



World Health
Organization

Eswatini

**2022-2023 ESWATINI
BIENNIAL REPORT**



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ACRONYMS

AFP	Acute Flaccid Paralysis
AFRO	AFRO - Regional Office for Africa
AMR	Antimicrobial Resistance
BFHI	Baby friendly Hospital Initiative
CMIS	Client Management Information System
DTG	Dolutegravir
DR-TB	Drug-Resistant TB
EBS	Event Based Surveillance
EHCP	Essential Health Care Package
FCTC	Framework Convention on Tobacco Control
FENSA	Framework for Engagement of Non-State Actors
GEF	Global Environment Facility
GLASS	Global Antimicrobial Resistance Surveillance System
GPW13	General Programme of Work 13
HAI	Health Action International
HCW	Healthcare worker
HRH	Human Resources for Health
IHR	International Health Regulation (2005)
IMNCI	Integrated Management of Neonatal and Childhood Illnesses
IDSR	Integrated Disease Surveillance and Response
IVM	Integrated Vector Management
JEE	Joint External Evaluation
MDRTB	Multi-Drug Resistant Tuberculosis

MOH	Ministry of Health
NAPHS	National Action Plan for Health Security
VCNA	Vector Control Needs Assessment
NCD	Non-communicable Diseases
NHEROP	National Health Emergency Response Operational Plan
NHSSP	National Health Sector Strategic Plan
OPD	Outpatient Departments
PEPFAR	The United States President's Emergency Fund
PHC	Primary Health Care
PHEOC	Public Health Emergency Operations Centre
PLHIV	People Living with HIV
PRSEAH	Prevention of sexual exploitation, abuse, and harassment
PROSE	Promoting Resilience of Systems for Emergencies
RMNCAH	Reproductive Maternal, Neonatal, Child, and Adolescent Health
SADC	Southern Africa Development Community's
SDG	Sustainable Development Goals
STRAGC	Strategic Tool for Risk Assessment at Ground Crossings
SWASA	Swaziland Standards Authority
TB	Tuberculosis
TWG	Technical Working Group
UHC	Universal Health Coverage
UNICEF	United Nations International Children's Fund
VCNA	Vector Control Needs Assessment
WCO	World Health Organization Country Office
WHO	World Health Organization



KEY DEVELOPMENT PARTNERS

We extend our deepest gratitude to all the stakeholders who have contributed to our success over the past two years. Your unwavering support and commitment have been instrumental in our achievements and growth. WHO would like to acknowledge our dedicated employees, whose hard work and innovation continue to drive us forward. Our partners and suppliers deserve special thanks for their reliable service and quality products. Finally, we appreciate the guidance of our African regional office and the support from all emaswati. Together, we have faced challenges and celebrated milestones, and we look forward to another year of shared success and new opportunities.



FOREWORD



Dr Susan Tembo WHO Country Representative, Eswatini

commitment, integrity, collaboration, compassion, and excellence. Their tireless efforts have been instrumental in addressing the health challenges faced by Eswatini. We extend our heartfelt gratitude to them for their unwavering dedication.

We also wish to express our sincere appreciation to the Government of the Kingdom of Eswatini for its ongoing support and commitment to promoting health, ensuring access to health services, and serving the vulnerable. The collaborative partnership between partners, stakeholders, WHO and the Kingdom of Eswatini has been crucial in achieving the milestones outlined in this report.

Dear colleagues, partners, stakeholders, and EmaSwati, It is with great pleasure that I present to you the Biennial Report for 2022-2023, a comprehensive account of the World Health Organization's (WHO's) significant achievements and challenges over the past two years. Our unwavering commitment to supporting Eswatini in addressing its diverse health challenges has remained steadfast.

The report underscores the enhanced leadership role of WHO in the country. Central to this success is the commendable work of our WHO staff, who exemplify the values of

Together, we are forging a path towards a healthier and safer future for all EmaSwati, building trust with the government and our partners. In conclusion, this Biennial Report serves as a beacon of resilience, reflecting not only the challenges faced but also the triumphs achieved in the pursuit of better health outcomes for the people of Eswatini.

May this report inspire continued dedication and collaboration as we collectively strive towards a world where health and well-being are accessible to all.

Enjoy the read.



WHO staff posing for a photo during a retreat in South Africa

EXECUTIVE SUMMARY

In line with its mission to promote health and ensure global safety, the World Health Organization (WHO) has focused its efforts in Eswatini on delivering measurable improvements to health. The heart of WHO's strategy lies in the ambitious targets, aiming to benefit one billion more people in terms of health and well-being, universal health coverage, and protection from health emergencies by 2023. These targets, rooted in the Sustainable Development Goals, guide WHO's approach through leadership, global public health goods, technical products, and country support.

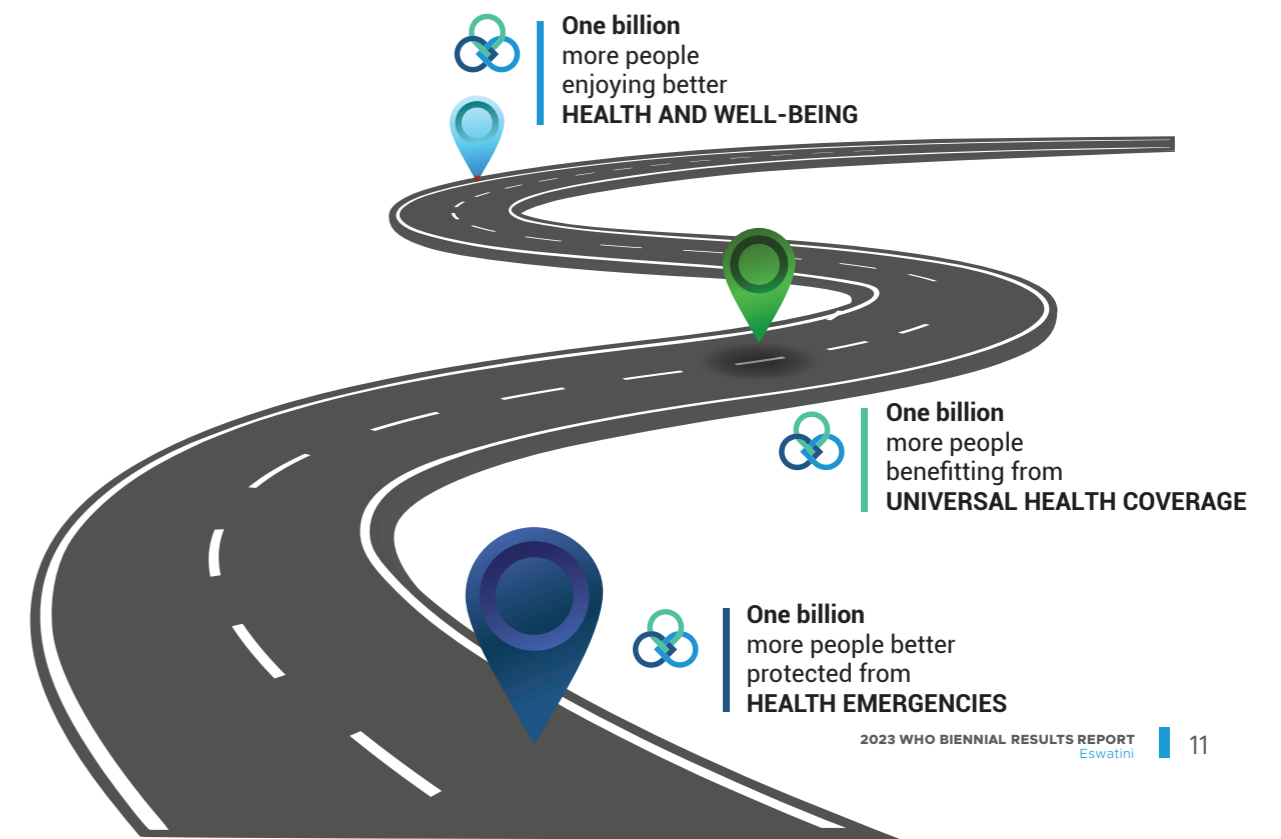
The biennium 2022-2023 witnessed WHO's significant strides in Eswatini, with a dedicated focus on achieving the triple billion targets. This results report, employing both quantitative and qualitative methodologies, reflects the organization's commitment to accountability. This comprehensive analysis highlights the achievements and challenges encountered in pursuit of these targets.

WHO's agile execution, meticulous adherence to strategic plans, and the availability of resources ensured the effective delivery of

planned results. The organization took the lead in technical aspects, fostering collaboration with partners. This collaborative approach, persisting throughout the biennium, underscores WHO's leadership role in achieving health-related goals.

Brokering partnerships, securing additional resources, and aligning activities with global frameworks, such as UN reforms and the United Nations Sustainable Development Cooperation Framework, demonstrated WHO's pivotal role. The Comprehensive Country Strategy provided a roadmap for successful implementation, guiding WHO's impactful work in Eswatini.

In conclusion, WHO's commitment to improving public health outcomes and strengthening health systems in Eswatini is evident through its achievement of triple billion targets and operational efficiency. The organization's strategic approach and collaborative efforts showcase a dedication to driving positive change and ensuring a healthier and safer future for the people of Eswatini.





World Health
Organization

Eswatini



WHO representative Dr Susan Tembo presenting medical supplies worth E3.1 million to Minister of health Honorable Mr Mduduzi Matsebula

KEY ACHIEVEMENTS IN THIS BIENNIUM

- 1. Launch of the Country Cooperation Strategy (CCS):** This strategy outlines WHO's collaboration with the Government over the next five years, aligning with the National Development Plan 2019-2022. The key priority areas include:
 - o Quality service delivery
 - o Prevention and control of communicable and non-communicable diseases
 - o Equitable, integrated health services across the life course
 - o Multisectoral approaches for healthier populations
 - o Enhanced health security and disaster preparedness and response
- 2. Support in Conducting National Health Accounts (NHA):** The WHO assisted the Ministry of Health in conducting an NHA on health expenditure from 2018-2020. This will aid the government in evidence-based planning and resource allocation.
- 3. End Term Evaluation of the National Health Sector Strategic Plan:** Eswatini conducted an end term evaluation of the National Health Sector Strategic Plan (2018-2023) to inform the development of the next strategic plan.
- 4. Launch of the Human Papillomavirus (HPV) Vaccine:** Eswatini introduced the HPV vaccine to protect girls aged 9 to 14 from contracting cervical cancer.
- 5. Successful Conduct of a COVID-19 Vaccine Post-introduction Evaluation (cPIE):** Eswatini became the first country in the African region to successfully conduct a cPIE
- 6. Eswatini received the inaugural pair of technical experts as part of the Multi-Country Assignment Teams (MCAT),** an initiative by WHO. This transformation agenda initiative is designed to provide real-time, continuous, and high-level health technical support to countries in a cohesive manner, enabling them to implement strategies based on their unique priorities and needs. These technical officers are set to provide both in-person and virtual support in the areas of Reproductive ,Maternal ,Newborn , Child Adolescent Health and Nutrition (RMNCAH-N) and Malaria and vector-borne disease control in Eswatini. Their arrival marks a significant step forward in our collaborative health efforts.

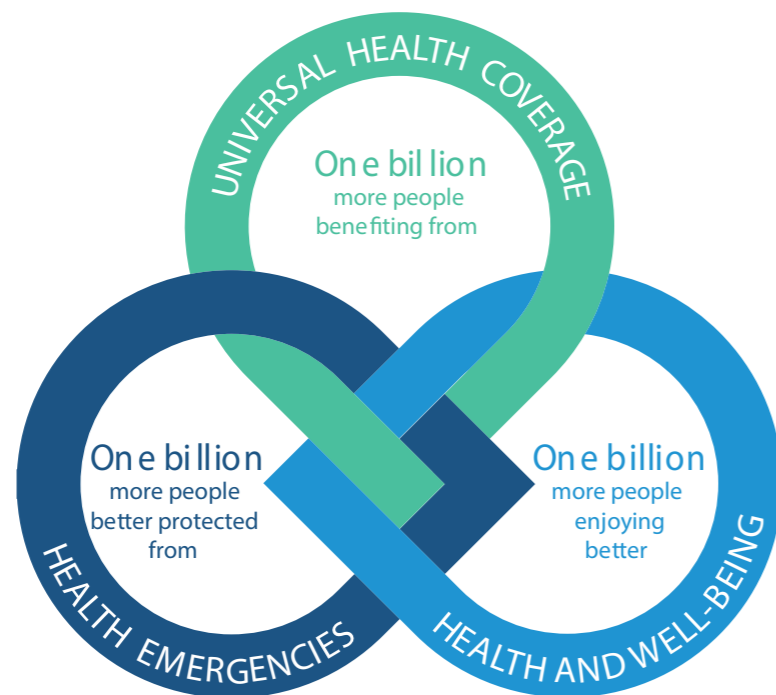
1 INTRODUCTION

Five years ago, WHO initiated efforts to enhance its impact in Eswatini through the Thirteenth General Programme of Work, 2019–2023 (GPW 13), later extended to 2025. During this period, measurable triple billion targets were established based on the Sustainable Development Goals, and a results framework was implemented to measure country progress.

In the aftermath of the COVID-19 pandemic, WHO played a crucial role in Eswatini by identifying and addressing health gaps. The focus extended beyond immediate recovery to strengthen overall health systems. The strategic approach included a comprehensive effort to combat both communicable and non-communicable diseases, placing specific emphasis on addressing challenges related to HIV/AIDS, tuberculosis, malaria, vaccine-preventable diseases, sexual and reproductive health, and the pursuit of universal health coverage.

In the period from 2022 to 2023, WHO made significant strides in Eswatini, commemorating its 75th global anniversary and 50 years of collaboration with the Ministry of Health in the Kingdom. The primary objective remained ensuring universal health coverage for all emaSwati and achieving Sustainable Development Goal 3 of Good Health and Well-being.

The End of Biennium (EOB) review for the Programme budget 2022–2023 provides a comprehensive assessment of progress toward the triple billion targets, outcomes, and outputs. The focus is on deliverables planned for the biennium and the main results observed in the two years. This thorough approach sets the stage for continued progress in global health initiatives in Eswatini, ensuring that the achievements and impact of WHO's work are clearly evaluated and contribute to the ongoing improvement of health outcomes in the country.



PROGRESS ON THE TRIPLE BILLION TARGETS AND THE SUSTAINABLE DEVELOPMENT GOALS



Universal Health Coverage

Progress in achieving universal health coverage in Eswatini has faced challenges due to disruptions caused by the COVID-19 pandemic. While some indicators, notably increased HIV service coverage, show positive recovery, measures for routine childhood vaccination, malaria, tuberculosis,

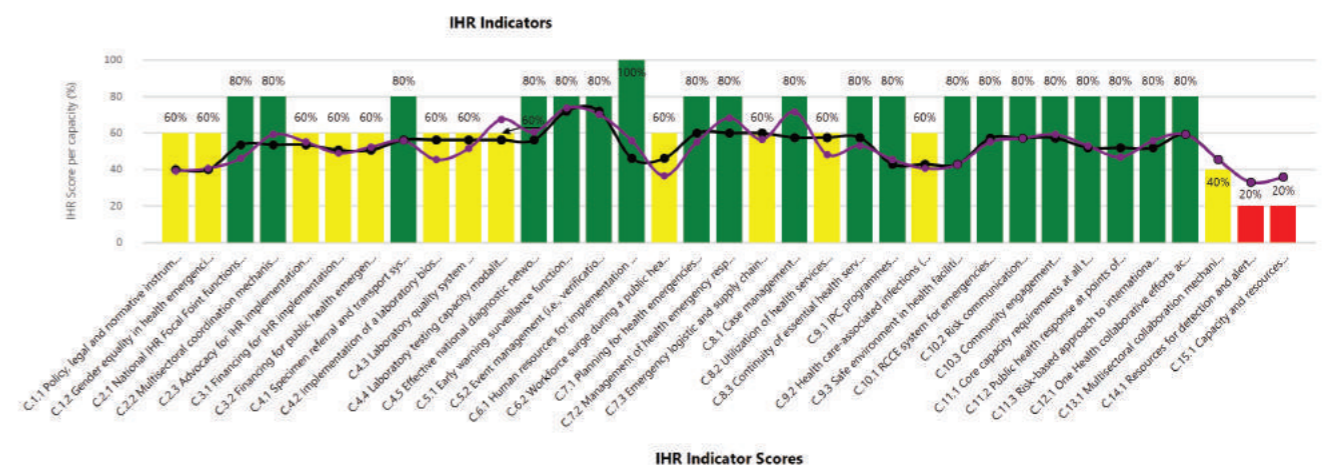
noncommunicable diseases, and preventive services lag. Financial hardship indicators have also worsened. WHO is actively working to address these gaps and ensure that health services reach all emaSwati, aligning with the goal of universal health coverage by 2025 and Sustainable Development Goals by 2030.



Health emergencies

In the realm of health emergencies protection, progress is underway but faces challenges in meeting the billion target by 2025. Improvements in preparedness, measured through core capacities related to the International Health Regulations (2005), have

positively contributed. Ongoing efforts are being made to assess the best ways to measure health emergencies protection, including timeliness targets for detection, notification, and response to health emergencies

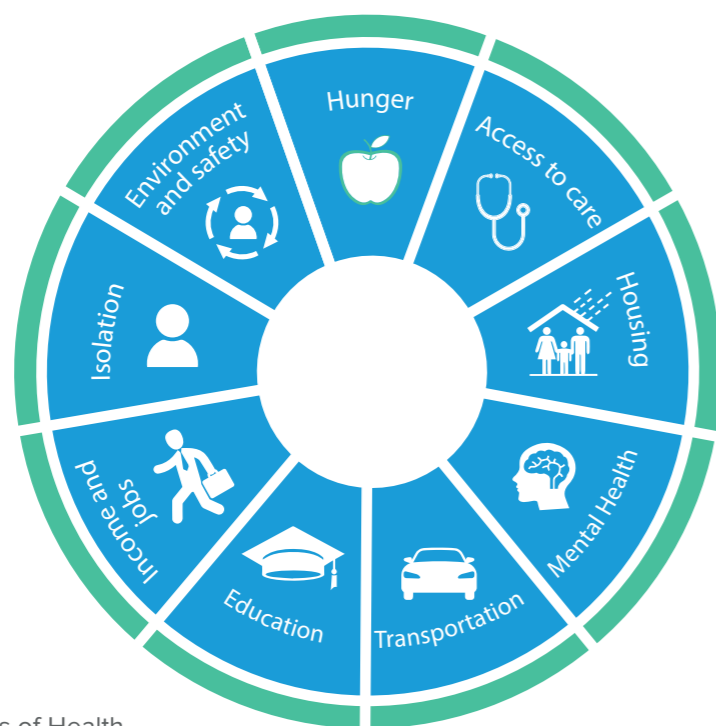




 **Health determinants**

Addressing determinants of health for healthier populations remains a focus for WHO in Eswatini. While substantial progress has been made, especially through multisectoral policy actions, challenges persist. Although the policy actions, challenges persist. Although the target for healthier populations is

likely to be met by 2025, achieving related Sustainable Development Goals by 2030 may require intensified efforts. Challenges such as high global tobacco use prevalence, rising adult obesity rates, and unaddressed air pollution underscore the need for continued intervention and policy measures.




