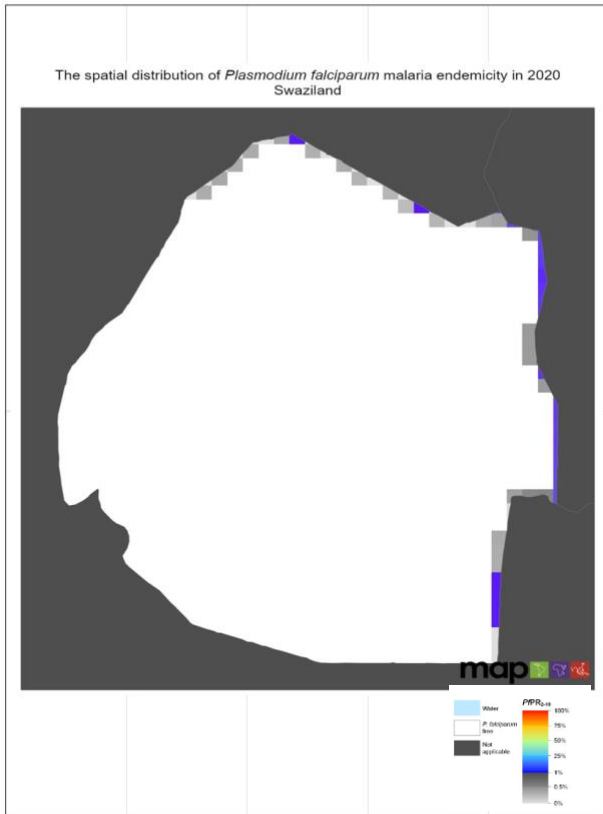


Scorecard for Accountability and Action



Malaria transmission is seasonal in Eswatini; the annual reported number of malaria cases in 2023 was 845 and 7 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		
% 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, %)(2023)	3	
% of Neglected Tropical Disease MDAs Achieving WHO Targets	0	
National Budget Allocated to NTDs		
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2023)	98	
Vitamin A Coverage 2022 (2 doses)	51	
DPT3 coverage 2023 (vaccination among 0-11 month olds)	85	
Climate Change and VBDs in NDCs		

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\$125 million

Progress

Eswatini secured sufficient resources to fund the IRS, ACTs, and RDTs required for the period 2024-2026. 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 on 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. The country has launched their ALMA youth corps.

Impact

The annual reported number of malaria cases in 2023 was 845 and 7 deaths.

Key Challenge

- Maintaining malaria high on the political and funding agenda.
- Heavy rainfall in southern Africa may lead to malaria upsurges in 2025

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.

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Impact	Ensure that there are sufficient supplies and resources to respond to any malaria upsurges during the Q1 2025 malaria season	Q1 2025
Impact	Investigate and address the reasons for the increase in estimated malaria incidence and deaths since 2015, which means that the country is not on track to achieve the 2025 target of a 75% reduction in malaria incidence and mortality	Q4 2025

Reproductive, Maternal, Newborn, Adolescent and Child Health

Progress

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

Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Optimise quality of care	Address the falling coverage of DPT3	Q2 2025		The country has reviewed the major bottlenecks impacting DPT3 coverage. These include: Frequent and prolonged vaccine stock-outs, Delayed payments of vaccine orders; transport and human resource shortages for outreach services to reach hard to reach areas and Data gaps. In response, the country is advocating for timely payment of vaccine orders by government, using community engagement forums to sensitize caregivers/ parents to send children for screening and immunizations for all eligible children and screening of all children for their vaccination status when presenting for health care services by clinicians in facilities. Eswatini is planning a national SIA to address vaccination gaps amongst children and is using the CMIS for defaulter tracking and follow up. Rural Health Motivators are being utilised to inform communities when the vaccine stocks are available, supported also be the media. Clinic health days are being used to promote Immunisation and immunization was provided to eligible children

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 2023, preventive chemotherapy coverage was 0% for schistosomiasis and 71% for soil-transmitted helminths. Overall, the NTD preventive chemotherapy coverage index for Eswatini in 2023 is 3, which represents a slight increase compared with the 2021 index value (0). The country did not organize schistosomiasis MDA in 2023. Eswatini has included Vector-borne diseases in the country Nationally Determined Contribution.





Previous Key Recommended Action

The country has responded positively to the recommended action to implement preventive chemotherapy for schistosomiasis and soil transmitted helminthiasis and reach WHO targets and is working to address these actions.

New Key Recommended Actions

Objective	Action Item	Suggested completion timeframe
NTDs	Establish a Budget line for NTDs	Q4 2025
NTDs	Work to implement preventive chemotherapy for Soil Transmitted Helminthiasis and schistosomiasis and reach WHO targets	Q4 2025

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due