



Independent observer
of the Global Fund

In Swaziland, progress towards malaria elimination

Swaziland could become the first country in sub-Saharan Africa to achieve elimination of malaria should it fully and effectively implement its national strategic plan, Aidspace understands from the head of the National Malaria Control Program, Simon Kunene.

In an interview in March, Kunene declared that the country has developed the “most advanced malaria elimination strategy in all of sub-Saharan Africa”.

Global Fund investment in Swaziland's malaria program had, in the past, supported the purchase and distribution of long-lasting insecticide-treated nets in endemic parts of the country. Other funds under a Round 8 grant allowed for the roll-out in 2010 of rapid diagnostic tests (RDT) to health facilities nationwide and case-based passive surveillance, which helped to reduce the burden of disease.

Strengthening of active surveillance and improved diagnosis, treatment and reporting also helped put Swaziland on track towards elimination. So, too, have investments in integrated vector management, case management, case investigation and transmission containment, alongside a comprehensive education and awareness campaign.

Since 2010, the confirmation rate has increased from 5% to 83% and the number of reported malaria cases has dropped by 90%. Treatment using artemisinin-based combination therapy (ACT) has improved to 100% for uncomplicated cases, and the strengthened surveillance system has helped bring the investigation rate of confirmed cases at the household level to 78%.

What didn't work, however, was the bednet campaign, according to Kunene, which has driven the country's decision to change tactics.

Under the concept note submitted by Swaziland in June 2014, supporting the 2015-2020 NSP, Global Fund resources will shift to information, education and communication activities, according to Kunene, “placing a heavy emphasis on recognition of the signs and symptoms of malaria, early care-seeking behavior and access to prophylaxis”.

The new funding model (NFM) allocation to Swaziland for malaria was \$5.2 million — enough, according to Kunene, to cover costs through 2017. The challenge, therefore, is to ensure enough resources are secured to fully cover the NSP through 2020.

A \$4-million grant signed in January will fund expanded testing and surveillance, distribution of commodities, indoor spraying in malarial regions and rapid response planning for possible outbreaks.

“If we start with malaria it is readily acknowledged that the disease is under control in our country,” Prime Minister Barnabas Dlamini said at the time of signing. “The number of cases has dropped by 90 per cent in the past five years, and the mortality rate has fallen to zero.”

Also important for a country like Swaziland, where local transmission has declined so dramatically, is the expansion and maturation of its entomological surveillance program. This is necessary to paint a more complete portrait of the remaining receptive areas, to better target interventions.

Among the NMCP plans to expand entomological surveillance are the development of an insectarium to study mosquitos and the recruitment of an entomologist to help train NMCP staff on entomological surveillance.

NMCP staff are also deploying nationwide to help train health workers at the facility level in the diagnosis and treatment of malaria, specifically targeting vulnerable groups including pregnant women. Malaria diagnosis and treatment in public health facilities is free of charge.

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