Social Determinants of Health

 **Partnerships**


WHO's transformation initiative has strengthened its ability to respond to the challenges posed by the COVID-19 pandemic in Eswatini. The organization has embraced equity-focused leadership, inclusive governance, an agile workforce, and innovative platforms for science. Enhanced resource mobilization, data-driven practices, and

strategic partnerships contribute to WHO's effectiveness and efficiency. The output scorecard provides a methodical measurement of progress towards the Triple Billion targets, ensuring transparency and accountability for results, ultimately guiding WHO's impactful support to countries like Eswatini


1.2 OUTCOME HIGHLIGHTS




HIV Targets
94-97-96




HIV incidence
0.62 (2021).



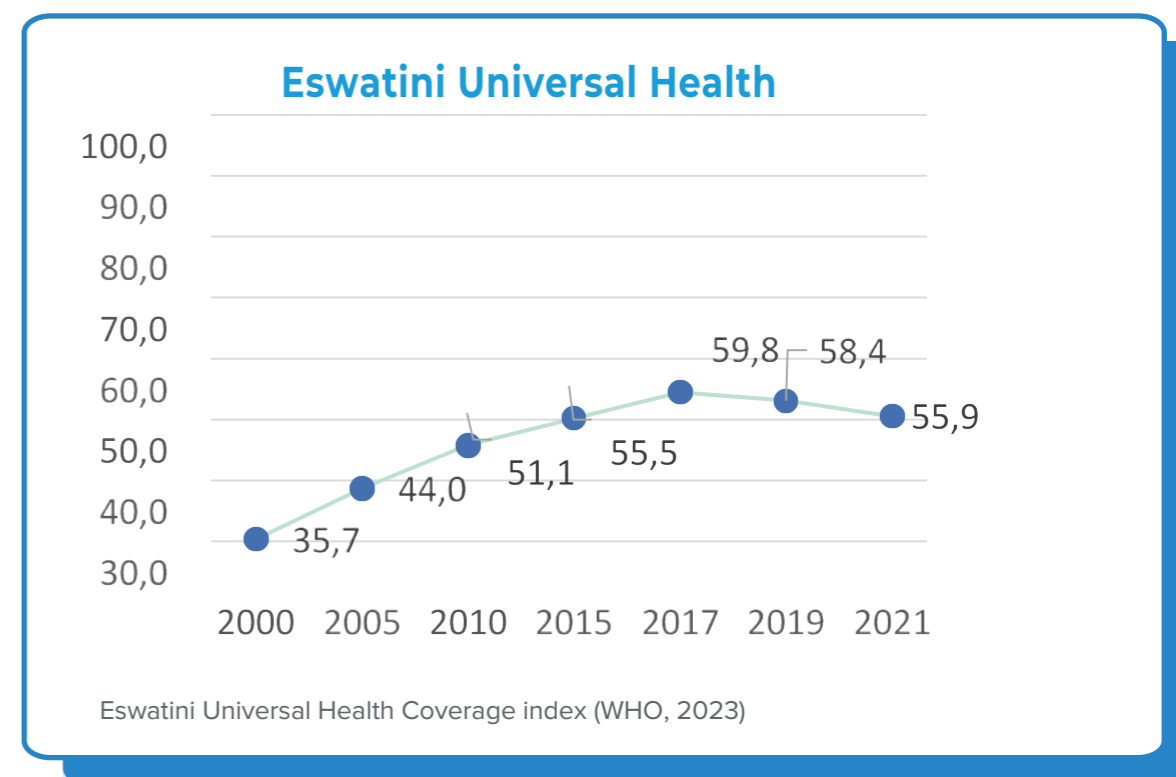
Mother-to-child transmission of HIV
1.3%

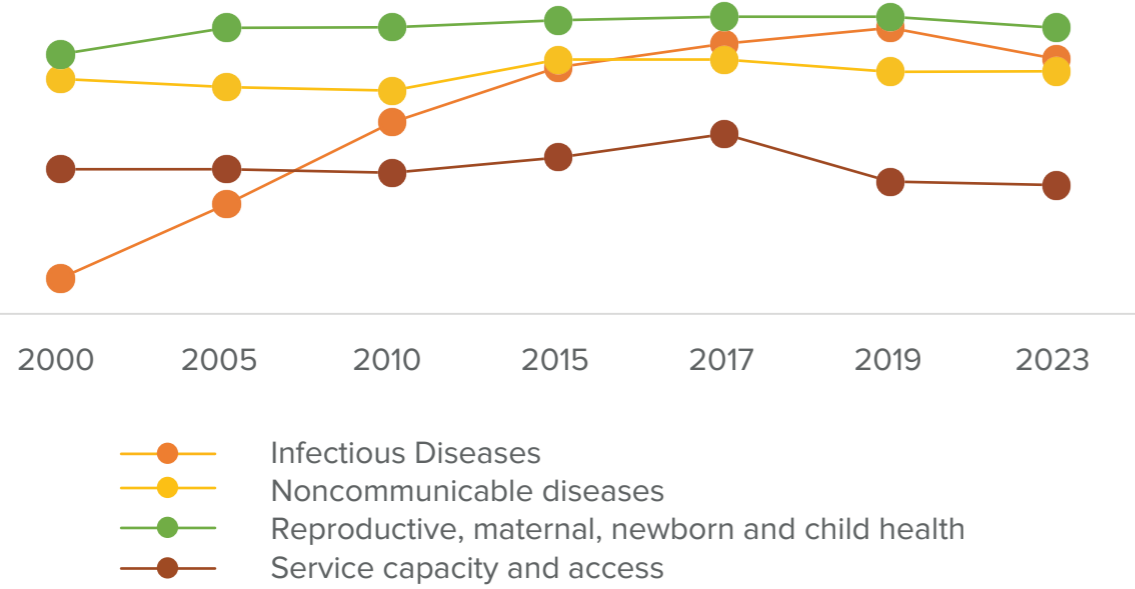


TB incidence
325/100,000 population (2022).



Cervical cancer
HPV coverage
zero to 61.7%





UHC Service Coverage sub-index (WHO, 2023)

Indicator	Baseline	End term Target	Actual Performance	% Difference Actual Vs Baseline	% Difference (Actual Vs Target)	Progress to Target	Progress rating
Life Expectancy at birth in years (All)	61.185	63.5	63	2.97%	-0.79%	99	●
Life Expectancy at birth in years Male	58.85	61	61	3.65%	0.00%	100	●
Life Expectancy at birth in years Female	63.52	66	65	2.33%	-1.52%	98	●
Maternal mortality ratio per 100,000 women SDG3.1.1	452	202	452	0.00%	-55.31%	45	●
Neonatal mortality rate per 1,000 live births SDG 3.2.2	20	12	21	-4.76%	-42.86%	57	●
Under 5 Mortality Rate per 1,000 live births SDG 3.2.1	74	37	41	80.49%	-9.76%	90	●
1,000 live births SDG 3.2.1 Infant Mortality Rate per 1,000 live births	53	27	35	51.43%	-22.86%	77	●





2

HIGHLIGHTED ACCOMPLISHMENTS IN 2022-2023

This section highlights the significant achievements that have propelled us towards the attainment of the triple targets. This segment outlines the concrete outcomes and milestones achieved during the biennium, showcasing the impactful contributions of the WHO. It delves into the strategic efforts, innovative approaches, and collaborative endeavors that have directly influenced the positive trajectory of WHO. By emphasizing the specific accomplishments, we not only celebrate our collective successes but also provide a clear and tangible account of how WHO has played a pivotal role in realising the health sector overarching goals.

2.1 IMPROVED ACCESS TO QUALITY ESSENTIAL HEALTH SERVICES



Limited investment in basic health care and universal health coverage, along with inadequate health resources and shortage of healthcare workers, can affect people's health. The COVID-19 pandemic made things more challenging, with some services being stopped or reduced, and people hesitating to get healthcare.

To tackle these problems, all health systems worked to fix the disruptions caused by COVID-19. They aimed to bring back good-quality health services and make sure people could get the care they needed. Despite the difficulties caused by the pandemic, the country still managed to make progress and achieve new goals in making sure everyone has access to healthcare.

2.1.1 ESSENTIAL HEALTH SERVICES DELIVERY

The central emphasis of WHO's work lies in the delivery of Integrated Essential Quality Services. This strategic priority is dedicated to bolstering the delivery of comprehensive, person-centered, high-quality, and inclusive health services through a primary health care framework, regardless of gender, age, or disability. WHO actively champions health policies that advance gender equality, uphold human rights, and provide social protection, including efforts to prevent gender-based violence and suicide.

review delved into epidemiology, environmental, economic, and political factors shaping health challenges and opportunities.

Structured around five objectives, the review navigated through: i) assessing intervention progress, ii) identifying resources and challenges, iii) gauging health system performance, iv) documenting lessons learned, and v) shaping recommendations. With a multi-stream approach, the review encapsulated diverse perspectives, addressing NHSSP indicators, strategic priorities, and contextual factors influencing health systems.

National Health Sector Strategic Plan 2019-2023 End Term Review

As the curtain fell on the National Health Sector Strategic Plan 2019-2023 (NHSSP) implementation, the Ministry of Health (MoH) and partners embarked on an essential journey—conducting the End Term Review to pave the way for the next generation health sector strategic plan. Recognising the dynamic shifts in the health sector's contextual environment, the

Under the coordination of the Monitoring and Evaluation (M&E) Unit, a technical team, aided by WHO support, undertook the comprehensive review. Guided by the NHSSP structure and the WHO AFRO (WHO Africa Regional Office) Framework of Actions, the review unraveled successes, challenges, and opportunities, steering the health sector toward a resilient and responsive future.

Priority areas	Fully Implemented	No Information	Not Implemented	Partially Implemented	Total
Governance	0 (0%)	0	7	11	18
Health financing	0 (0%)	0	8	8	16
Health information and knowledge management	7 (14.6%)	0	11	30	48
Health infrastructure, equipment and transport	1 (5.3%)	0	5	13	19
Maintaining an effective health workforce	2 (10%)	0	4	14	20
Managing medical and health conditions	34 (51.5%)	3	13	16	66
Monitoring and evaluation.	0 (0%)	0	3	2	5
Prevention and control of communicable diseases	32 (43.8%)	0	5	36	73
Prevention and control of non-communicable diseases	8 (15.7%)	0	13	30	51
Promoting health through the life course	11 (19.3%)	0	11	35	57
Public health emergency preparedness and response	20 (41.7%)	0	6	22	48
Total	115	3	86	217	421
% of all the strategies	27.3	0.7	20.4	51.5	100

The 51.5 % interventions were partially implemented, but only 27% of total interventions were fully implemented. Less than 1% of all total interventions did not have the information about implementation status. This might be one of the areas to improve in managing interventions.



Primary Health Care assessment (PHC)

WHO in collaboration with United Nations International Childrens Fund (UNICEF) played a pivotal role in advancing Primary Health Care (PHC) in Eswatini. A baseline assessment was conducted, culminating in a comprehensive report endorsed by the Ministry of Health (MOH) and shared with key stakeholders. This evidence-based document informed strategic decisions, shaping the trajectory of healthcare in the nation.

Subsequently, a roadmap and investment case for PHC were crafted, offering tangible solutions for system strengthening. The Ministry embraced these recommendations, reinforcing commitment to healthcare improvement.

WHO generated a policy brief for MOH leadership, empowering them to advocate for increased resources for PHC. This advocacy, rooted in the findings of the assessment positioned PHC as a priority, garnering support from various stakeholders. Importantly, the assessment laid the foundation for Eswatini's next generation Health Sector Strategic Plan, aligning with the global PHC framework.

Review of the Essential Healthcare Package

The World Health Organization (WHO) made a significant impact in Eswatini by supporting the review of the Essential Health Care Package (EHCP), a crucial step towards achieving Universal Health Coverage (UHC). The rationale for this review is to review the existing Essential Health Care package so as to ensure updated quality health services are accessible to the population in both routine and shock events. The essential package, which is in the process of development is a vital stride towards this goal, encompassing a comprehensive set of interventions for all age groups and across public health functions. Unlike previous approaches that focused on selected conditions or age cohorts, this new strategy aims to deliver packages for everyone everywhere.

The WHO's involvement ensured that the review process was guided by global expertise and standards. As a result, Eswatini is poised to enhance its healthcare system, offering a more inclusive and comprehensive range of services to its citizens. This collaborative effort exemplifies the WHO's commitment to improving healthcare and promoting health equity in Eswatini.



Infection Prevention and Control (IPC) Capacity Building

The World Health Organization (WHO) has played a crucial role in enhancing Infection Prevention and Control (IPC) measures, fostering a safer healthcare environment. Mobilizing Personal Protective Equipment (PPE) through the WHO Headquarters (HQ) and the Kenya Hub significantly improved compliance with IPC measures in health facilities. The introduction of Facility and Community Score Cards, coupled with orientation for healthcare workers, facilitated community engagement and accountability.

WHO's impact extended to the development of a national multiyear IPC operational plan, aligning with WHO resolutions and strategic plans for safe healthcare. Guiding documents, including plans, Standard Operating Procedures (SOPs), IPCAT tools, monitoring and evaluation

frameworks, and health worker protection tools, were developed or reviewed to ensure comprehensive IPC implementation.

Health workers from selected facilities underwent tailored training and mentoring on IPC, addressing identified gaps. IPC minimum requirement tools were adapted for facility-level use, and 20 trainers and IPC champions received updates. Through WHO-supported training, 356 healthcare workers were empowered on IPC, leading to the development of improvement plans for identified gaps in 312 out of 327 facilities. Commemorating Hand Hygiene Day in communities and schools further reinforced IPC awareness.

With the strengthened capacity of healthcare workers and the implementation of comprehensive IPC documents, the country is better prepared to combat healthcare-associated infections, disease outbreaks, and emergencies, ensuring a safer healthcare environment for all.

Health financing

In collaboration with AFRO, the World Health Organization (WHO) conducted a swift assessment of Phalala funding and the broader health sector financing mechanism in Eswatini. With AFRO's assistance, a dedicated team ensured a thorough examination to enhance financial effectiveness.

WHO, with technical support from AFRO and an International consultant, successfully conducted National Health Accounts for 2018/2019 and 2019/2020. The finalised report has been submitted to the Senior Management Team, marking a crucial step toward informed decision-making. Once endorsed, the report will be disseminated widely, contributing to transparent and accountable health financing practices.

Additionally, WHO prioritized capacity building by training 30 health financing experts on the institutionalization of National Health Accounts. This training empowers experts with the skills needed for sustainable health expenditure tracking, ensuring the continuous monitoring of the data without waiting for a National Health Account to be conducted once in two or three years. It will avoid the expensive survey approach and the information will be more

available for decision making. The process of institutionalization will continue in the next biennium too. WHO's efforts showcase a commitment to strengthening health financing structures, paving the way for improved healthcare accessibility and outcomes.

Human Resources for Health capacities

The World Health Organization (WHO) has significantly impacted Human Resources for Health (HRH), ensuring a robust healthcare workforce. Approximately 160 newly recruited health workers were oriented on government health policies, promoting alignment with health service delivery packages.

In collaboration with the Ministry of Health, the WHO played a pivotal role in aligning the HRH strategic plan with the Southern Africa Development Community's (SADC) 2020-2030 strategic plan on health labour market analysis. This not only enhanced regional alignment but also provided evidence-based insights for informed decision-making.

Additionally, the WHO supported the thorough review of the HRH operational plan for 2022/2023, ensuring its effectiveness. They also assessed the implementation status of the HRH Strategic Plan 2019/2023, producing a comprehensive report with valuable recommendations. These actions demonstrate the WHO's commitment to strengthening healthcare systems by optimising human resources and strategic planning.

Support to Laboratory and diagnostics

The World Health Organization (WHO) has made a tangible impact in Eswatini by supporting laboratory and diagnostics initiatives. Four laptops and projectors were procured, facilitating the decentralisation of blood donation to regional levels, enhancing accessibility and efficiency.

In collaboration with local stakeholders, the WHO conducted a baseline assessment for radiology and imaging in Eswatini. This laid the foundation for the development of a five-year strategic document, shaping the future of diagnostic services in the country.

Furthermore, the WHO is actively involved in establishing the Eswatini Society of Medical Imaging Technologists, a significant step

towards professional recognition. This society, once registered by the Ministry of Labour and Social Security, will play a crucial role in advancing standards and collaboration in the field.

These interventions showcase the WHO's commitment to strengthening diagnostic capabilities, promoting accessibility, and fostering professional development in Eswatini's healthcare system.

Antimicrobial Resistance

The World Health Organization (WHO) has made significant strides in the fight against Antimicrobial Resistance (AMR), in Eswatini. Through targeted efforts, WHO supported the capacity development of 200 stakeholders, including media houses, animal and human health, and environmental officials. These stakeholders were equipped with the knowledge to address AMR challenges effectively.

WHO played a pivotal role in shaping the future of AMR coordination, supporting the development of the AMR Coordinating Committee's (AMRCC) Annual Workplan. The terms of reference for the committee were thoroughly reviewed, ensuring a solid foundation for their crucial work. Additionally, six members of the AMRCC received capacity development on multisectoral coordination of AMR, enhancing their ability to tackle the issue comprehensively.

Collaborating with the Ministry of Health (MOH) and the AMR Technical Working Group (TWG), WHO facilitated their registration in the Global Antimicrobial Resistance Surveillance System (GLASS) reporting platform. This step bolstered data collection and analysis capabilities. Furthermore, WHO supported the MOH in coordinating and completing the Tripartite AMR Country Self-Assessment questionnaire, contributing to a comprehensive understanding of the country's AMR landscape.

