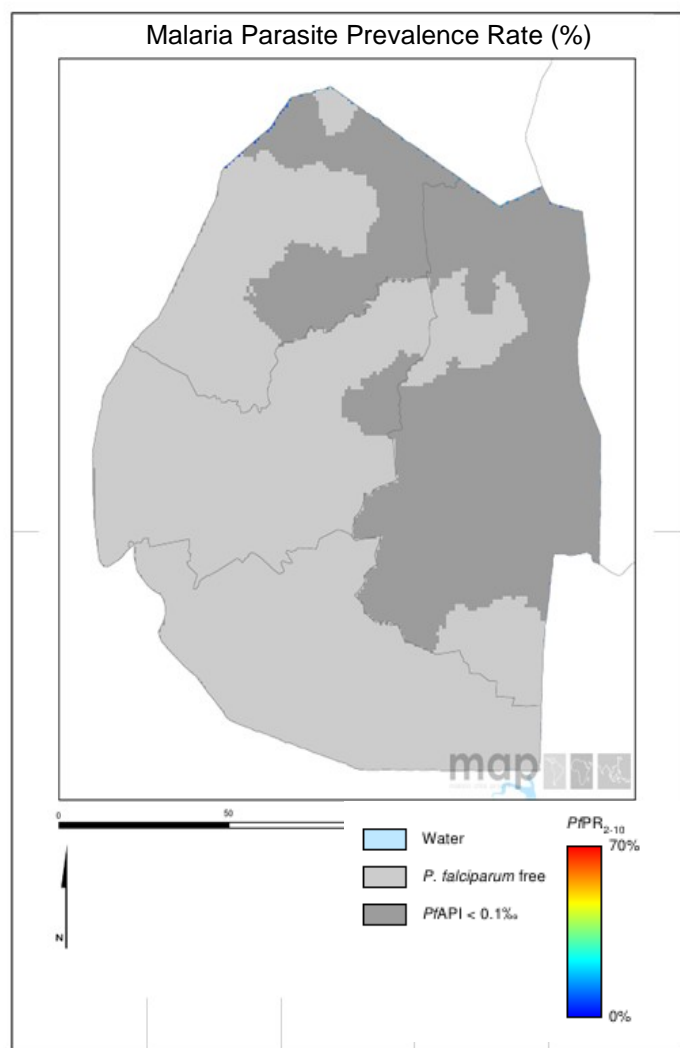


### Scorecard for Accountability and Action



#### Metrics

Policy and Financial Control	
Oral Artemisinin Based Monotherapy Ban status (2015)	Progress but more effort required
Community case management (Pneumonia)(2015)	No data/Not applicable
Community case management (Malaria)(2015)	No data/Not applicable
World Bank rating on public sector mgmt and institutions 2013 (CPIA Cluster D)	No data/Not applicable
Commodities Financed, Implementation and Malaria Impact	
IRS financing 2015 (% of at-risk population)	Target achieved or on track (100)
Public sector RDT financing 2015 projection (% of need)	Target achieved or on track (100)
Public sector ACT financing 2015 projection (% of need)	Target achieved or on track (100)
IRS Operational Coverage (%)	Target achieved or on track (93)
On track in 2013 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)	Target achieved or on track
Tracer Indicators for Maternal and Child Health	
PMTCT coverage 2013 (% pregnant HIV pts receiving ARVs)	Target achieved or on track (95)
% deliveries assisted by skilled birth attendant	Target achieved or on track (82)
Exclusive breastfeeding (% children < 6 months)	Progress but more effort required (44)
Vitamin A Coverage 2012 (2 doses)	Not on track (33)
DPT3 coverage 2013 (vaccination among 12-23 month olds)	Target achieved or on track (98)
Postnatal care (within 48 hrs)	Not on track (22)

Malaria transmission is seasonal in Swaziland; the annual reported number of clinical cases in 2013 was 669 with 4 malaria deaths.

#### Key

Target achieved or on track
Progress but more effort required
Not on track
No data/Not applicable

## Swaziland ALMA Quarterly Report Quarter Two, 2015

AFRICAN LEADERS  
MALARIA ALLIANCE



### **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. Good progress has been made on tracer MNCH interventions including DPT3 coverage, skilled birth attendants, and PMTCT.

### **Impact**

Swaziland has achieved significant impact in its malaria control programme. Malaria deaths decreased from 32 during 2000-2005 to 4 in 2013. As such, the country has achieved the target of a 75% reduction in malaria burden since 2000.

### **Key Challenge**

- Maintaining malaria high on the political and funding agenda.

### **Recommended Actions**

Swaziland has responded positively to the recommended actions addressing low coverage of vitamin A and postnatal care and continues to track progress as these actions are implemented.