

Scorecard for Accountability and Action



Malaria transmission is seasonal in Eswatini; the annual reported number of malaria cases in 2022 was 369 and 4 deaths.

Metrics

| Financing | |
|---|-----|
| IRS financing (2024-2026) (% of at-risk population) | 100 |
| Public sector ACTs and RTDs financing (2024-2026) projection (% of need) | 100 |
| % of National Malaria Strategic Plan Financed (2024-2026) | 74 |
| 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 | |
| Zero Malaria Starts With Me Launched | |
| End Malaria Council and Fund Launched | |
| Resistance Monitoring, Implementation and Impact | |
| Drug efficacy studies conducted since 2019 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 | |
| RDTs in stock (>6 months stock) | |
| ACTs in stock (>6 months stock) | |
| LLIN/IRS campaign on track | |
| % of vector control in the last year with next generation materials | |
| On track to reduce malaria incidence by at least 75% by 2025 (vs 2015) | |
| On track to reduce malaria mortality by at least 75% by 2025 (vs 2015) | |
| Tracer Indicators for Maternal and Child Health and NTDs | |
| Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2022) | 0 |
| % of Neglected Tropical Disease MDAs Achieving WHO Targets | 0 |
| Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2022) | 89 |
| Vitamin A Coverage 2022 (2 doses) | 51 |
| DPT3 coverage 2022 (vaccination among 0-11 month olds) | 97 |

Key

| | |
|--|-----------------------------------|
| | Target achieved or on track |
| | Progress but more effort required |
| | Not on track+ |
| | No data |
| | Not applicable |

Malaria

Africa is at the centre of a perfect storm that threatens to disrupt malaria services and undo decades of progress. We must act urgently to both prevent and mitigate the adverse effects of the ongoing global financial crisis, increasing biological threats, climate change, and humanitarian crises. These threats represent the most serious emergency facing malaria in 20 years and will lead to malaria upsurges and epidemics if not addressed. AU Member States face a \$1.5 billion gap just to sustain existing, yet inadequate, levels of malaria-related services between now and 2026. To get back on track and eliminate malaria, we will need to mobilise another \$5.2 billion dollars annually to fully finance our national malaria plans. Climate change presents a significant threat to the progress that we have made. Africa is disproportionately exposed to the risks of climate change and by the 2030s, 150 million additional people will be at risk of malaria because of warmer temperatures and increased rainfall. Climate disasters displace millions and destroy roads and health facilities, reducing access to health services. There is urgency to decarbonise and reduce our carbon footprint. We must implement integrated and multisectoral solutions, and adapt our health systems to the threats of both climate change and pandemics. We must also take action to confront the threats of insecticide and drug resistance, reduced efficacy of rapid diagnostic tests, and the *Anopheles stephensi* mosquito which spreads malaria in both urban and rural areas. The good news is that the malaria toolkit continues to expand. WHO has approved the use of dual-insecticide mosquito nets that are 43% more effective than traditional mosquito nets and will address the impact of insecticide-resistance. New medicines for treating malaria and two malaria vaccines for children have also been approved with an increasing number of countries deploying these new tools. The scaling up of these interventions will help us achieve our goal of eliminating malaria. This will require integrated approaches with malaria as a pathfinder for pandemic preparedness, climate change and health, Primary Health Care and Universal Health Coverage. We must work to sustain and increase domestic resource commitments including through multisectoral End Malaria and NTD councils and Funds, which have raised over US\$50 million

Progress

Eswatini secured sufficient resources to fund the IRS, ACTs, and RDTs required for the period 2024-2026 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 Umalo 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 2022 was 369 and 4 deaths.

Key Challenge

- Maintaining malaria high on the political and funding agenda.

Previous Key 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 |

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.

Reproductive, Maternal, Newborn, Adolescent and Child Health

Progress

Good progress has been made on the tracer RMNCAH intervention ART coverage in children and DPT3 coverage.

Neglected Tropical Diseases

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 2022, preventive chemotherapy coverage was 0% for both schistosomiasis and soil-transmitted helminths. Overall, the NTD preventive chemotherapy coverage index for Eswatini in 2022 is 0, which is the same compared with the 2022 index value (0).

Previous Key Recommended Action

| Objective | Action Item | Suggested completion timeframe | Progress | Comments - key activities/accomplishments since last quarterly report |
|-----------|---|--------------------------------|----------|--|
| NTDs | Work to implement preventive chemotherapy for schistosomiasis and soil transmitted helminthiasis and reach WHO targets. | Q4 2024 | | In 2023, the country organized Mass Drug Administration (MDA) for soil transmitted helminthiasis (STH) only as there was not enough praziquantel in country for schistosomiasis MDA. The country is now working on the STH MDA report and is mobilising funds for 2024, while working to get more Praziquantel. Other routine activities are being conducted as planned. |

Key

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