In a collaborative effort, WHO facilitated the MOH and AMR TWG's participation in a specialised training on the GLASS methodology for national surveillance of antimicrobial consumption. This training empowered the teams with the tools and knowledge needed for effective monitoring and control of antimicrobial usage. Through these impactful initiatives, WHO has been instrumental in building a resilient health system ready to combat the threat of AMR.



2.1.2 CONDITION AND DISEASE-SPECIFIC SERVICE COVERAGE

The World Health Organization (WHO) played a crucial role in disease prevention and control by emphasising the strengthening of health systems. During the biennium the focus ensuring universal demand and access to affordable, high-quality services for both communicable and non-communicable disease prevention and control. WHO enabled delivering services that are not only of top-notch quality but are also equitable, integrated, and patient-centered aimed at addressing the unique healthcare needs of individuals, ensuring that preventive measures and control services are accessible to everyone on a large scale. By prioritising these aspects, WHO contributed significantly to building resilient health systems that effectively combat both communicable and non-communicable diseases in Eswatini.

HIV/AIDS, HEPATITIS and SEXUALLY TRANSMITTED INFECTIONS

HIV, Hepatitis and Sexually Transmitted Infections continue to pose a significant challenge to public health in Eswatini. WHO is actively engaged in addressing this issue. WHO collaborated with the Ministry of Health and partners to implement targeted strategies outlined in the national health sector plans towards achieving the ambitious goal of ending AIDS, viral hepatitis B and C, and sexually transmitted infections by the year 2030. The collaborative efforts have yielded positive outcomes, as reported results indicate progress in the fight against these diseases. Emphasising the importance of inclusivity, the WHO ensured that responses were tailored to reach and benefit the individuals most affected and at risk for each disease, thereby addressing existing health inequities. This approach leveraged innovations and new knowledge to enhance the effectiveness of interventions, aligning with the broader goals of universal health coverage and primary health care





Former Ministers of Health posing for a picture during the 2023 World Health Day celebrations

Eswatini's Triumph: A Decade of Excellence in Ending HIV/AIDS

Eswatini stands as a beacon of success in the global fight against HIV/AIDS, making remarkable progress towards the goal of ending AIDS as a public health threat by 2030. The kingdom is the first African country to surpass the 95-95-95 global HIV treatment targets in 2020, has achieved outstanding results. With 94% of adults aware of their HIV status, 97% on Anti-Retroviral Therapy (ART), and 96% achieving viral suppression, Eswatini has set a standard for effective HIV response.

The number of new HIV infections has steadily declined from 14,000 in 2010 to 4,300 projected in 2023, and HIV-related deaths have significantly dropped. The success is attributed to strong leadership, both political and within the Ministry of Health, coupled with the presence and support of the World Health Organization (WHO) in Eswatini. WHO's technical leadership and assistance played a pivotal role in shaping policy dialogues,

developing strategic plans, and implementing the National HIV investment case. The organization's recommendations have been instrumental in Eswatini's early adoption of HIV treatment guidelines, including the introduction of more tolerable fixed-dose combinations, phasing out certain medications, and implementing the WHO treat-all policy.

WHO's involvement extended to task shifting, decentralisation of ART services, and technical assistance for laboratory services. The introduction of Nurse-led ART initiation, decentralized viral load testing, and adapting policies based on WHO recommendations significantly improved treatment coverage and monitoring. A crucial moment in Eswatini's success was the collaboration with WHO in conducting a HIV drug resistance survey. The results prompted a policy shift towards the introduction of the potent Dolutegravir-based regimen, contributing to viral suppression rates exceeding 95%.

Eswatini remains committed to adopting evidence-based recommendations from WHO, pushing towards achieving and sustaining the 95-95-95 targets across all population groups and sustaining the gains. The kingdom's decade-long journey exemplifies resilience, patient-centered care, and a collective determination to overcome the challenges posed by HIV/AIDS.

HIV testing services

In Eswatini, the World Health Organization (WHO) has played a crucial role in advancing HIV Testing Services (HTS), resulting in remarkable achievements. The country has achieved a 94% awareness rate of People Living with HIV (PLHIV) about their HIV status, showcasing significant progress.

To enhance HIV testing coverage, Eswatini has effectively implemented index testing, achieving an impressive acceptance rate of 99%. The country strategically distributes HIV Self Testing in targeted entry points such as Antenatal Care (ANC), Outpatient Departments (OPD), Index Testing/caregiver-assisted settings, pharmacies, and pre-exposure prophylaxis (PrEP) centres. Notably, the age of consent for HIV self-testing has been reduced from 16 to 12 years, promoting accessibility and early awareness.

Eswatini utilises an Electronic Client Management Information System (CMIS) to track individual testing history, clinical care, and prevention services across healthcare facilities. The HIV testing positivity rate is maintained below 5%, indicating effective testing strategies. With WHO's support, the country is conducting a verification study to adopt an HIV 3-test strategy.

Challenges persist, particularly in reaching men aged 25-34 and key populations, where testing coverage remains below the national average. WHO remains committed to addressing these challenges and supporting ongoing improvements in HIV testing services.

HIV Prevention

In Eswatini, the World Health Organization (WHO) has played a pivotal role in advancing HIV prevention efforts, particularly in the successful implementation and scale-up of Pre-Exposure Prophylaxis (PrEP). The number of PrEP users has seen a remarkable increase, rising from 2 200 in 2018 to 36 436 in 2023, with 72% being females aged 15-29 years.

WHO has been a key technical supporter in introducing and expanding PrEP options in the country. Since the introduction of oral PrEP in 2018, the number of health facilities offering PrEP has surged from 22 in 2017 to 204 in 2023. PrEP is now accessible in various entry points, including Sexual and Reproductive Health units and outreach initiatives targeting key populations and adolescent girls.

Eswatini has embraced innovative prevention methods, adopting the Dapivirine ring and CAB-LA as policy, with plans for broader implementation in 2024. With support from global fund and PEPFAR, the country is set to roll out these additional options. A demonstration study of the dapivirine vaginal ring is currently underway in seven facilities, offering individuals a choice between oral PrEP and the PrEP ring.

WHO's collaboration with the Ministry of Health (MOH) has extended to the development and launch of a comprehensive PrEP communication, advocacy, and behavior change strategy to boost awareness and demand. The introduction of HIV Prevention Ambassadors, promoting peer-led PrEP literacy and adherence support, adds a community-driven approach to prevention efforts.

Challenges, including low uptake, continuation rates, and stockouts, are being actively addressed. The country is conducting a study to assess the risk of HIV drug resistance among individuals acquiring HIV during or after PrEP use, demonstrating a commitment to refining and optimizing HIV prevention strategies. WHO continues to be a vital partner in these efforts, contributing to the positive trajectory of HIV prevention in Eswatini.

HIV treatment

In collaboration with the Ministry of Health, the World Health Organization (WHO) has made substantial strides in advancing HIV management in the country, resulting in impactful outcomes. Updated and comprehensive HIV Integrated Management Guidelines were launched in February 2023, covering Prevention, Treatment, Care, Non-Communicable Diseases (NCDs), and guidance on Antiretroviral Therapy (ART) toxicity monitoring.

The introduction of Point of Care viral load testing in seven facilities signifies a crucial advancement. The country, with support from WHO and CDC, initiated an Acquired HIV Drug Resistance (CADRE) study, contributing valuable insights for effective treatment strategies.

Efforts to monitor and respond to HIV drug resistance have further materialized in the development of HIV drug resistant prevention strategy for 2024-28, set for launch in 2024. The integration of Differentiated ART Service Delivery (DSD) indicators into the Client Management Information System (CMIS) has enhanced monitoring. In 2023, three out of five high-volume sites transitioned to CMIS, leading to improved reporting and the production of quarterly program performance fact sheets.

While progress continues, challenges in reporting key populations and HIV index testing persist. Ongoing plans include system enhancements and training for service providers to collect and report data on key populations in the electronic system, ensuring comprehensive and inclusive HIV management strategies.

Eswatini steps up progress towards zero new HIV infection status by 2030

Mbabane – Eswatini has made great strides in its response to HIV. New HIV infections have fallen steadily over the years, from 14 000 in 2010 to 4800 in 2020, and are projected to drop to 4300 by the end of 2023.

The country's core set of HIV prevention strategies include increasing the uptake of high-impact services such as HIV testing and counselling, HIV treatment, prevention of mother-to-child transmission, post-exposure prophylaxis, condom use and voluntary medical male circumcision. In 2018, the country piloted the rollout of pre-exposure prophylaxis, the use of an antiretroviral medication by HIV-negative people to reduce their risk of acquiring HIV.

With support from World Health Organization (WHO), Elizabeth Glaser Paediatric AIDS Foundation, the United States President's Emergency Fund for AIDS Relief (PEPFAR), Georgetown University and other partners, the Government of Eswatini has bolstered the use of PrEP among people at higher risk of HIV infection. It is now available from over 200 health facilities.

In 2019, 49-year-old Simangele Dlamini visited her local primary health care clinic for a routine check-up. She saw a poster in the waiting room promoting pre-exposure prophylaxis (PrEP) for the prevention of HIV. The posters piqued her interest because she did not know the HIV status of her partner and suspected he had other sexual partners.

After discussions with the health workers, Dlamini decided she would take PrEP, in the form of an oral pill, to protect herself from HIV. For four years she has faithfully taken her medication. "I take PrEP always to be safe," she says. "It makes me confident whenever I come to test knowing that I am negative."

Initially, Eswatini introduced oral PrEP in 22 facilities to assess acceptability and feasibility during an 18-month-period and to monitor side-effects and how many people still acquired HIV while using the method.

"We found that PrEP was feasible and acceptable, and also that expanding access encouraged more people to know their HIV status," says Sindy Matse, Acting Programme Manager at Eswatini's National AIDS Programme.



"This provided an opportunity for clients to discuss individual risks, and increased understanding and awareness of HIV risk.

WHO supported the Ministry of Health to train around 30 national implementing partners from the United States President's Fund for AIDS Relief. The trainers then trained health workers in 100 facilities, while WHO trained a further 100 health care workers from other sites, including private, mission and military facilities. Faith Mamba, a midwife at Siphocosini clinic in Hhohho District receives routine refresher trainings from these partners. The last training was on how to administer event-driven PrEP, which is effective in reducing the likelihood of men acquiring HIV during sex. A man takes oral PrEP for approximately three days before anticipated sex.

"I feel valuable," says Mamba. At least I help somewhere. I always encourage people to use protection despite using PrEP."

According to Gezani Mamba, senior HIV adviser at the Elizabeth Glaser Paediatric AIDS Foundation, reducing new HIV infections in the country, given the high HIV incidence back in 2016, was of critical importance. "Since the introduction of PrEP, new HIV infections have reduced significantly," he says.

The number of PrEP users is on the rise, from 2200 in 2018 to 32 750 clients in 2022, surpassing the target of 20 000 clients for that year. And the number of health facilities providing PrEP rose from just 22 in 2017 to 204 in 2022.

Eswatini is currently piloting the introduction of the dapivirine vaginal ring in eight facilities. The flexible silicone ring is worn inside the vagina for a period of 28 days, after which it is replaced by a new ring. The ring works by releasing the antiretroviral drug dapivirine from the ring into the vagina slowly over 28 days. By mid-to-late 2024, the ring will be rolled out to all facilities. The country is also planning to roll out an injectable PrEP method.

Dlamini is positive about these innovations in HIV prevention. "The vaginal ring would be nice since the clinic sometimes experiences drug stock outs," she says. "Also, women want to be part of new innovations, like how men can use event-driven PrEP two hours before having sex."

For now, Dlamini is happy to continue to take her pill. She says her family knows that she uses PrEP and that she will continue to take the pill. "To remain negative for as long as I can," she affirms.

TUBERCULOSIS

The World Health Organization (WHO) actively collaborated with the Ministry of Health, partners, and civil society to enhance the response to Tuberculosis (TB). In alignment with global goals and strategies, WHO has identified six core functions to contribute to achieving targets set by the UN high-level meeting political declaration, Sustainable Development Goals, and end TB Strategy. These functions include providing global leadership to end TB by developing strategies, engaging in political and multisectoral activities, strengthening review and accountability, advocating for the cause, and fostering partnerships, including those with civil society.

Additionally, WHO was instrumental in shaping the TB research and innovation agenda, encouraging the generation, translation, and dissemination of knowledge related to TB. The organization also played a pivotal role in setting norms and standards for TB prevention and care while actively promoting and facilitating their implementation.

Changing Epidemiology of TB in Eswatini

In a remarkable journey, the Kingdom of Eswatini has achieved substantial success in its TB response, witnessing a remarkable reduction from 1,110/100 000 population in 2002 to 325/100 000 population by the end of 2022. This signifies a commendable two-decade effort in battling tuberculosis. However, the global challenges posed by the Covid-19 pandemic impacted TB responses worldwide, including Eswatini. The TB incidence increased from 342/100 000 in 2020 to 348/100 000 in 2021, reflecting the disruptive influence of the pandemic on healthcare systems.

Undeterred, Eswatini intensified efforts to regain momentum in its TB response. Post-Covid-19, the country demonstrated resilience, recording a notable decline in TB incidence from 348/100,000 to 325/100,000 population. This turnaround not only showcases Eswatini's commitment to public health but also highlights the nation's ability to adapt and overcome challenges. The story of Eswatini's triumph over TB is a testament to the dedication of its healthcare professionals and the resilience of its health system.



Drug-Resistant Tuberculosis

In the battle against Tuberculosis (TB) and HIV, Eswatini faced a daunting challenge with high infection rates, especially in Drug-Resistant TB (DR-TB) cases. The World Health Organization (WHO) stepped in, providing crucial technical assistance to Eswatini's Ministry of Health (MoH), resulting in evidence informed policies and interventions.

Notable achievements included revising the DR-TB diagnostic algorithm, introducing targeted genome sequencing, and adopting all-oral, shorter regimens. This overhaul, supported by collaborative efforts, shortened diagnosis time detected previously missed mutations, and improved patient acceptance, leading to a remarkable nationwide improvement in DR-TB treatment success rates from 74% in 2018 to 81%, in 2021.

The journey began with a nationally representative Anti-TB Drug Resistance Survey in 2017-2018, revealing a crucial rifampicin resistance mutation not detected by standard tests. WHO's guidance facilitated the revision of diagnostic technologies, including the introduction of molecular sequencing technology in 2020, which became fully operational by 2021.

Patients and clinicians now experience improved satisfaction in DR-TB diagnosis and treatment, showcasing the power of an evidence-informed approach and multi-stakeholder collaboration. As Eswatini addresses gaps in case finding, the triumph over DR-TB becomes a beacon of hope in the global fight against infectious diseases.

TB/HIV Collaboration: Implementation of joint TB/HIV Program review

In a monumental leap forward, Eswatini achieved unprecedented success in the development of its TB and HIV strategic plans, marked by a comprehensive joint program review conducted from 11 to 23 March 2023. Led by WHO AFRO, the review engaged 300 external and 70 internal reviewers, meticulously assessing 20 thematic areas of the joint TB, HIV, and PMTCT program.

Supported by generous funding from the Global Fund, WHO, and PEPFAR, the review's findings, successes, and challenges guided the formulation of TB and HIV strategic plans for 2024-2028. Civil society representatives played a crucial role as internal reviewers, ensuring diverse perspectives.



WHO contributed to the development of the GC 7 joint TB/HIV proposal, securing an impressive \$42,727,438 USD for Eswatini's healthcare priorities from 2024 to 2027. The meticulous planning extended to engaging three consultants for the development of costed TB and HIV strategic plans, setting a clear roadmap for Eswatini's response. This triumphant story reflects Eswatini's commitment to health excellence, strategic foresight, and effective resource mobilization for a robust, and integrated TB/HIV response in the years ahead.

TB Preventive Therapy

In a resounding triumph against the high TB/HIV coinfection rates in Eswatini, the country has made significant strides in TB Preventive Therapy (TPT), recognizing HIV as the primary driver of TB morbidity and mortality. With a staggering 63% TB/HIV coinfection rate, Eswatini has consistently maintained a remarkable 99% HIV testing rate and 98% ART coverage rate among coinfecting clients.

Eswatini's commitment to prioritizing TPT, especially among key and vulnerable populations like People Living with HIV (PLHIV), was highlighted through its participation in the WHO/Global Fund strategic initiatives. This collaboration not only improved TPT data quality but also resulted in a compelling TPT campaign from 2022 to 2023.

The impact was profound, with TPT uptake among PLHIV surging from 65% in 2022 to an impressive 88% in 2023. The surge also involved updating over 20,000 historic TPT initiations and completions, contributing to a remarkable 60% increase in TPT uptake. Eswatini's success story in breaking barriers underscores its commitment to comprehensive healthcare and effective strategies to combat TB in the context of HIV, showcasing a model for global health success.

Improving TB Case Finding: through the introduction of Digital Chest X-ray and CAD/AI

Eswatini, recognizing the challenge of missed TB cases, has embarked on a transformative journey with the introduction of Digital X-rays for TB screening. Currently, 49% of TB cases go undetected in the country, and only 5% of childhood TB cases are identified, falling short of the 10-15% WHO benchmark.

In a pivotal collaboration, WHO, in partnership with STOP TB, has spearheaded the national adoption of Digital chest X-rays and Computer-Aided Devices for TB Screening. This innovative approach aims to revolutionize TB case finding, offering a more efficient and accurate diagnostic tool.

The partnership is not just about technology but involves comprehensive support. WHO and STOP TB are actively assisting in revising TB screening algorithms and Standard Operating Procedures to incorporate the use of Chest X-rays. The financial backing for this initiative comes from WHO, PEPFAR, and Global Fund.

As the implementation gears up in 2024, this initiative is poised to significantly improve TB case finding in Eswatini, showcasing the country's commitment and adoption of WHO recommendations to embracing cutting-edge solutions for a healthier future. Additionally, WHO's upcoming facilitation of the revision of Childhood TB guidelines in 2024 adds another layer of impact to Eswatini's comprehensive approach in tackling TB.

