

Scorecard for Accountability and Action



Malaria transmission is seasonal in Eswatini; the annual reported number of malaria cases in 2024 was 362 and 0 deaths.

Metrics

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 resistance monitored since 2020 and data reported to WHO		
% of vector control in the last year with next generation materials		
ACTs in stock (>6 months stock)		
RDTs in stock (>6 months stock)		
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, %)(2024)		65
% of Neglected Tropical Disease MDAs Achieving WHO Targets		50
National Budget Allocated to NTDs		
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2025)	▼	64
DPT3 coverage 2025 (vaccination among 0-11 month olds)		84
Climate Change and VBDs in NDCs		

Source: ALMA

Key

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

Malaria - The Big Push towards 2030

Africa is at the centre of a perfect storm that threatens to disrupt malaria services and undo decades of progress. Countries must act urgently to both prevent and mitigate the adverse effects of the ongoing global financial crisis, decreasing ODA, 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. To get back on track and eliminate malaria, US\$5.2 billion is needed annually to fully finance country national malaria plans, and urgently fill gaps created by the recent reductions in ODA. Extreme weather events and climate change present a significant threat. By the 2030s, 150 million additional people will be at risk of malaria because of warmer temperatures and increased rainfall. Countries must also take action to confront the threats of insecticide and drug resistance, reduced efficacy of rapid diagnostic tests, and the invasive *Anopheles stephensi* mosquito which spreads malaria in both urban and rural areas. 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. WHO have also recently approved the use of Spatial Repellents. 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. Malaria can serve as a pathfinder for primary health care strengthening, climate change and health, and Universal Health Coverage. Countries must work to sustain and increase domestic resource commitments including through multisectoral End Malaria and NTD Councils and Funds, which have raised over US\$245 million to date.

A recent report by ALMA and MNM UK, “The Price of Retreat,” highlights the expected impact of malaria between 2025-2030 on GDP, trade and key sectors for development in Africa. If Eswatini cannot sustain malaria prevention due to reductions in malaria financing, this would lead to an estimated 1,042 additional cases, 11 more deaths, and GDP loss of US\$27.2 million between 2025 and 2030. However, if we mobilise the necessary resources and achieve a 90% reduction in malaria, in Eswatini there will be a US\$1.1 million increase in GDP.

Global Fund Allocation

The Global Fund allocation for Eritrea for Grant Cycle 8 is US\$27.9 million for HIV, tuberculosis, malaria, and health systems strengthening for 2027-2029. The malaria component has been allocated US\$1.7 million. The allocations to the individual disease components are not fixed, and can be adjusted at country level. Eritrea 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 sustain coverage as much as possible.

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, President Advocate Duma Gideon Boko, 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. The country has launched their ALMA youth corps.

Impact

The annual reported number of malaria cases in 2024 was 362 and 0 deaths.

Key Challenges

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

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 continues to track progress ad actions are addressed.

Reproductive, Maternal, Newborn, Adolescent and Child Health

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Optimise quality of care	Address the falling coverage of ARTs in children	Q2 2026

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 2024, preventive chemotherapy coverage was 76% for schistosomiasis and 55% for soil-transmitted helminths. Overall, the NTD preventive chemotherapy coverage index for Eswatini in 2024 is 65, which represents a very substantial increase compared with the 2023 index value (3). The country did not reach WHO targets for Soil Transmitted Helminthiasis. Eswatini has included Vector-borne diseases in the country Nationally Determined Contribution.

Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
NTDs	Establish a Budget line for NTDs	Q4 2025		The country has no budget line for NTDs and is working to integrate all NTD interventions with malaria programme activities and to ensure fully NTD integration in primary health care.

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due