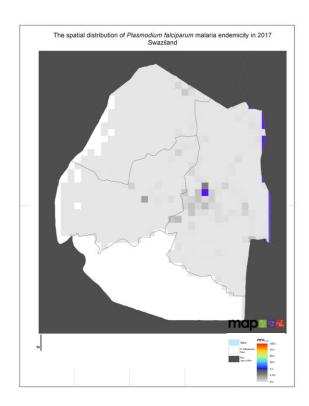
Eswatini ALMA Quarterly Report Quarter Four, 2022



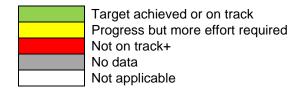
Scorecard for Accountability and Action



Commodities Financed		
RS financing 2022 (% of at-risk population)		100
Public sector RDT financing 2022 projection (% of need)		100
Public sector ACT financing 2022 projection (% of need)		100
Policy		
Signed, ratified and deposited the AMA instrument at the AUC		
Malaria activities targeting refugees in Malaria Strategic Plan		
Malaria activities targeting IDPs in Malaria Strategic Plan		
Country Reporting Launch of Zero Malaria Starts with Me Campaign		
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		
RS Operational Coverage (%)		91
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 ar	d C	ovid 19
Scale of Implementation of iCCM		
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
% Population Fully Vaccinated Against COVID-19	Ī	33

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 Update

The Global Fund has announced that Eswatini will receive U\$\$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 U\$\$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.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Impact	Ensure that malaria services including case management and vector control are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic	Q4 2022		Diagnosis and treatment were sustained whilst using COVID-19 sensitive guidelines. For vector control, all IRS spray operators had their temperature monitored on a daily basis and were also provided with complete PPE. More vehicles were provided to ensure social distancing during travel. There are good stocks of case management commodities and the IRS campaign is ongoing
Policy	Sign, ratify and deposit the AMA instrument at the AUC	Policy		Deliverable not yet due
Monitoring	Ensure that drug resistance monitoring is conducted and the data are reported to WHO	Monitoring		The main challenge in carrying out drug resistance testing has been the small number of malaria cases to conduct drug resistance studies, but the country is working on a plan to deal with the low numbers

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
RMNCAH ¹ : Impact	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	Q4 2022		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 wee sources and the stock-out addressed
NTDs	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	Q4 2022		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

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

Objective	Action Item	Suggested completion timeframe
NTDs	Ensure that NTD interventions including MDAs for schistosomiasis and soil-transmitted helminths are implemented	Q4 2023

Key	
	Action achieved
	Some progress
	No progress
	Deliverable not yet due

¹ RMNCAH metrics, recommended actions and response tracked through WHO lack of