Progress Performance for TB services

Indicator	Baseline	End term Target	Actual Performance	% Difference Actual Vs Baseline	% Difference (Actual Vs Target)	Progress to Target	Progress rating
Prevalence of MDR TB among DR-TB patients	4.5	3.5	4.3	4.65%	-19%	81.40	●
TB mortality rate	14	8	23	-39.13%	-65%	34.78	●
TB treatment success rate among bacteriologically confirmed patients (%)	89	90	79	-11.24%	-12%	87.78	●





MALARIA

The work of WHO on Malaria is guided by the comprehensive strategy outlined in the Global Technical Strategy for Malaria 2016–2030, which was updated in 2021. This strategic framework serves as a guide for countries grappling with malaria, providing technical support to country programmes as they strive for malaria elimination. The strategy sets ambitious yet attainable global targets, such as reducing malaria case incidence and mortality rates by at least 90% by 2030, eliminating malaria in at least 35 countries, and preventing the resurgence of malaria in countries that are currently malaria-free.

The WHO in Eswatini, under the guidance of this strategy, played a crucial role in coordinating national efforts to eliminate malaria. WHO contributed to shaping the research agenda, evidence generation and promoting adoption of new tools and strategies by national malaria programmes and other stakeholders. Additionally, WHO monitored and responded to national malaria trends and threats to ensure a proactive approach to this public health challenge.



Global Technical Strategy for Malaria 2016–2030



Targets

Reducing malaria case incidence and mortality rates by at least 90% by 2030



Eswatini achieved a remarkable milestone with an Annual Parasite Incidence (API) of 0.42 local cases per 1000 inhabitants in November 2022,

Malaria Strategic Planning

In November 2022, Eswatini achieved a remarkable milestone with an Annual Parasite Incidence (API) of 0.42 local cases per 1000 inhabitants, positioning itself as a frontrunner among the Elimination 8 in Southern Africa and the global E2025 initiative to eradicate malaria by 2025.

The impactful strides didn't stop there. During the 2022-23 Biennium, Eswatini showcased its commitment to malaria elimination through strategic initiatives. The National Malaria Elimination Strategy 2021-2023 underwent a rigorous review, culminating in the development of the visionary 2023-2027 strategy. Simultaneously, a Transition Readiness Assessment and Plan were crafted to ensure the seamless transition of the National Malaria Programme (NMP) from Global Fund funding, addressing potential gaps and HR challenges.

Eswatini's healthcare landscape received a boost with a WHO-led training on the Management of Severe Malaria cases in April 2023. This training not only equipped 35 healthcare professionals but also paved the way for a cascade effect, as these experts went on to conduct national malaria case management training and death audits. The revision of national malaria case management guidelines, incorporating MPR recommendations and new WHO strategies, further strengthened Eswatini's resolve.

Building on this momentum, Eswatini embraced collaborative efforts, conducting comprehensive reviews of malaria case management guidelines and surveillance and vector management manuals in November and December 2023, respectively. By incorporating the latest recommendations and strategies, Eswatini solidified its path towards a malaria-free future, setting an inspiring example for the E2025 countries.



The National Malaria Elimination Strategy 2021-2023 underwent a rigorous review, culminating in the development of the visionary 2023-2027 strategy.



WHO-led training on the Management of Severe Malaria cases in April 2023.

Integrated Vector Management: The AFRO II Project

In December 2022, the AFRO II Project concluded its impactful 5-year journey, leaving an indelible mark on Eswatini's Vector Management landscape. The reporting Biennium (2022-2023) showcased remarkable achievements, with the AFRO II Project at the forefront of driving Integrated Vector Management (IVM) initiatives.

A highlight of this period was the resounding success of the AFRO II Project's IVM Training in November 2022. Ten members from the Vector Management SMEAG sub-group were empowered by four expert facilitators from the International Centre for Insect Physiology and Ecology (ICIPE) and the Ifakara Health Institute. Key outcomes included the development of the Vector Control Needs Assessment (VCNA) tool, a SWOT analysis tailored to Eswatini's context, an M&E Framework for Vector Control Interventions, and a stakeholder mapping for political commitment and resource mobilization.

Looking ahead, the AFRO II Project's legacy continues as ICIPE finalizes the training report and the National Malaria Programme (NMP) refines the VCNA to identify gaps for informing the revision of the national IVM strategy. The dissemination of 500 brochures/booklets highlighting project outputs further ensures that Eswatini's Vector Management advancements are shared with key stakeholders, reinforcing the country's commitment to sustained progress.

10

AFRO II Project's IVM Training
Ten members from the Vector Management SMEAG sub-group were empowered by four expert facilitators from (ICIPE) in November 2022.

500

500 brochures/booklets disseminated, highlighting project outputs on Eswatini's Vector Management



Malaria STOP Initiative Campaign from July 2022 to February 2023,



NEGLECTED TROPICAL DISEASES

The World Health Organization (WHO) addressed Neglected Tropical Diseases (NTDs) through the NTD Roadmap 2021-2030, with a commitment to leaving no one behind. This roadmap represents a shift from vertical disease programmes to cross-cutting approaches, emphasising smarter investments to enhance health and well-being globally by 2030. By targeting NTDs, the roadmap contributes to the reduction of poverty by addressing the disease burden associated with these neglected illnesses. The overarching goal is to support the achievement of Universal Health Coverage (UHC) and contribute to broader poverty reduction efforts.

In the specific context of Eswatini, the NTD Roadmap 2021-2030 has guided WHO's work to foster greater ownership by the government, including local communities. WHO has played a crucial role by providing normative guidance to support the planning, financing, implementation, monitoring, and evaluation of NTD interventions at various levels – from national to community levels. This collaborative approach ensures that efforts to combat NTDs are comprehensive, inclusive, and tailored to the specific needs of each region, promoting a more effective and sustainable response to these neglected diseases.

NTD Master Plan Development

The WHO, Ministry of Health in Eswatini and stakeholders contributed to the development of the Neglected Tropical Diseases (NTD) Master Plan 2023-2027. The collaborative effort involved key government offices, including the Deputy Prime Minister's Office, Ministry of Education and Training, and Ministry of Tinkhundla Administration and Development.

The NTD Master Plan, facilitated by the Ministry of Health's Neglected Tropical Diseases Task Team, is a comprehensive and vital document that provides a national situational analysis of

NTDs in Eswatini. The plan outlines strategies for the elimination of NTDs, emphasising collaboration with partners and strengthening the national NTD programme at all levels of care. This strategic framework serves as a guide for the NTD agenda in Eswatini, promoting coordination, harmonization, and alignment among partners. The Master Plan stands as a significant tool to propel the country forward in the fight against Neglected Tropical Diseases, reflecting a commitment to improved health and well-being for all.

Snakebite Envenoming

In Eswatini, snakebite envenoming posed a significant threat, causing 200 to 400 cases annually, with severe consequences of suffering, disability, and premature death. Recognizing the urgency, the World Health Organization (WHO) partnered with the Government of Eswatini and the Eswatini Antivenom Foundation to implement WHO's global snakebite envenoming strategy. The collaborative efforts aimed at empowering communities, ensuring accessibility to safe treatments, strengthening the health system, and fostering collaboration among stakeholders. Between 2021 and 2022, these interventions led to a remarkable 30 percent reduction in snakebite envenoming and deaths, with the number of snakebites decreasing from 477 in 2021 to 332 in 2022.

Eswatini's success in reducing snakebite-related fatalities was achieved through a comprehensive approach supported by the WHO Secretariat. The WHO's global strategy, initiated in 2019, focused on empowering communities with effective health systems and access to safe medicines to prevent and manage snakebite envenoming. WHO Eswatini provided technical and financial

assistance to the government to integrate prevention, treatment, and management strategies into national health systems. This collaborative effort resulted in outcome-based plans, a monitoring framework, and enhanced surveillance, marking a significant stride towards achieving the WHO's goal of halving snakebite-induced deaths and disabilities by 2030.

Mass Drug Administration

In the realm of public health, the World Health Organization (WHO) has made a significant impact through its Mass Drug Administration initiatives. WHO took the lead in orchestrating the 5th round of Mass Medicines Administration in Eswatini, demonstrating exemplary leadership and organizational prowess for a seamless programme execution. This accomplishment underscores WHO's commitment to addressing health challenges on a large scale.

A key player in the planning and resource mobilisation for this initiative, WHO exhibited strategic thinking and effective coordination. Notably, in March 2023, WHO facilitated the distribution of Albendazole in schools nationwide, achieving an impressive coverage rate of 90%. This success reflects meticulous planning and execution strategies, ensuring that a substantial portion of the population received essential medications.

Furthermore, WHO's supported the drafting of a comprehensive report detailing the distribution process and outcomes. The report awaits endorsement, showcasing WHO's meticulous documentation and reporting skills, which are crucial for programme evaluation. The Mass Drug Administration initiatives led by WHO highlight the organization's dedication to improving global health through strategic planning, efficient execution, and transparent reporting.





Stakeholders, guided by WHO, actively participated in multi-day forums to review and validate draft strategic objectives, impact and outcome targets, and formulated interventions. The consultant, steering committee, and clinical advisors collaborated to develop a costed strategy, addressing a major gap in the previous plan. The draft is due to undergo validation forums, external peer reviews, and scrutiny by Senior Ministry of Health leadership, ensuring a thorough and inclusive process.

In response to valuable feedback from both WHO headquarters and the African Regional Office (AFRO), WHO demonstrated adaptability by refining the survey protocol. This responsiveness to expert advice showcased a dedication to enhancing the quality and effectiveness of the survey. Furthermore, strategic resource allocation and effective partnership building were evident in the successful mobilisation of funds through the World Bank and securing technical assistance from WHO. Despite delays caused by national elections in September 2023, WHO exhibited proactive planning and flexibility by scheduling data collection for January 2024. Aiming for accountability and timely delivery, WHO is committed to producing the survey report before the end of April 2024 ensuring the impactful dissemination of critical information on NCDs and MH to drive evidence-based health interventions.

STEPs survey 2024

The World Health Organization (WHO) made significant strides in preparing for the STEP's survey, a crucial initiative aimed at gathering and disseminating strategic information on Non-Communicable Diseases (NCDs) and Mental Health (MH) along with associated risk factors. The first major achievement involved obtaining ethics clearance for the STEP's survey protocol, ensuring strict compliance with regulatory standards and ethical guidelines. This clearance laid a robust foundation for the initiative, emphasising WHO's commitment to conducting the survey responsibly.



NON-COMMUNICABLE DISEASES AND MENTAL HEALTH

The WHO played a crucial role in promoting, coordinating, and implementing activities related to preventing, controlling, and surveilling noncommunicable diseases (NCDs), mental health issues, neurological and substance use disorders, along with their risk factors. Additionally, WHO focused on advocating for policies and strategies related to disabilities and rehabilitation, road safety, as well as the prevention and response to violence in all its forms.

WHO worked to raise awareness among political leaders, the public, and healthcare professionals. The Organization helped policymakers, health authorities, practitioners, and communities understand the burdens posed by NCDs, and their associated risk factors. The goal is to prevent and control risks, improve prevention, diagnosis, treatment, and self-management, thereby reducing the burden of death and disabilities and improving the overall physical, mental, and social well-being of eSwatini.

NCD programme review and strategic planning

The World Health Organization (WHO) played a pivotal role in supporting the Ministry of Health in Eswatini in conducting a comprehensive review and developing the next-generation plan for non-communicable disease (NCD) prevention and control. The ongoing implementation of the 2nd edition of the National NCD Strategy highlighted the need for a follow-on strategy for 2024-2026.

WHO's assistance was instrumental in facilitating a desk review, incorporating data synthesis workshops, and engaging stakeholders through multi-sectoral forums. The NCD programme, with support from WHO consultants and clinical advisors, conducted a thorough internal review and synthesised data on outcomes and indicators related to the NCD treatment cascade. This evidence-based approach allowed for the identification of gaps, root causes, and the formulation of strategic objectives.



2.1.3 POPULATION-SPECIFIC HEALTH SERVICES ACROSS THE LIFE COURSE

In collaboration with the Ministry of Health and partners, WHO has made substantial strides in fortifying health systems to address specific health needs and equity barriers across the life course. Focused on reducing the number of unvaccinated and under-vaccinated populations, the program ensures the sustained availability of vaccines administered according to recommended schedules. Aligning with the Immunization Agenda 2030 (IA2030), the program is poised to introduce new vaccines tailored to the country's epidemiological situation.

From January 2022 to December 2023, the WHO Country Office (WCO) has been instrumental in providing crucial support for the implementation of this comprehensive program. The impact is evidenced in the improved vaccination coverage, enhanced healthcare infrastructure, and the targeted focus on addressing health disparities, promoting equity, and ensuring the availability of essential vaccines. This collaborative effort signifies WHO's commitment to fostering a resilient and inclusive healthcare system, with a strategic vision that encompasses the diverse health needs of the population across their lifespan.

Improving Maternal and Newborn Health

Through collaboration with the World Health Organization (WHO), significant strides have been made in improving maternal and newborn health in the country. WHO supported the adaptation and validation of a Labour Care Guide, enhancing the management of labour. In a critical initiative, 56 health workers, including midwives and obstetricians, were oriented on the adapted guide, ensuring effective implementation.

The completion of the Maternal Death Review for 2022 revealed a national institutional maternal mortality rate of 126/100,000 live births. Pregnancy-induced hypertension emerged as the leading cause of maternal deaths, contributing to 36% of cases. Other factors included pre-existing conditions like HIV, TB, and diabetes. Alarming statistics showed that nearly half of the women were not booked for Antenatal Care (ANC) or attended only once.

In response to the review committee's recommendations, WHO took swift action. The organization procured essential equipment and medicines, including magnesium sulfate for pre-eclampsia management, caesarean section kits, delivery packs, trolleys, and family planning kits. These interventions aim to reduce maternal deaths by 36% and ensure safe delivery conditions, especially for high-risk cases.

WHO's impact extended beyond immediate interventions. Collaborating with the Swaziland Standards Authority (SWASA), the organization reviewed and submitted standards for improving the quality of care in maternal, newborn, and adolescent health to parliament for gazetting. Furthermore, an assessment report on unintended pregnancies, contraception, and post-abortion care was finalized and disseminated to stakeholders, fostering informed decision-making and strengthening overall reproductive health strategies in the country.



Royal highness inkhosikati LaMatsebula posing with a child during the HPV campaign launch

Eswatini's HPV Vaccination

In a swift and impactful move, Eswatini embarked on a groundbreaking HPV vaccination campaign, shielding tens of thousands of schoolgirls from the threat of cervical cancer. With high HIV rates fueling HPV incidence and driving up cervical cancer cases, the country initiated a first-of-its-kind campaign, supported by the World Health Organization (WHO).

Led by Her Royal Highness Inkhosikati laMatsebula, the campaign reached 46,674 schoolgirls through 84 nurse teams visiting schools nationwide between June 12 and 30, 2023. The WHO provided vital financial and technical support, aiding in the development of an HPV vaccine introduction plan, health worker guidelines, and monitoring tools.

Annually, Eswatini records 360 new cervical cancer cases, with nearly one in three patients succumbing to the disease. The HPV vaccine, administered during the campaign, targets the prevention of HPV types 16 and 18, responsible for 70% of global cervical cancer cases.

The success of the campaign is attributed to the commitment of risk communication and community mobilization teams, including WHO staff and health promotion units, conducting widespread sensitization activities. Teachers and parents eagerly embraced the initiative, understanding that prevention through vaccination is a crucial step towards a healthier future. Eswatini's resounding success in this quickfire vaccination

campaign stands as a testament to its dedication to the health and well-being of its young population.

Cervical Cancer Management

WHO has significantly contributed to cervical cancer prevention with tangible outcomes. Ten thermocoagulation machines were procured, accompanied by the development of Standard Operating Procedures (SOPs) for their effective use. Sixty-six health workers, including pre-service lecturers, were trained on cervical cancer screening using thermocoagulators, ensuring widespread expertise.

In collaboration with WHO, awareness campaigns reached 300 women in six textile factories, fostering understanding and participation in cervical cancer screening. The impact extended to treatment, with WHO building doctors' capacity in managing cervical lesions using LEEP (Loop Electrosurgical Excision Procedure). Approximately sixty women with cervical cancer lesions received vital treatment through LEEP.

Furthering their commitment, WHO played a pivotal role in developing a comprehensive Cervical Cancer Elimination Plan, providing a strategic framework for sustained progress in cervical cancer prevention and management. These collective efforts underscore WHO's commitment to making tangible strides in the fight against cervical cancer, saving lives through awareness, screening, and treatment interventions.

Launching HPV vaccination

Eswatini – When 13-year-old Eswatini primary school pupil Tenele Sibandze* (not her real name) overcame her fear of being vaccinated against human papillomavirus (HPV), she became one of tens of thousands of young girls protected against cervical cancer, the country's leading cancer among women aged 15 to 49.

During the country's first-ever HPV vaccination campaign launched in June 2023 by Her Royal Highness Inkhosikati laMatsebula, a total of 46 674 schoolgirls were reached by 84 teams of nurses that visited schools across the country. In Eswatini, incidence of HPV is fuelled by high HIV rates, driving up cervical cancer case numbers and deaths. The HPV vaccine can prevent most cases of cervical cancer if it is administered before girls or women are exposed to the virus.

World Health Organization (WHO) supported the first ever HPV vaccination campaign by developing the vaccine introduction plan, micro planning, the development of health worker guidelines and monitoring tools, including a readiness assessment for HPV vaccine introduction, and supportive supervision.

"Vaccinating our girls, in line with the WHO recommendation, will help us to prevent HPV infection, and thus reduce the incidence of cancer among our people," says Her Royal Highness laMatsebula.

Every year Eswatini records about 360 new cervical cancer cases, with almost one in every three patients dying as a result. Currently, more than 2000 women are living with cervical cancer in the country, with more than 700 cancer-related deaths recorded in the past five years.

HPV vaccines are both safe and highly effective in preventing HPV types 16 and 18, which are together responsible for about 70% of all cervical cancer cases globally. The vaccines are also highly efficacious in preventing precancerous cervical lesions caused by these virus types.

Through the commitment of Risk Communication and Community mobilization teams comprising staff from WHO, the health promotion unit and other partners, the campaign was well-received by parents and teachers alike. Sensitization activities were conducted across various media, including radio, print and social media, with parents eager to learn more. Sibandze explains that the nurses briefed the school goers about the vaccine and its benefits, teaching them

that the vaccine prevents HPV, and so reduces the likelihood of contracting cervical cancer later in their lives.

Teacher Juliana Takaruva says: "This is a real benefit for our learners, and we hope that the health education they received will also advance a broader understanding of the dangers of not vaccinating. We will continue preaching the message that prevention is better than cure."

Vaccinator Sandzisile Mamba says WHO and the Eswatini Ministry of Health provided comprehensive training for over 400 health workers ahead of the campaign. Although she knew about HPV, she says that she was not well versed about the preventative vaccine.

"I am so grateful, as a health worker, to be able to give the children protection against cervical cancer because our country is seeing a growing number of women with the disease. It's so important to protect these children against HPV," she says.





Child and Adolescent health

WHO has made significant strides in improving the health and well-being of children and young adolescents through focused initiatives. Technical support was provided for the selection of training materials for integrated Sexual, Reproductive, Maternal, Newborn, Child, and Adolescent Health and Nutrition (SRMNCAH-N) trainings. The Integrated Management of Neonatal and Childhood Illnesses (IMNCI) sick young infant module underwent a crucial review to incorporate Possible Serious Bacterial Infections (PSBI). IMNCI trainers were subsequently trained on the updated modules, and the IMNCI chart booklet was revised.

This strategic intervention is anticipated to have a transformative impact, reducing the incidence and severity of illnesses affecting children, enhancing growth and development during the first five years of life, and contributing to a decline in child morbidity and mortality rates.

In parallel, WHO adapted quality-of-care standards specifically tailored for children and young adolescents. These standards aim to ensure that healthcare services meet the highest benchmarks, enhancing the overall quality of care provided to this vulnerable population. Through these comprehensive efforts, WHO is actively contributing to the well-being and health outcomes of children and young adolescents, fostering a healthier and brighter future.

Management of Malnutrition

WHO has played a pivotal role in enhancing national capacity for the prevention and management of malnutrition, focusing on community-level interventions. Technical support from WHO contributed to the development of guidelines aligning with WHO recommendations for managing malnutrition at the community level. A comprehensive training package for health workers was created, and trainers were equipped to educate various stakeholders, including community-based health workers like volunteers and other relevant cadres.

In a strategic move to improve malnutrition management, WHO supported the introduction of Community-Based Management of Acute Malnutrition (CMAM). This approach identifies and treats uncomplicated cases of Severe Acute Malnutrition (SAM) within communities, reducing the need for hospitalization and lowering associated costs. Mother support groups, trained at the community level, played a crucial role in promoting appropriate complementary feeding practices and conducting food demonstrations using locally available ingredients.

The anticipated impact of these efforts is significant. Scaling up malnutrition management at the community level, particularly among children under the age of 5, is expected to decrease the number of children with severe acute malnutrition seen in health facilities. This proactive approach aims to save lives by reducing both health facility-based and community-based deaths from malnutrition, underscoring WHO's commitment to improving the health outcomes of children at risk of malnutrition.

EPI Advisory Group

In a concerted effort to strengthen immunization efforts, the Ministry of Health in Eswatini established the Eswatini National Immunization Technical Advisory Group (ESWANITAG) in 2017, gaining cabinet approval in 2021. While WHO has provided crucial support in sensitizing and training the ESWANITAG on its mandate, the group is yet to be fully functional. With the introduction of new vaccines, the role of ESWANITAG is expanding to accommodate evolving immunization needs.

Recognizing the significance of the Human Papillomavirus (HPV) vaccine introduction, WHO played a pivotal role in revitalizing the program. This support not only contributes to the successful integration of HPV vaccination but also enhances the overall functionality and effectiveness of the ESWANITAG.

This collaborative effort between the Ministry of Health and WHO underscores a commitment to strategic planning, ensuring that advisory groups are equipped to navigate the complexities of introducing new vaccines. The ongoing support by WHO is integral to building a responsive immunization system in Eswatini, promoting the health and well-being of the population.

EPI Review

In a proactive response to the challenges posed by the COVID-19 pandemic and the introduction of COVID-19 vaccines, WHO collaborated with the Ministry of Health (MoH) to conduct a comprehensive Expanded Program on Immunization (EPI) Review. The last review, undertaken in 2016, aimed to assess the implementation status of previous recommendations and the current EPI multi-year plan (2017 – 2022), considering new interventions and developments.

The review served as a crucial platform to evaluate the impact of the pandemic on essential health services, particularly immunizations, providing valuable evidence for strategic directions and priority activities. The findings and recommendations presented a roadmap for program managers and policymakers at all levels of immunization operations, emphasizing actions to strengthen the immunization landscape.

The outcomes of this review will play a pivotal role in shaping the 2023-2027 National Immunization Strategic Plan, aligning seamlessly with the National Health Sector Strategic Plan (HSSP) 2024 to 2028. This collaborative initiative reflects WHO's commitment to adapt and reinforce immunization programs, ensuring resilience and responsiveness in the face of evolving public health challenges.





Polio Eradication

Eswatini, aligning with nations like Botswana, Mozambique, and Malawi, is unwavering in its commitment to maintaining a polio-free status. After finalising the National Polio Preparedness and Response Plan, the country conducted a Polio Outbreak Simulation Exercise (POSE) as a proactive measure. The two-day Tabletop Exercise (TTX) in November 2022, facilitated by WHO/AFRO experts, aimed to assess operational readiness and reinforce preparedness for a potential polio outbreak.

While the country scored 56.7% in overall performance, positive aspects included a robust emergency response structure and effective Risk Communication and Community Engagement (RCCE). Gaps were identified in outbreak notification procedures and role definitions. Despite challenges, Eswatini's vigilance echoes its success story, having been polio-free since 1989 and declared polio-free in 2005. With the recent re-emergence of Wild Polio Virus in Africa, Eswatini remains alert, continuously enhancing surveillance to mitigate the risk of virus reintroduction. The journey towards establishing environmental surveillance is underway, ensuring a fortified defense against potential polio threats.

Intensified efforts to maintain a Polio free Eswatini

Eswatini has joined countries like Botswana, Mozambique, and Malawi in intensifying efforts to protect more people from polio. Following the finalisation of the National Polio Preparedness and Response Plan, the country went on to conduct a Polio Outbreak Simulation Exercise (POSE). This was through a two-day Tabletop Exercise (TTX) conducted from 29 to 30 November 2022 after several weeks of intense planning.



The purpose of the POSE was to test Eswatini's operational readiness to respond to a polio outbreak. The activity also acted as a refresher on what to expect in the event of a polio outbreak, and what must be done to enable a coordinated and efficient response by the country team. A team of experts from WHO/AFRO consisting of Dr Diakite Epse Manouan, Dr Samuel Bawa, Dr Landoh Essoya, Dr Emmanuel Kayiira and Dr John Ogange facilitated the activity which was well attended by national stakeholders in line with the one health, the whole of government and society approach.

The POSE was commissioned by the honourable Minister of Health, Senator Lizzie Nkosi who emphasised the need to strengthen Emergency Preparedness and Response (EPR) as revealed during the COVID-19 response. "The need for resilient health systems with the capacity to prevent, detect, respond to health threats and maintain continuity of essential health services can never be over-emphasised," she said.

The Acting WHO Representative in the Kingdom, Dr Geoffrey Bisoborwa sent gratitude on behalf of the organisation to His Excellency Prime Minister Mr Cleopas Dlamini and the entire Government for the particular interest given to the Polio Eradication Initiative. This includes having robust Polio outbreak preparedness and response plan and organizing a Polio Outbreak Simulation exercise. "We have all it takes to keep polio off our Kingdom, and in an unfortunate event of happening, to detect and contain it swiftly," Dr Bisoborwa said.

The country scored 56.7% as an overall performance. Some of the gaps noted included procedures for submitting outbreak notification to WHO in line with IHR, unclear role definitions in the plans, as well as

surveillance SOPs. Nonetheless, there were positives, in that a structure is in place to respond to emergencies under National Disaster Management Agency (NDMA). The team also found that the structure of the Risk Communication and Community Engagement (RCCE) was adequate and strategies to communicate demonstrated.

The Kingdom of Eswatini last recorded a polio case in 1989 and has successfully maintained a polio-free status ever since leading to it being declared polio-free in 2005. The African region was subsequently declared polio-free in 2020. However, with the re-emergence of the circulation of the Wild polio Virus in Africa, the risk of reintroduction of the virus remains very high. Eswatini remains at risk of importing the wild poliovirus.

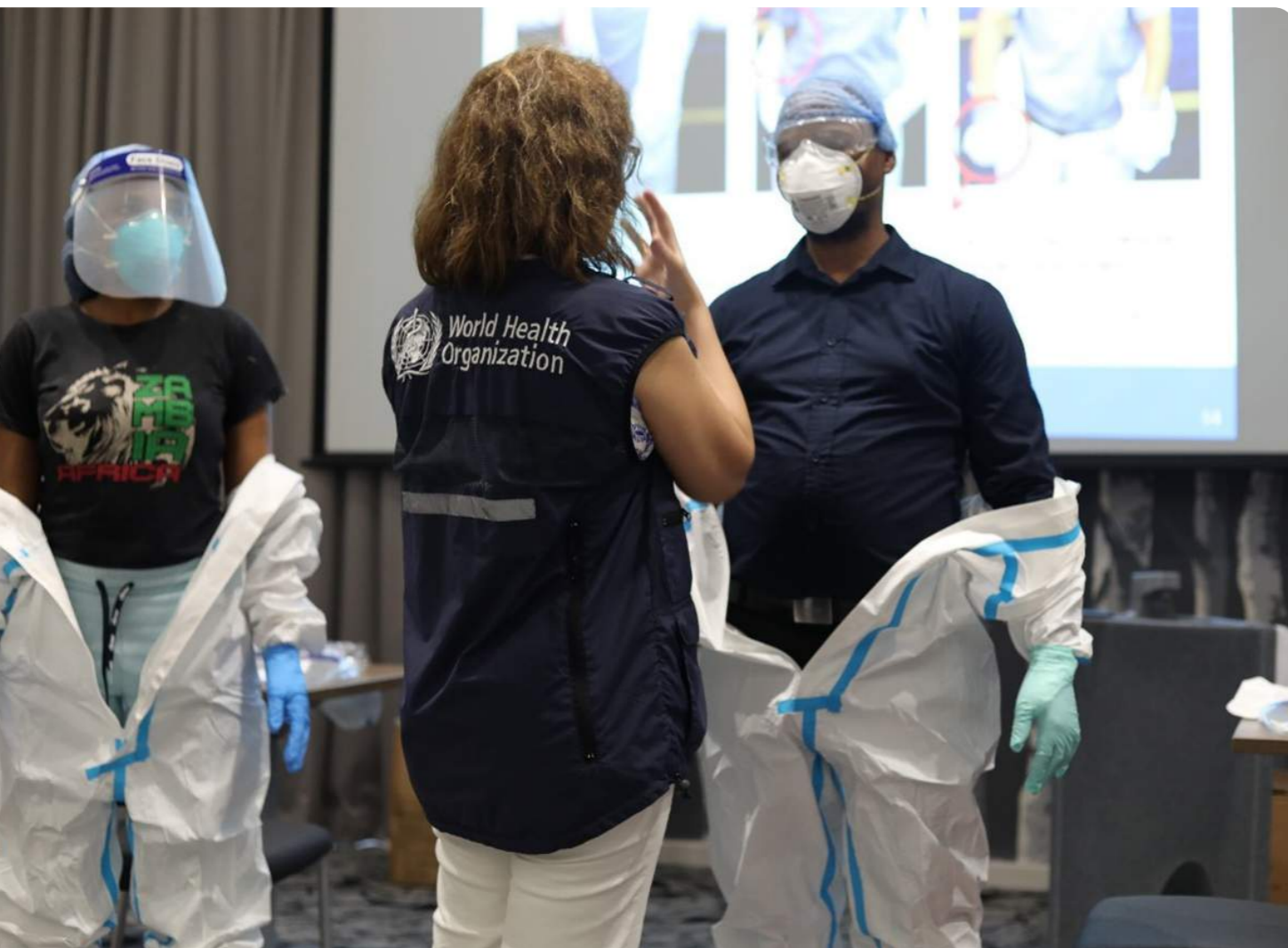
Since the inception of the Expanded Programme on Immunization (EPI) programme in 1980, the country has maintained an active surveillance system for the detection of poliomyelitis where all suspected cases of Acute Flaccid Paralysis (AFP) are reported and investigated immediately and tested for the poliovirus. As soon as a case of WPV is isolated, an immediate investigation is done commencing within 72 hours to identify the scope of the response activities based on such factors as the known extent of transmission AFP surveillance quality, major transit routes, international borders and origin of the WPV case. However, the country still needs to establish environmental surveillance to ensure that the detection of cases is improved.

2.2 COUNTRIES PREPARED FOR HEALTH EMERGENCIES

The impact of the COVID-19 pandemic underscored pre-existing challenges in health emergency preparedness and response in African countries, including Eswatini. In response, WHO launched three flagship programs to strengthen health security: Promoting Resilience of Systems for Emergencies (PROSE), Transforming African Surveillance Systems (TASS), and Strengthening and Utilizing Response Groups for Emergencies (SURGE). Eswatini actively participated in the SURGE program, conducting training for 25 experts to be rapidly deployed within 24-48 hours of an emergency.

WHO's support extended to Eswatini's vaccination efforts. Technical and financial assistance was provided to the Ministry of Health in developing a

vaccine deployment plan and enhancing coordination. The vaccine rollout prioritized frontline workers, the elderly, and individuals with comorbidities. By September 2023, national vaccine coverage reached 36.9%, with higher rates among the prioritized population. However, ongoing virus circulation necessitates vigilance. Looking forward, WHO is assisting Eswatini in developing a vaccine integration framework and prioritizing COVID-19 within the emergency prevention and response program. Continuous vaccine supply and efforts to achieve 100% coverage among vulnerable groups remain crucial, emphasizing the importance of sustained collaboration and preparedness in the face of health emergencies.



2.2.1 CAPACITIES FOR EMERGENCY PREPAREDNESS

The crucial support of the World Health Organization (WHO) played a vital role in enhancing the country's emergency preparedness. WHO was dedicated to improving the country's overall readiness, assisting in meeting its obligations under the International Health Regulations, and building capacity to effectively handle various public health events. The comprehensive assistance provided by WHO aimed at strengthening emergency preparedness, encompassing actions such as reinforcing public health surveillance systems for early detection of potential health threats. The organization offered on-the-ground technical guidance and operational support for risk assessment, provided valuable advice on effective risk communication strategies, conducted training sessions for national rapid response teams and trainers, and organized simulation exercises to evaluate the preparedness of nations at local, regional, and global levels. This ongoing support and learning process significantly contributed to enhancing the country's national readiness and response capabilities.

IDSR Training

In a concerted effort to enhance the detection, preparedness, and response to public health threats, WHO embarked on a transformative initiative – the Integrated Disease Surveillance and Response (IDSR) trainings. These sessions were meticulously designed to empower healthcare workers, equipping them with essential skills for case investigation, active case finding, and bolstering cholera response within the broader framework of IDSR.

The impact of these trainings extended beyond healthcare workers, encompassing program officers, Rapid Response Teams, Point of Entry staff, and student nurses. The goal was to introduce these diverse cadres to the critical concept of IDSR, aligning with the requirements of the International Health Regulations (IHR) 2005. Emphasis was placed on the pivotal role of public health surveillance, highlighting its significance in the timely identification, reporting, and response to public health threats.

A total of 207 participants actively engaged in these structured IDSR trainings, reinforcing the commitment to building a resilient healthcare system capable of swift and effective responses

to emerging public health challenges. This initiative exemplifies WHO's dedication to strengthening global health security through comprehensive and inclusive capacity-building efforts.

Community Based Surveillance

In a collaborative effort with Africa CDC, WHO has played a crucial role in enhancing public health surveillance in the Kingdom of Eswatini through the development of community-based surveillance. To complement existing indicator-based surveillance, a structured training on Event Based Surveillance (EBS) was conducted. This training was a pivotal step towards establishing a robust surveillance system capable of rapidly detecting, reporting, confirming, and assessing public health events, including clusters of diseases and rumors of unexplained deaths.

Following the training, WHO, in collaboration with partners, facilitated the development of comprehensive Event Based Surveillance guidelines. These guidelines are designed to provide a framework for the effective implementation of community-based surveillance, ensuring that the country is well-equipped to respond swiftly to emerging health threats.

The establishment of community-based surveillance is instrumental in enhancing the overall responsiveness of the healthcare system. By incorporating EBS, Eswatini is poised to strengthen its ability to monitor and manage public health events at the community level, ultimately contributing to the early detection and containment of potential health risks. WHO's support underscores a commitment to building resilient health systems capable of adapting to diverse public health challenges.

Hazard profiling

WHO played a pivotal role in strengthening the Kingdom of Eswatini's public health preparedness by providing technical support for conducting a comprehensive public health risk profile using the WHO Strategic Tool for Assessing Risk (STAR). This strategic approach identified eleven prioritized public health risks and hazards, each assessed based on potential health consequences, extent of occurrence, and populations at risk.

The identified hazards, ranked in order of priority and risk level, include storm/flood/cyclone, road crash, veld/forest fire, drought, Ebola, cholera/gastrointestinal/food-borne diseases, gas leak, civil unrest, heat wave, poliomyelitis, and chemical spillage. This risk profile serves as a foundational tool for informed decision-making, allowing the country to plan, prioritize efforts, and allocate resources effectively to prevent, mitigate, detect early, prepare for, respond to, and recover from health emergencies or disasters.

By conducting this risk assessment, Eswatini is better equipped to enhance its overall resilience, ensuring a proactive and strategic approach to managing and mitigating potential health threats. WHO's support underscores the commitment to building robust health systems capable of navigating a diverse range of public health challenges.

Points of Entry Assessment

Through collaborative efforts with the CDC, WHO provided vital support to the Ministry of Health in conducting a Points of Entry Assessment. This impactful initiative involved a training session on the adaptation of tools utilizing the Strategic Tool for Risk Assessment at Ground Crossings (STRAGC), facilitated by WHO.

The assessment yielded valuable recommendations, shaping the country's strategic approach to points of entry. As a result, four designated Points of Entry were identified, with a commitment to building and maintaining core capacities for surveillance and response in alignment with the International Health Regulations (IHR) Regulations.

This collaboration reflects a proactive measure to strengthen the country's ability to monitor and respond to health threats at key entry points. By implementing the recommendations and designating specific points of entry, Eswatini is better positioned to enhance its overall health security, safeguarding against potential risks and contributing to a more resilient and responsive health system. WHO's support underscores the commitment to collaborative and strategic measures in fortifying global health security.

Preparation for simulation exercise

Through collaboration with the World Bank, WHO has made significant strides in enhancing health emergency preparedness in the country. A key outcome is the development of a Simulation Handbook, a comprehensive toolkit created in collaboration with the Ministry of Health. This handbook serves as a valuable ready reference for developing, implementing, and evaluating health emergency exercises at various levels, including national, regional, health facilities, medical evacuations, communities, and schools.

WHO further provided essential technical support for the Ministry of Health in conducting a full-scale simulation exercise. This exercise aims to validate and enhance the country's preparedness and response plans for various hazards and capabilities. Technical assistance included training the National Exercise Management Team, a multisectoral group comprising the National Disaster Management Agency, the Public Health Emergency Management Committee, and the Ministry of Health, along with its stakeholders.

The training focused on building the country's capacity to respond to health emergencies through full-scale or field-scale simulation exercises, following the successful completion of three tabletop exercises (Ebola, Polio, and Cholera/POE). A total of 54 participants engaged in the workshop, demonstrating their commitment to strengthening health emergency response capabilities. Enrolling in the WHO online course on simulation exercises as a prerequisite showcases the dedication of participants to enhancing their skills for effective emergency management. The collaboration between WHO and the World Bank is making a tangible impact, fostering a resilient health system ready to respond to a range of health emergencies.



25 Eswatini complete phase 1 of the African Health Volunteers Corps training

F Following the recommendations of the Joint External Evaluation (JEE) conducted by the World Health Organization (WHO) in 2018 in the Kingdom of Eswatini, 25 technical officers have been trained to respond to emergencies, contributing to a pool of over 3000 emergency responders to be trained in the African region. Included in the training were five participants from Boitekanelo College in Botswana, an institution that will carry out step-down training on the basics of public health emergency management in the country. The JEE conducted by global and local experts revealed that Eswatini had no capacity in 20 of the 48 indicators assessed. Limited capacity was recorded in 19 indicators. To address some of the gaps identified in the JEE, capacity building of front-line healthcare workers on public health emergency management was identified as the key intervention for the country

Based on lessons learnt from the COVID-19 pandemic, WHO AFRO in collaboration with Africa CDC has launched an Emergency Preparedness and Response Flagship initiative. This initiative has three components - Promoting Resilience of Systems for Emergencies (PROSE) which focuses on preparedness, Transforming African Surveillance Systems (TASS) which focuses on detection and Strengthening and

Utilizing Response Groups for Emergencies (SURGE) which focuses on response. In a bid to strengthen capacity for crisis preparedness and response in the African continent, WHO is collaborating with member states to strengthen the response infrastructure. Africa is leading the way in protecting the world from pandemics and progress has been made in ensuring health security is strengthened through proven public health interventions. This includes reducing the number and duration of outbreaks as well as building capacity through the AVoHC SURGE training. The SURGE initiative aims at training 3000 African responders (at least 50 per country) who can be deployed within 24 to 48 hours of the occurrence of an emergency.

In Eswatini, the training was conducted between October and November 2023. A total of 26 participants from various sectors and disciplines were trained to qualify them for the roster of African Health Volunteers Corps (AVoHC) SURGE emergency responders with desired qualities ready to deploy, to detect and respond to emergencies. The purpose of the training was to strengthen the skills and core capacities of the AVoHC-SURGE members in public health emergency management to effectively manage emergencies with public health impact, using an all-hazards approach.

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Stockpiling for emergencies

In collaboration with the Ministry of Health, WHO has played a vital role in strengthening emergency health preparedness through a workshop on Emergency Health Stockpiling microplanning and quantification. The focus of this training was to enhance the country's capacity to respond to health emergencies by ensuring efficient forecasting and quantification of necessary resources.

The overarching objective of the Emergency Health Stockpile initiative is to empower the country to prepare for prioritized hazards. This involves always maintaining sufficient emergency stock to facilitate early detection, rapid response,

and effective coordination at national, regional, health facility, and community levels. The development of the stockpiling list was a collaborative effort involving a multisectoral team, and its implementation will be overseen by the National Disaster Management Agency (NDMA) and the Ministry of Health in the Kingdom of Eswatini.

This initiative underscores WHO's commitment to building resilient health systems, ensuring that essential resources are readily available to respond promptly and effectively to health emergencies, thereby safeguarding the well-being of the population in times of crisis.



Enhancing Preparedness Through Innovative Simulation

In June 2023, Ngwenya Border Post showcased its resilience and readiness as a designated Point of Entry (PoE) with a groundbreaking Tabletop Simulation Exercise (TTX). The focal point of this exercise was to rigorously assess Ngwenya PoE's capacity to swiftly detect, investigate, and respond to a potential cholera outbreak. The simulated event unfolded with suspected cases of cholera, putting the PoE's preparedness to the test. This pioneering TTX went beyond conventional measures by incorporating an all-hazards response strategy and adopting the 'One Health'

approach, emphasizing cross-border collaboration. A diverse group of 25 participants, including representatives from the Ministry of Health, other ministries, government departments, and stakeholders from Ngwenya PoE, actively engaged in the exercise.

The impact was profound, revealing not only the robustness of Ngwenya PoE's operational framework but also fostering a culture of collaboration among various sectors. This simulation exercise stands as a testament to Ngwenya's commitment to proactive measures, ensuring the safety and health of its community and setting a commendable standard for PoEs nationwide.



Preparation for simulation exercise

Through collaboration with the World Bank, WHO has made significant strides in enhancing health emergency preparedness in the country. A key outcome is the development of a Simulation Handbook, a comprehensive toolkit created in collaboration with the Ministry of Health. This handbook serves as a valuable ready reference for developing, implementing, and evaluating health emergency exercises at various levels, including national, regional, health facilities, medical evacuations, communities, and schools.

WHO further provided essential technical support for the Ministry of Health in conducting a full-scale simulation exercise. This exercise aims to validate and enhance the country's preparedness and response plans for various hazards and capabilities. Technical assistance included training the National Exercise Management Team,

a multisectoral group comprising the National Disaster Management Agency, the Public Health Emergency Management Committee, and the Ministry of Health, along with its stakeholders.

The training focused on building the country's capacity to respond to health emergencies through full-scale or field-scale simulation exercises, following the successful completion of three tabletop exercises (Ebola, Polio, and Cholera/POE). A total of 54 participants engaged in the workshop, demonstrating their commitment to strengthening health emergency response capabilities. Enrolling in the WHO online course on simulation exercises as a prerequisite showcases the dedication of participants to enhancing their skills for effective emergency management. The collaboration between WHO and the World Bank is making a tangible impact, fostering a resilient health system ready to respond to a range of health emergencies.

Full-scale cholera simulation exercise conducted in Eswatini

I In November 2023, the Kingdom of Eswatini conducted the first of its kind full-scale simulation exercise, focusing on cholera. The purpose of this exercise was to evaluate the country's preparedness and response mechanisms to cholera outbreak, to validate existing mechanisms, protocols and standard operating procedures as well as identify areas for improvement.

The simulation exercise came after the WHO African Region experienced the worst cholera outbreak in a decade, which started in 2021. Even though the Kingdom of Eswatini has so far reported 2 cholera cases and zero deaths, it remains at risk of importing the disease since neighbouring countries such as South Africa and Mozambique continued to record cases with 78 cases and 8 deaths, and 30843 cases and 132 deaths respectively.

The simulation exercise was led by the Ministry of Health and the National Disaster Management Agency (NDMA), with support from the World Health Organization (WHO), World Bank, Africa CDC, UNICEF and International Organization for Migration (IOM). Preparations for this exercise started a year ago when the country, using the WHO STAR tool, identified top priority hazards that are likely affect the country including storm/flood/cyclone; road crash; veld/forest fire; drought; Ebola; cholera/gastro-intestinal/food-borne disease; gas leak; civil unrest; heat wave; poliomyelitis; and chemical spillage. The country then developed the National Emergency Response Operational Plan (NHEROP), the PHEOC Handbook and Standard Operating Procedures (SOPs), Cholera preparedness and response Plan. In addition, the Ministry of Health has established a Public Health Emergency Operations Centre to coordinate response to a public health emergency.

"WHO is very pleased to see that this simulation took off after several months of extensive planning. The simulation exercise is meant to test our plans to see if they are in line with what we plan to do in the likely event an emergency occurs. All of us should be encouraged with these results and learn from the identified gaps," said WHO Representative Dr Susan Tembo.

The capacities tested during the exercise include Infection Prevention and Control (IPC) and WASH, case management, surveillance, risk communication and community engagement, coordination, points of entry and logistics. Many of the indicators seemed to be responding well, while case management and IPC scored very low. Some of the strong areas that the simulation identified include strong coordination at national level, functional Emergency Operation Centre (EOC), timely Inter-cluster meeting, functional ambulance services, availability of skilled multidisciplinary teams for emergency response, availability of cholera commodities, a system in place for quick mobilisation of resources and availability of waste management system.

However, there were loopholes identified including the lack of a dedicated national emergency fund, limited capacity for case management, International Disease Surveillance and Response (IDSR) and IPC among healthcare workers, inadequate Personal Protective Equipment (PPE) at the sub-national health centres, lack of a dedicated cholera treatment centre, limited knowledge on International Health Regulation (IHR) notification and inadequate awareness at the grassroots on the causes and preventive measures for cholera.

The WHO AFRO led team then recommended that the country should among other things, convene regular inter-cluster meetings to take stock of the country's preparedness for emergencies, develop and roll out an integrated training package on cholera across all levels of the health system, establish well equipped cholera treatment facilities and also support the WHO country office to train and retrain multidisciplinary teams for emergency preparedness and response.

The exercise was officially closed by the Deputy Director of Health Services Mrs Rejoice Nkambule who commended the team for its dedication to the exercise. Nkambule said the simulation exercise would go a long way in testing the country's preparedness for health emergencies. She particularly thanked WHO and the different partners for the immense technical support that they provided towards this exercise including trainings and carrying out the exercise.



2.2.2 OPERATIONAL READINESS TO RESPOND TO ALL EMERGENCIES

WHO places a significant emphasis on enhancing operational readiness, defining it as the capacity to respond promptly and effectively to emergencies and disasters. This readiness is grounded in a unified approach that involves establishing systems, procedures, and resources to manage risks and respond to events arising from various hazards. WHO, and partners ensured the presence of appropriate resources, systems, policies, procedures, and capacities, creating a foundation for predictable and effective operations to address public health risks and respond to emergencies.

National Health Emergency Response Operational Plan

WHO's impactful collaboration with the Ministry of Health has resulted in the development of the National Health Emergency Response Operational Plan (NHEROP), a comprehensive All-Multi-Hazard Emergency Preparedness and Response Plan. This initiative marks a significant stride towards enhancing the country's capacity to manage and respond to emergencies and disasters more efficiently and promptly.

The NHEROP serves as a crucial tool for systematic, risk-informed actions, fostering engagement with key stakeholders, including communities. With a defined leadership structure at all levels, the plan aims to address health risks arising from multiple hazards, aligning with the International Health Regulations. Stakeholder validation and endorsement by the Ministry of Health affirm the plan's credibility and commitment.

Furthermore, the NHEROP will act as a guiding framework for the development of specific hazard contingency plans, ensuring a tailored and strategic approach to diverse emergency scenarios. WHO's support has not only strengthened the country's emergency preparedness but has also contributed to the establishment of a resilient and coordinated response system, crucial for safeguarding public health during emergencies and disasters.

Public Health Emergency Operation Centres

In line with International Health Regulations (IHR) commitments, WHO has played a vital role in establishing a functional Public Health Emergency Operations Centre (PHEOC). This significant accomplishment was facilitated by WHO, providing crucial technical guidance in the development of the PHEOC Handbook and Standard Operating Procedures (SOPs).

The PHEOC Handbook stands as a comprehensive resource, delineating the objectives, management, and response coordination systems of the PHEOC. It outlines the criteria and authority for activation, procedures for operating a PHEOC, and key aspects such as information management and communication. This manual is a pivotal tool for PHEOC staff, housing essential forms, role descriptions, Concept of Operations (CONOPS), and SOPs.

The impact of this initiative extends beyond procedural documentation, empowering the country with a robust and standardized framework for effective response to public health emergencies. WHO's support ensures that the PHEOC is well-equipped to fulfill its critical role in managing and coordinating responses during health crises, ultimately contributing to enhanced public health outcomes and strengthened emergency preparedness.

Risk Communication and Community Engagement

In recognizing the crucial role of public communication and community engagement during emergencies, WHO has been instrumental in enhancing these aspects of emergency preparedness and response. Technical support was provided to develop a National Risk Communication and Community Engagement Plan, emphasizing a participatory and community-based approach. This plan serves as a comprehensive guide for engaging communities, local partners, and stakeholders to effectively prepare and protect individuals, families, and public health during the early response to any hazard or outbreak.

The plan is designed to facilitate continuous optimization based on community feedback, ensuring that emergency activities are informed by the evolving needs and concerns of the population. This dynamic and participatory strategy aims to detect and respond to issues such as concerns, rumors, and misinformation promptly.

WHO's support underscores the importance of community involvement in emergency response, fostering resilience and cooperation to safeguard public health. By actively engaging communities and local partners, the National Risk Communication and Community Engagement Plan contributes to a more effective and responsive approach to emergencies, ultimately benefiting the well-being of the population.



Cholera Response

Facing a sudden cholera outbreak, the Kingdom of Eswatini swiftly responded with WHO's crucial support. Confirming two cases in Manzini and Shiselweni regions, the country, aided by WHO, initiated a comprehensive cholera preparedness and response plan. Three WHO technical experts were deployed to provide hands-on assistance.

WHO, working closely with response pillar leads, defined strategic objectives and outlined activities in the national plan. Cholera readiness status was reviewed using the WHO Cholera Readiness Assessment Checklist, identifying gaps and setting priorities. The Ministry of Health received technical support to adapt Global Task Force on Cholera Control case management guidelines and conduct capacity-building sessions for cholera preparedness and response.

A Training of Trainers (TOT) involving 60 participants was conducted, empowering them to cascade training in their respective regions. Surge capacity was bolstered to operationalize the cholera testing strategy, with 48 trained staff deployed in 24 health facilities. This surge team ensured timely screening and diagnosis of cholera cases.

WHO also facilitated the procurement of cholera response kits, totaling USD 89,370 in value. These kits, organized for hospitals and health centers, included medicines, supplies, and equipment, supporting the country's initial response for up to 100 cases. This collaborative effort demonstrates WHO's commitment to swift and effective responses during health emergencies, ensuring the Kingdom of Eswatini is well-equipped to manage and contain the cholera outbreak.

2.3 RISK FACTORS REDUCED THROUGH MULTISECTORAL ACTION

Despite challenges faced during the biennium, such as competing priorities diverting resources, WHO's efforts have contributed to positive trends in several risk factor areas. Progress has been notable in promoting healthy diets, implementing tobacco control measures, and encouraging physical activity. The sustained momentum in health promotion, reinforced by WHO's guidance, reflects a commitment to overcoming obstacles and fostering a collaborative, multisectoral approach to address key risk factors, ultimately contributing to improved national public health outcomes.

2.3.1 ADDRESSING RISK FACTORS THROUGH MULTISECTORAL ACTION

The World Health Organization (WHO) played a crucial role in promoting a multisectoral approach to address key risk factors contributing to premature deaths. These risk factors, including tobacco use, lack of physical activity, unhealthy diets, obesity, harmful alcohol consumption, violence, and injuries, are significant contributors to preventable health issues. WHO's support has been instrumental in encouraging the country to adopt comprehensive strategies that involve collaboration across various sectors, recognizing that tackling these risks requires a coordinated effort beyond the healthcare sector alone.



Empowering communities through campaigns

Eswatini's commitment to public health has soared as the Health Promotion Unit relentlessly champions global health priorities through the commemoration of key health days. In partnership with WHO, the nation has not only maintained but amplified its focus on health issues within the national agenda.

World Health Day, World TB Day, World Antimicrobial Resistance Day, World Mental Health Day, World Patient Safety Day, World Diabetes Day – each marked a crucial milestone, thanks to WHO's technical and financial support. The Health Promotion Unit orchestrated impactful commemorations, reaching communities nationwide.

The resonance of these health messages echoed through national newspapers, radio, TV, and social media platforms like Facebook and Twitter. The commemoration days became powerful tools for disseminating key health messages, ensuring that vital information permeates every corner of the nation.

Eswatini's Health Days Triumph not only underscores its commitment to global health but also signifies a robust collaboration between national efforts and international support. The nation's dedication to keeping health at the forefront of the national agenda stands as a beacon for others to follow in the pursuit of a healthier and thriving society.

The FCTC 2030 project

Eswatini has made formidable strides in tobacco control, guided by the FCTC 2030 Project, resulting in impactful legislative advancements. The journey began with a comprehensive review of the country's legal frameworks, orchestrated through the recruitment of a dedicated consultant. Stakeholders, constituting the National Coordinating Mechanism for Tobacco Control, provided crucial drafting instructions, leading to the submission of the draft Amendment Bill and Draft Regulations to the Ministry of Health.

The momentum continued with the signing of the National Tobacco Control Policy by the Minister of Health, solidifying the commitment to a tobacco-free future. Hosting a mission from the WHO FCTC Knowledge Hub further enriched the initiative, featuring a practical workshop on tobacco taxation and modeling the impact of tax increases on public health and government revenue. The resulting policy brief, shared with the Minister of Finance, ensures a well-informed approach.

Capacity-building initiatives reached new heights, with all Municipalities, Towns, and Environmental Health Compliance Officers equipped to enforce legislative requirements, including retailer signage. Law enforcement officers also received comprehensive training on leveraging the Act of 2013 for effective enforcement of tobacco control legislation. Eswatini's multifaceted approach exemplifies a resolute commitment to public health and tobacco control excellence.

Tobacco Control Campaign

Eswatini's resolute efforts to fortify tobacco control measures have manifested in a comprehensive and impactful campaign. The National Coordinating Mechanism (NCM) for Tobacco Control, a pivotal force in this initiative, experienced quarterly and ad hoc meetings, fostering collaboration and strategic planning. A crucial aspect of the campaign involved hosting a WHO FCTC Secretariat mission, building the NCM's capacity and shedding light on emerging tobacco products. Simultaneously, measures

were implemented to safeguard tobacco control instruments from commercial interests through capacity-building on tobacco industry interference and high-level multi-ministry meetings.

Generating public support became a priority, evident in the vigorous commemoration of World No Tobacco Day in 2023. A drive-through campaign reached nine towns, consultative meetings engaged teachers and learners in key regions, and media coverage, including a 30-minute national TV discussion, amplified the message. Information dissemination extended to various groups, including education officials, youth leaders, secondary school students, and university-level attendees, solidifying a united front against tobacco use.

Eswatini's multifaceted approach, combining strategic policymaking, awareness campaigns, and stakeholder engagement, reflects a nation committed to a smoke-free future.

Towards Tobacco Free Eswatini

Eswatini's commitment to a tobacco-free nation has yielded remarkable results, with a focus on health, economy, and legislative strides. A 2014 survey identified tobacco as a pressing issue, causing avoidable deaths and diseases, prompting Eswatini to act. Recognizing the severity, the Investment Case for Tobacco Control in 2021 underscored the grim toll of 600 lives lost annually, urging strategic interventions.

As a WHO FCTC member since 2006, Eswatini swiftly translated commitment into action. The Tobacco Products Control Act of 2013 marked a pivotal achievement, earning Mr. Vuyile Dlamini and the Ministry of Health the WHO Director General's Special Recognition Certificate in 2014. Public transportation also became smoke-free through the Swazi Commercial Amadoda and SADAT's impactful efforts.

Collaborating with WHO, Eswatini conducted a comprehensive needs assessment, culminating in the Investment Case, emphasizing the dual impact on health and economy. With WHO's support, Eswatini established a National Coordinating Mechanism, driving legislative advancements and robust awareness campaigns targeting youth.



In 2023, Eswatini stands as a global beacon for tobacco control. Mrs. Zandile Dhlamini's leadership at COP10 underscores Eswatini's unwavering commitment, showcasing a nation determined to safeguard lives and foster a healthier, tobacco-free tomorrow.

Ending Obesity

Eswatini emerges as a frontrunner in the global fight against obesity, fueled by the Acceleration Plan endorsed by the World Health Assembly in May 2022. Acknowledged among the ten high-burden countries, Eswatini's commitment to combatting obesity stands out, positioning it as a pioneer in the implementation of the Acceleration Plan.

3.3.2 ADDRESSING MULTISECTORAL DETERMINANTS THROUGH PARTNERSHIP AND COLLABORATION

The World Health Organization (WHO) has demonstrated significant progress in addressing multisectoral determinants of health by fostering collaboration and partnerships. WHO's support extended to the development and implementation of technical packages geared towards addressing modifiable risk factors. Moreover, WHO facilitated engagement with public and private sectors, as well as civil society, in devising strategies to

The journey began with officers participating in intensive training in Johannesburg, marking the initial step in building the necessary capacity for the ambitious undertaking. In April 2023, WHO's unwavering support, both technical and financial, propelled Eswatini towards crafting its first Acceleration Roadmap to Stop Obesity.

The plan, meticulously designed to address the multifaceted drivers of obesity across the lifespan, is now on the cusp of ministerial approval as of November 2023. Eswatini's proactive stance not only showcases its strategic alignment with global health priorities but also signifies a resolute commitment to fostering a healthier and more vibrant future. The nation's trajectory exemplifies the transformative power of global collaboration and local dedication in the battle against obesity.

address these risk factors collaboratively. By emphasizing partnerships and fostering a collaborative approach, WHO has played a pivotal role in bringing together diverse stakeholders to collectively work towards addressing the determinants of health, ensuring a more comprehensive and effective response to public health challenges.

Road Safety

WCO's impactful support in enhancing road safety in Eswatini has garnered well-deserved recognition, marking a significant stride towards safer roads and reduced accidents. The key achievement centers around the successful awarding of Road Safety Auditors, a crucial outcome of the capacity development exercise sponsored by WCO.

Eight officers underwent the Road Safety Audit course in Pretoria, South Africa, in November 2022, equipping them with the necessary skills to conduct systematic and uniform audits across Eswatini. This means an increased workforce dedicated to ensuring the safety of national roads, thereby reducing accidents and preventing unnecessary loss of lives caused by poor road infrastructure.

The success story continues with Eswatini's noteworthy recognition by the Kofi Annan Foundation in September 2023. The country's commitment to improving road safety, showcased through the Eswatini National Road Safety Strategy developed with assistance from UNECA and WHO Eswatini, earned it a prestigious award in Marrakech, Morocco. The accolade not only celebrates Eswatini's efforts but also signifies a remarkable reduction in fatalities, reinforcing the positive impact of WCO's collaboration in fostering safer roads in the heart of Africa.

Eswatini's Road Safety Triumph

In a groundbreaking partnership with the Ministry of Public Works and Transport, WHO Eswatini has revolutionized road safety in the country, leaving an indelible mark on the community. Through unwavering commitment, WHO Eswatini collaborated with the Road Safety Council, propelling the nation towards safer roads.

The impact is crystal clear - the launch of the Eswatini National Road Safety Strategy in June 2023 by the esteemed Prime Minister stands as a testament to the collective efforts. WHO Eswatini played a pivotal role in building the capacity of the Road Safety Council, conducting extensive stakeholder consultations, and facilitating data collection for the Global Status Report on Road Safety 2023.

This strategic collaboration has not only raised awareness but has brought about tangible change, making roads safer for everyone. The achievements echo loudly - from empowering

local institutions to implementing a comprehensive national strategy, WHO Eswatini has fostered a safer environment for road users, ensuring that every journey is a step towards a secure and protected future for Eswatini.

"Our Planet, Our Health" Initiative

In a collective effort to foster a healthier tomorrow, Eswatini, in partnership with the World Health Organization (WHO) and the Ministry of Health (MOH), orchestrated a dynamic collaboration involving over 100 stakeholders. Themed "Our Planet, Our Health," the initiative, commemorating World Health Day 2022, delved into pressing issues of climate change, pollution, healthcare, waste management, and clean cities.

Key discussions highlighted emerging threats, such as microplastics in water sources and the alarming presence of fecal contaminants in rivers. The need for innovative healthcare waste management, especially in handling COVID-19-induced waste surge, echoed through the dialogue.

The "Phatsa Sakho Nawe" campaign, launched in December 2020, stood out as a beacon, advocating for a plastic bag-free Eswatini. Emphasizing waste reduction, behavior change, and local production of reusable bags, the campaign champions a complete ban on single-use plastic bags.

Amidst challenges, Mr. Bongani Sigudla stressed the urgency of improving regulatory frameworks, strategic planning, and waste minimization strategies. Ms. Amina Mohammed, the acting UN Resident Coordinator, underscored UN support for vulnerability assessments and Health National Adaptation Plans (H-NAPs), aligning with the Libreville Declaration.

Minister of Health, Senator Lizzie Nkosi, emphasized the interplay of health and climate, urging a concerted effort to reduce emissions. As Eswatini navigates strengthening cancer treatment, the Minister highlighted the importance of waste disposal considerations.

In the pursuit of a sustainable future, the collective voice resonates: "We cannot afford to lose sight of the fundamental truth that the climate crisis, the single biggest threat facing humanity today, is also very much a health crisis." Eswatini's commitment to "Our Planet, Our Health" reflects a bold stride towards safeguarding the well-being of its people and the planet they call home



Eswatini received recognition from the Kofi Annan Foundation for its commitment to improving road safety

2.4 STRENGTHENED COUNTRY CAPACITY IN DATA AND INNOVATION

WHO has been at the forefront of advancing leadership in data and innovation, recognizing their critical role in achieving health-related Sustainable Development Goals. The organization's commitment to data-driven decision-making underscores the importance of rigorous statistics and a strong evidence base in its mission to enhance global health outcomes.

The COVID-19 pandemic has underscored the indispensable role of science and data in responding to health emergencies. WHO's

emphasis on evidence-based, coherent guidance and real-time monitoring during the pandemic has been crucial. Recognizing the potential of innovations, especially in digital health technologies, WHO acknowledges their capacity to expedite progress towards healthier societies and bridge inequality gaps. These innovations, by harnessing big data, can propel advancements in research, diagnostics, disease prevention, and personalized health services, aligning with WHO's overarching goal of promoting global health equity and resilience.

2.4.1 DATA, ANALYTICS AND HEALTH INFORMATION SYSTEMS

The World Health Organization (WHO) has played a pivotal role in strengthening data analytics and interpretation in Eswatini, leading to significant advancements in healthcare. To enhance data management capabilities, the WHO facilitated the transition from ICD 9 to ICD 11. About 200 health workers were trained on ICD 11, ensuring alignment with global standards. The implementation of ICD 11 coding was piloted in six health facilities, and the subsequent report was disseminated, laying the groundwork for the rollout to all health facilities.

The impact of the WHO's work extended to strategic planning, as they supported the MOH and Ministry of Home Affairs in developing a five-year strategic document for CRVS from 2022 to 2027. Regular updates for the National Health Observatory were conducted, and the data in

National Health Workforce Accounts were comprehensively reviewed, enhancing the accuracy and relevance of health information.

Amidst the challenges posed by COVID-19, the WHO collaborated with the MOH's National Incident Management Team to build capacity and adopt the Go.Data platform for capturing outbreak information through the Community Based Surveillance and Response Initiative (CBRI). Additionally, the introduction of the AFRO Geolocated Health Facility Database initiative marked a significant stride. This initiative aims to establish a singular, accurate Health Facility Master List (HFML) actively maintained and publicly shared by the Ministry of Health, streamlining health facility data for efficient management.





PS Mr. Khanya Mabuza paid WHO representative Dr Susan Tembo a courtesy call after he was appointed as the new Principal Secretary in the kingdom of Eswatini

3 | STRENGTHENED LEADERSHIP, GOVERNANCE AND ADVOCACY FOR HEALTH

3.1 LEADERSHIP, GOVERNANCE

75 Years of Progress with WHO

In a jubilant celebration, the Kingdom of Eswatini and its development partners extended heartfelt congratulations to the World Health Organization (WHO) on its 75th anniversary, recommitting to the shared vision of "HEALTH FOR ALL." The journey began with a pivotal basic agreement signed on June 5, 1973, solidifying a longstanding partnership aimed at elevating the health of all emaSwati.

The vibrant commemorative event, graced by dignitaries including His Excellency the Right Honorable Prime Minister of Eswatini, Ministers of Health and Public Service, Ambassadors, the British High Commissioner, and UN agency heads, highlighted Eswatini's pride in seven decades of public health successes. Through technical support from WHO and collaboration with partners, Eswatini has significantly reduced the burden of communicable diseases, witnessing

remarkable declines in HIV/AIDS, tuberculosis, malaria, neglected tropical diseases, and vaccine-preventable diseases.

The government, in harmony with WHO and other allies, has constructed a robust health system, leading to expanded health service coverage. Over 80% of EmaSwati now reside within 8 km of a health facility, marking a considerable leap forward.

While celebrating triumphs, the focus sharpens on preventing noncommunicable diseases, addressing risk factors, mental health, antimicrobial resistance, climate crisis challenges, and prioritizing road traffic safety. The commitment remains steadfast in building core capacities under the International Health Regulations, ensuring improved public health security. Eswatini's health odyssey continues, guided by the spirit of collaboration and the vision of a healthier nation for the next 75 years.



Former Prime Minister Cleopas Dlamini honored the call to attend and celebrate WHO at 75, reiterating the governments commitment to making health a priority

WHO 75TH ANNIVERSARY: ESWATINI COMMITS TO THE WHO AGENDA OF IMPROVING HEALTH FOR THE PEOPLE OF ESWATINI



T The government of the Kingdom of Eswatini and development partners have congratulated the World Health Organization on its 75th anniversary, and further committed to the agenda of HEALTH FOR ALL.

Speaking during a high-level event to commemorate World Health Day and WHO's 75th anniversary in Manzini City on 13 April 2023, the Prime Minister of the Kingdom of Eswatini His Excellency Senator Cleopas Dlamini recollected that the Kingdom signed a basic agreement with the World Health Organization for the provision of technical assistance on the 5th of June 1973. Since then, the Kingdom of Eswatini has walked with WHO, other partners, and all people in ensuring that all emaSwati (people of Eswatini) move to attain the highest level of health.

The colorful function was attended by Ministers of Health and Public Service, the United States of America Ambassador, the British High Commissioner, the United Nations Resident Coordinator, and Heads of UN Agencies including UNICEF, UNFPA, WFP, and UNESCO. Other guests included: senior government officials, heads of health implementing partners, civil society and religious organizations, the private sector, and the media.

In his keynote address, the PM said the Kingdom of Eswatini is proud of the public health successes that have improved the quality of life during the last seven decades. The PM observed that, through technical support from the World Health Organization and collaboration with other partners, the Government of the Kingdom of Eswatini has reduced the burden of communicable diseases, including HIV/AIDS, tuberculosis, malaria, neglected tropical diseases, and vaccine-preventable diseases.

"Over the years, deaths due to HIV/AIDS have been declining, from over 30% in the past 10 years to only 1.2% in 2022.

"There has been improved Tuberculosis diagnosis and case detection due to the rollout of technologies such as Gene Xpert. This has been coupled with improved TB treatment success rates."

"Eswatini has managed to reduce the burden on malaria over the years such that the country has received several awards and has been recognised as one of 25 countries worldwide most likely to record zero local malaria cases by the year 2025."

"Eswatini has also been polio-free for over 30 years now and is on the drive to eliminate neonatal tetanus, measles, and other vaccine-preventable diseases."

"May I take this opportunity to extend the Government of Eswatini's gratitude to the World Health Organization for the leadership and support for the COVID-19 pandemic response. I further call upon the government, development partners, and all people of Eswatini to use the opportunity of the WHO's 75th anniversary to motivate action to tackle the health challenges of today and tomorrow. Let me also reiterate that the Kingdom of Eswatini remains committed to promoting and protecting public health and equity and to ensuring healthy lives of all Emaswati." the PM said.

"The government together with WHO and support from other partners, has built a stronger health system that has enabled a reduction in the burden of communicable diseases that were troublesome in the past. Coverage of health services has also increased such that more than 80% of Emaswati live within 8 km of a health facility."- Minister of Health Hon. Lizzie Nkosi

In their remarks, both the US Ambassador HE Earl Miller, and The British High Commissioner HE Simon Boyden recalled on the roles played by their respective countries in the founding of WHO. They informed the audience that their respective Countries' support to Eswatini's health system and WHO at all its levels through bilateral and multilateral arrangements. They both pledged continued collaboration and support to both Eswatini and WHO.

"Global milestones that have been achieved so far include Smallpox eradication, marked reduction in the incidence of polio, expanded program on immunization, oral rehydration therapy, tobacco control, HIV and TB incidence, and deaths reduction and current COVID-19 pandemic from which the country is taking an opportunity to build back better the health system" , Acting WHO Rep. Dr Geoffrey Bisoborwa.

Speaking on behalf of all the UN Agencies, the UN Resident Coordinator Mr. George Wachira called for increased investment for health, particularly to ensure the availability of a skilled health workforce. He also advocating for a multi-sectoral, whole government and society approach to addressing noncommunicable diseases and ensuring healthier populations.

Despite all these successes, the country needs to focus more on preventing and controlling non communicable diseases focusing on the risk factors and mental health. Antimicrobial resistance is also a major threat as well as the climate crisis. Reducing deaths due to Road Traffic crashes is another priority. Building the core capacities under the International Health Regulations towards improve public health security is crucial as well.





ECSACON Conference: A Gathering of Healthcare Heroes for a Healthier Tomorrow

The Kingdom of Eswatini recently hosted the 15th Biennial Scientific Conference and the 7th Quadrennial General Assembly of the East, Central, and Southern Africa College of Nursing (ECSACON), marking a pivotal moment for healthcare in the region. Delegates from 16 countries convened in Manzini on September 13, 2022, celebrating a reunion that last took place in Eswatini in 1998.

The conference, themed "Improving Adolescent Health: Nurses and Midwives Working in Partnership with Communities," witnessed the official opening by WHO Director-General Dr. Tedros Ghebreyesus, acknowledging the courage of nurses during the COVID-19 pandemic and emphasizing the global shortage of nursing professionals. He highlighted WHO's commitment to supporting health workers and implementing the global strategy for nursing and midwifery.

Acting Prime Minister Themba Masuku acknowledged the dedication of nurses and midwives in addressing health challenges, emphasizing their essential role in achieving Universal Health Coverage (UHC) through Primary Health Care. Masuku stressed the need for embracing science and innovation to meet evolving healthcare challenges, especially in the face of the COVID-19 pandemic.

The conference, attended by over 400 nurses, paid tribute to those who lost their lives to COVID-19, reinforcing their commitment to upholding the standards of the nursing profession. ECSACON, with a 32-year legacy, has significantly contributed to capacity building in nursing education, regulation, and practice, making this gathering a beacon of hope for a healthier future.

During the 2022/23 biennium, WHO continued to share vital health information with the public. This includes sharing information on the work carried out by the organization in advancing the health

agenda and ensuring healthier Eswatini. Information sharing

Information was shared through various platforms such as social media, the WCO website, the traditional media, the UN website, AFRO website as well as interpersonal engagements with the public. This was done to ensure that the organization is positioned as the leading and trusted source of health information. The office produced newsletters, newsflashes, videos and social media posts which were shared through different channels.

Public health campaigns

The WCO commemorated a number of health days to ensure that the public is sensitized and stays up to date with relevant health information on specific health topics. These include commemoration of World Cancer Day, World TB

Day, World Health Day, World Blood Donor Day, World Hand hygiene Day, to name a few. These days were not only commemorated to disseminate health information but were also used as advocacy tools to position WHO as the highest authority for health matters. The 2023 World Health Day looked at the last 50 years since the Kingdom of Eswatini joined WHO. During this day, WHO was hailed by the Prime Minister of Eswatini for its contribution in improving the health of Eswatini. A video of the Prime Minister was also produced for the World Health Day global commemoration campaign. Media relations

To ensure that the WCO stays relevant with local stakeholders, the office participated in the media space in order to keep WHO's leadership position on health matters and also to maintain the expert voice in information dissemination intended for the public.





Eswatini hosts the 15th biennial East, Central and Southern Africa College of Nursing conference

The Kingdom of Eswatini has once again hosted the East, Central, and Southern Africa College of Nursing (ECSACON) delegates for the 15th Biennial Scientific Conference and the 7th Quadrennial General Assembly.

The conference kicked off on a high note in Manzini on 13 September 2022, with delegates from 16 Eastern, Central, and Southern African countries including Uganda, South Africa, Tanzania, Rwanda, Zimbabwe, Namibia, Seychelles, and the hosts Eswatini, Botswana and Lesotho. The conference was last held in the Kingdom in August 1998, under the theme: 'Improving Adolescent Health: Nurses and Midwives Working in Partnership with Communities' and was officiated by His Majesty King Mswati III. This was one of the most memorable events where the country witnessed experts in nursing and midwifery science sharing scientific knowledge and best practices aimed at improving the health of our people.

The conference was officially opened by the World Health Organization (WHO) Director-General Dr. Tedros Ghebreyesus. Delivering a recorded message, he started by applauding all nurses and midwives in Southern, Eastern, and Central Africa for their steadfast commitment and courage during the COVID-19

pandemic. He also noted that there is a shortage of nurses and midwives globally, adding that a notable shortage is in the African region.

He mentioned that at the World Health Assembly (WHA), countries committed to strengthening support and safeguarding nurses, midwives, and other members of the healthcare workforce. Dr. Ghebreyesus highlighted that WHO has developed tools to support countries to follow through on this commitment including the global strategy for nursing and midwifery. He noted that, in this regard, there are encouraging signs of progress.

"WHO remains committed to supporting all countries to strengthen their health workforce, especially in Africa and we remain committed to supporting all nurses and midwives to ensure that they receive the quality education, decent pay, safe and enabling environment, and the respect they deserve," he said.

During the official opening, His Excellency the Honourable Acting Prime Minister of Eswatini Themba Masuku acknowledged the tremendous strides that African countries have made in addressing Adolescent Health issues which, because of HIV/AIDS, suffered a setback in the early 2000s until the discovery of



Antiretroviral drugs which became a solution to the HIV burden. Masuku reiterated that the extraordinary commitment, selflessness, passion, nonpartisanship, and dedication demonstrated by nurses and midwives in addressing health challenges faced by communities and meeting Regional and Global targets cannot be over-emphasised.

He added that the Kingdom of Eswatini, just like other countries in the ECSA region, is committed to attaining Universal Health Coverage (UHC) and that nurses and midwives are essential to achieving (UHC) through Primary Health Care.

"You are often the first healthcare staff to interact with patients and sometimes the only health professional a patient will ever see. You provide care, support, and treatment for the sick, the injured, the dying and support their families and communities," he said.

Masuku noted that the change in disease burden and emerging new diseases, such as COVID-19 have highlighted the need to strengthen how healthcare is delivered in the ECSA region and the world at large. He further stated that this also challenges the nursing and midwifery professions to embrace science and innovation as they constantly search for solutions for the new and complex challenges they face in the production of Nurses and Midwives (education), Leadership and Management, research as well as clinical practice.

The Acting PM also noted that the sub-Saharan Africa region has grown economically over the last two decades with an impressive growth of over 300% rate of total GDP since 2000. This growth, he noted, has been accompanied by increases in health spending and significant gains in health outcomes with improvement in healthcare and health outcomes being directly supported by the region's economic growth. Despite the progress, Masuku added, the region still struggles with the highest disease burden in the world, including an emerging dual burden of communicable

and non-communicable diseases. "This calls for investing in the Nursing and Midwifery professions if we are to attain Universal Health Coverage as well as Sustainable Development Goals (SDGs).

"In the same vein, the COVID-19 pandemic has profoundly affected nursing education and practice. This pandemic has exposed gaps and vulnerabilities of health systems and has presented important lessons for future preparedness," he said, adding that the conference, therefore, comes at an opportune time to share lessons learned and learn from one another to contribute to attaining universal health coverage and the sustainable development goals. "We cannot succeed without each other, and we need to engage with respect and dignity whilst seeking guidance from the norms and principles that have evolved through time, experience, and collective wisdom".

The conference was attended by over 400 nurses who took the time to observe a moment of silence for all nurses and midwives who lost their lives due to COVID-19. The delegates also re-took the pledge to practice the profession faithfully and to maintain and uphold the standard of the nursing profession.

ECSACON has for the past 32 years contributed to building capacity in nursing education, nursing regulation, and practice. It has contributed to several studies conducted including the State of the World Nursing report, and the World Midwifery report to name a few.





3.2 EXTERNAL RELATIONS AND PARTNERSHIPS

WHO Eswatini remains steadfast in its commitment to advancing universal health coverage and enhancing health outcomes for the people of Eswatini. The country office collaborates closely with partners, donors, and the Ministry of Health to address the health needs of Eswatini. While significant progress has been achieved through donor support in areas such as scientific research, field programs, health goals, policy development, and behavioral change initiatives, challenges persist in key priority areas due to funding gaps.

The technical support provided by WHO, in conjunction with partner and donor contributions, has been instrumental in strengthening the health system. However, there is a recognized need for increased funding to address remaining gaps and enhance strategic planning for sustainable improvements. The collective efforts of partners and donors have played a crucial role in advancing public health in Eswatini, and continued support is essential to further build on these achievements and ensure the well-being of the population. WHO Eswatini emphasizes the importance of sustained collaboration and increased financial support to address existing challenges and work towards comprehensive health system enhancement.

Promoting health rights in Eswatini through partnership

WHO Eswatini actively participated in the United Nations' 75th-anniversary celebration of the Universal Declaration of Human Rights (UDHR), focusing on the Right to Health. Emphasizing the right of all individuals, including Eswatini, to access affordable and timely health services, WHO led efforts to raise awareness about the Right to Health both nationally and globally. The Right to Health encompasses freedoms such as control over one's health and body, including sexual and reproductive rights, and entitlements like equal access to a health protection system to achieve the highest attainable level of health.

In collaboration with the Ministry of Health and other UN agencies, WHO engaged in a concerted effort to promote the observance of the Right to Health and highlight the accessibility of health services in Eswatini. Prior to the Bushfire event, a live Right to Health dialogue was organized, featuring discussions moderated by Ms. Rejoice Nkambule, Deputy Director of Health Services from the Ministry of Health. Topics included access to sexual reproductive health for migrants, the introduction of the HPV vaccine for school-going children, youth access to health services, and the current state of HIV in the country. These initiatives aimed to spread awareness about health issues and the collaborative efforts of the government and health partners to enhance health coverage in Eswatini.

3.3 STRATEGIC COMMUNICATIONS

Driving Success: WHO Country Office Enhances Team Skills for Efficient Communication

In a proactive initiative, the WHO Country Office orchestrated a transformative training programme for its three office drivers, focusing on Interpersonal Skills and Communication in the Workplace. The sessions, held in Pretoria, South Africa, aimed at cultivating a collaborative and efficient work environment. The investment in this training was not only about driving skills but also about enhancing the overall effectiveness of the team.

Additionally, the Country Office played a pivotal role in supporting the Capacity Building Training for Country Office and Regional Office Drivers. This larger-scale training, held in Brazzaville and attended by the WCO Senior Driver, exemplifies the commitment to continuous improvement and standardization across regional teams.

The impact was evident in the enhanced communication and interpersonal skills of the office drivers, contributing to a more cohesive and productive work atmosphere. This initiative showcases the WHO Country Office's dedication to developing its personnel holistically, ensuring that every team member plays a crucial role in the organization's success.



4

FINANCIAL, HUMAN, AND ADMINISTRATIVE RESOURCES MANAGED IN AN EFFICIENT, EFFECTIVE, RESULTS-ORIENTED AND TRANSPARENT MANNER

Learning Week Leaps: WHO Office Maximizes Travel Ban for Operational Excellence

In a strategic move, the WHO Country Office efficiently utilized the travel ban week to enhance operational efficiency and effectiveness. The travel ban weeks were dedicated to comprehensive learning sessions, addressing key operational issues crucial for delivering impactful results. The diverse topics covered included the WHO Code of Conduct and Ethics, Recruitment and Selection Processes, Procurement (procure to pay cycle), Accountability and Internal Control Framework, Anti-Fraud and Anti-Corruption, Prevention of Sexual Abuse and Harassment (PRESEAH), Framework for Engagement of Non-State Actors (FENSA), and Biennium Closure Instructions.

Furthermore, two-day seminar on Human Resources Management, facilitated by the South African Hub in Pretoria, added depth to the learning experience. The seminar covered essential topics such as The Transformation Agenda, Harmonized Selection Process, Reporting Structure, Types of Contractual Agreements, Separation, Retirement/Pension, and Staff Health Insurance. This proactive approach to professional development not only demonstrates the WHO's commitment to excellence but also ensures a well-equipped and informed staff ready to navigate the complexities of their roles.

Seamless Support: A Game-Changer in Crisis Response

In a groundbreaking achievement, the country office has redefined collaboration by seamlessly integrating internal staff into external missions without disrupting daily operations. This innovation proved pivotal during a critical period, exemplified by support to WCO Malawi during the Cholera outbreak in early 2023. For six weeks, the WCO provided unwavering administrative assistance through the Programme, Budget and Finance Assistant (PBFA). This support spanned crucial areas such as Human Resources, Budget & Finance, Travel, and General Office Administration. The impact was profound, as this effectively bolstered WCO

Malawi's operations during a health crisis without compromising WCO Eswatini business continuity. This success story reflects not only the WCO commitment to global cooperation but also ability to adapt and support other budget centres in times of need. By enabling WCO staff to participate seamlessly in external missions, a new standard for efficiency, collaboration, and crisis response has been set. This achievement not only strengthens the WCO but also exemplifies dedication to making a positive impact on a regional scale.

WHO Eswatini's Success Spotlight: Achievements Unveiled in Annual Staff Retreat

The WHO Country Office in Eswatini conducted a transformative staff retreat, redefining its impact on national health. The retreat, an annual initiative, showcased remarkable achievements through a rigorous progress review of technical and support services. The organization's commitment to compliance with rules and regulations was evident in the improved performance across various domains.

One of the standout achievements was the significant enhancement in service delivery, showcasing the WHO's dedication to advancing healthcare in Eswatini. The retreat served as a catalyst for organizational efficiency, fostering an environment where every team member contributed meaning-



fully to the overarching goals. Teamwork was strengthened, creating a collaborative ethos that transcended individual efforts.

The retreat wasn't just a routine exercise but a pivotal moment to align staff thinking. This alignment translated into a more focused and concerted effort towards achieving set annual objectives. The impact was palpable, with tangible results seen in improved health outcomes, streamlined processes, and a motivated workforce ready to tackle global health challenges. The WHO Country Office in Eswatini's commitment to excellence, as demonstrated through this retreat, stands as a beacon of progress and an inspiration for future endeavors in global health.

PRESEAH

In 2023, the WHO Country Office in Eswatini continued its proactive approach to creating a safe and respectful working environment by participating in the United Nations Technical Working Group on Prevention of Sexual Exploitation and Abuse (PSEA). The office produced informative materials displayed at the UN House and utilized during UN events in Eswatini. Collaborating with other agencies, WHO extended support for the design and production of similar awareness-raising materials.

Under the UN Technical Working Group for PSEA, WHO, and WFP jointly facilitated the inaugural sensitization of UN sub-contracted staff within the UN House on preventing and responding to sexual exploitation and abuse. Amidst travel bans, inclusive discussions emphasized the prevention of sexual exploitation, abuse, and harassment (PRSEAH). Staff engagement in global webinars on PRSEAH was encouraged, reinforcing awareness of maintaining a safe and respectful work environment.

The WHO Code of Conduct was distributed in a reusable format for technical staff during all WHO events, with sensitization efforts extending to humanitarian workers and participants in emergency preparedness training and fieldwork. Collaboration with local NGOs like "Kwakha Indvodza" and Swatini Action Group Against Abuse (SWAGAA) aimed to raise awareness about Gender-Based Violence in Eswatini.

The WHO Eswatini office maintains a zero-tolerance stance against sexual misconduct, prioritizing the rights and needs of victims. Sensitization efforts have been extended to partners, emphasizing reporting mechanisms for Sexual Exploitation, Abuse, and Harassment (SEAH) cases. Donor support has played a crucial role in ensuring widespread sensitization, underscoring the commitment to prevent and address sexual misconduct.

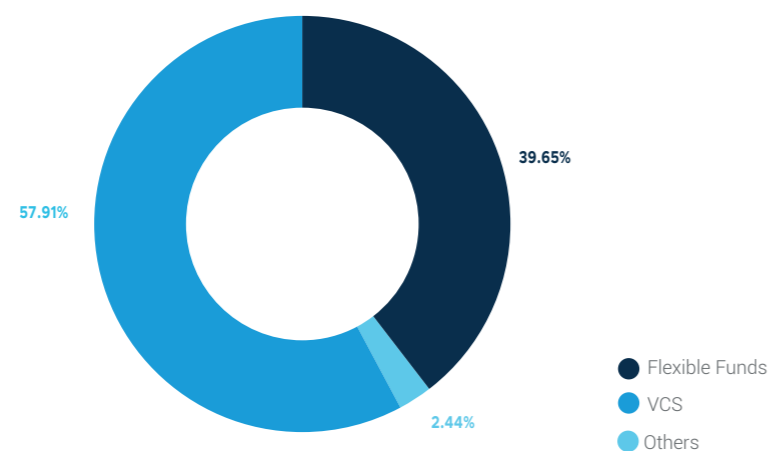


The workplan budget implementation is a crucial aspect of ensuring the successful execution of WHO's core mandate in Eswatini. In the case of 2022-2023 biennium, the budget allocation was \$9,730,563 against a planned cost of \$8,332,155, making up 86% of the allocated budget. This budget primarily focuses on three strategic priorities and one enabling pillar, aiming to benefit Eswatini through universal health coverage, protect them from health emergencies, enhance overall health and well-being, and ensure a more effective and efficient WHO to support countries.

Category	Allocated Budget	Planned Costs	% PC vs Allocated Budget	Funds Available	% Funds Available vs Allocated Budget	Utilization	Balance of Funds Available	% Utilization vs Funds Available
01	3,152,264	2,923,065	93%	2,875,314	91%	2,724,799	150,515	95%
02	580,035	257,500	44%	577,908	100%	141,920	435,988	25%
03	618,257	314,916	51%	30,000	5%	232,046	-202,046	773%
04	1,916,579	1,750,654	91%	1,187,844	62%	1,119,948	67,896	94%
10		0	0%	39,500	79%	0	39,500	0%
13	2,743,828	2,486,000	91%	1,845,116	67%	2,176,078	-330,962	118%
50	669,600	600,000	90%	164,113	25%	152,160	11,953	93%
Grand Total	9,730,563	8,332,155	86%	6,719,795	69%	6,546,951	172,844	97%

Despite the allocation, there were significant gaps between the planned costs and the actual budgeted funds across all programme areas. This discrepancy had a negative impact on the implementation of the work plan. The Eswatini WCO faced financial constraints, leading to the prioritisation of funding for salaries and the operational needs of the country office. The allocated funds received, \$6,719,795, represented only 69% of the total allocated budget for salaries and activities.

FUNDS AVAILABLE



Moreover, the funds received consisted of 40% flexible funds and 60% voluntary contributions, highlighting the challenge of securing stable and predictable funding for programme activities.



5 | LESSONS LEARNT

1. Expertise Drawing and Human Resources Gap:

• The World Health Organization Country Office (WCO) successfully utilized expertise from various levels, significantly contributing to the implementation of numerous activities. This approach effectively covered the human resources gap in the office, showcasing the importance of drawing expertise from diverse sources.

2. Collaboration with Development Partners:

• Collaboration with development partners proved to be crucial, creating a highly favorable environment for WHO to successfully fulfill its mandate. The synergies generated through partnerships facilitated smoother implementation of activities, highlighting the value of working collectively towards common goals.

3. Essential Human Resources at the Ministry of Health and WCO:

• Adequate human resources, both in terms of quality and quantity, within the Ministry of Health and WCO, emerged as a critical factor for achieving results that address all sector needs. The availability of skilled and sufficient personnel played a key role in the successful execution of various tasks and objectives.

5. Funding from Partners and Technical Support:

• The availability of funding from partners played a pivotal role in enabling the implementation of various activities. WHO's role in providing technical support was made possible through the financial support received from partners, underscoring the symbiotic relationship between financial resources and successful program execution.

4. Importance of Monitoring and Evaluation Focal Person:

• Establishing a monitoring and evaluation focal person emerged as an essential component for effective oversight and review of workplans. Having a dedicated individual responsible for monitoring and evaluating implementation contributed to the overall success of activities, emphasizing the need for structured evaluation mechanisms.



6 | CHALLENGES AND LOOKING FORWARD

The primary hurdle for the World Health Organization (WHO) in executing national priorities lies in the challenge of securing sustainable financing. The existing financial gaps hinder the complete implementation of envisioned and necessary tasks. Despite notable efforts over the past two years, which involved engaging external relations, forming partnerships, mobilizing flexible resources, and enhancing internal resource allocation mechanisms, these initiatives can only marginally address longstanding financial challenges.

The struggle to meet growing demands for support and technical assistance at both national and sub-national levels persists due to limited resources. Eswatini, classified as a lower-middle-income country, faces difficulties in attracting donor funding typically designated for lower-income nations. Economic fluctuations within the country impact resource allocation and sustainability. Moreover, a shortage of human resources within the country office and the Ministry of Health hampers effective programme implementation.

To overcome future health challenges, a renewed commitment to health equity is crucial. WHO's recovery roadmap in the aftermath of the COVID-19 pandemic emphasizes an immediate shift towards

promoting health and well-being, preventing diseases by addressing root causes, and creating conditions for health to flourish. Prioritising primary health care as the cornerstone of universal health coverage is imperative. The focus should be on:

(a) Promoting health: Facilitating a radical shift in the country towards promoting health and preventing diseases by addressing root causes.

(b) Providing health: Supporting the reorientation of health systems towards primary health care as the foundation of universal health coverage.

(c) Protecting health: Strengthening capacities, systems, and tools for health emergency preparedness, response, and resilience at all levels, underpinned by strong governance and financing, and nationally coordinated by WHO.

(d) Powering health: Utilising science, research, innovation, data, and digital technologies as critical enablers of the other priorities.

(e) Performing for health: Empowering WHO as the directing and coordinating authority on global health, positioned at the center of the national health architecture.





**World Health
Organization**

Eswatini

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