



In this issue:

- STEPS survey shows increase in NCDs risk factors among Eswatini
- Eswatini rolling -out DHIS 2 health information system
- Joint launch for TB, HIV, STI and Viral Hepatitis strategic plans
- HHFA completed to map health services availability in Eswatini
- Eswatini contributes 58 AVoHC SURGE officers to the African region
- Below average practice for immunization in Lubombo
- World Diabetes Day, World Prematurity Day

STEPS SURVEY SHOWS INCREASE IN NCDs RISK FACTORS AMONG EMASWATI



One of the stakeholders making a submission during the dissemination of the WHO STEPS survey in Mbabane

The Kingdom of Eswatini has successfully conducted and presented findings of the 2024 STEPS Survey results, which is a comprehensive assessment of non-communicable diseases (NCDs) and their risk factors.

The last STEPS survey was conducted in 2014, and this survey is conducted every 10 years to ascertain the burden and risk of the population to NCDs. The WHO STEPwise approach employs a globally standardised methodology that facilitates comparisons of NCD data across different regions and periods, allowing the country to benchmark its progress and identify areas that require urgent attention.

In recent years, Eswatini has experienced a significant rise in the prevalence of NCDs such as

hypertension, diabetes, cervical cancer, and obesity. The increasing levels of violence has further increased the burden on health facilities, overstressing the already strained supply chain management system for health commodities. These conditions are now major public health challenges, contributing to high morbidity and mortality rates. The increasing burden of NCDs highlights the urgent need for evidence-based policies and targeted interventions.

In conducting the STEPS survey, the Ministry of health worked in collaboration with stakeholders including the central statistics office, the World Health Organization (WHO) country office, AFRO and Headquarters, the World Bank and other key stakeholders. This exercise started with the development of the study protocol, mobilizing the necessary funding and resources, followed by rigorous data collection, analysis, and report writing. WHO provided the technical guidance and global -

standards for conducting the survey and provided tablets and medical equipment to facilitate data collection. Findings of the survey presented in December 2024 showed improvements in some areas but also highlighted some concerning trends that have emerged, which reflect that the prevalence of unhealthy diets, physical inactivity, tobacco use and harmful alcohol consumption continues to rise.

Tobacco use among 18–69-year-old increased from 6.9% in 2014 to 11% in 2024. Rates of overweight and obesity are alarmingly high, particularly among women at 24.7% from 22.9% in 2014. These interconnected risk factors are contributing to a growing environment where NCDs can thrive, placing additional pressure on the healthcare system and society as a whole.

Evidence is seen in other key findings of the survey which show that a significant portion of the adult population is affected by hypertension, with many cases remaining undiagnosed and untreated.

The prevalence of diabetes remains on the high side when compared with other countries in the African region, underscoring the need for early detection and effective management strategies. On a positive note, cervical cancer screening rates among women 30–49 increased from 21.7% in 2024 to 65.9%.

Speaking during the presentation of the survey findings, the WHO Representative Dr Susan Tembo mentioned that the WHO continues to support the country in combating the growing burden of NCDs.

“Through WHO’s Global Action Plan for the Prevention and Control of NCDs 2013–2020 (now extended to 2030), we have provided a framework that countries, including Eswatini, can adapt to reduce the burden of NCDs. This plan emphasizes the need for comprehensive policies that focus on promoting -



WHO Representative Dr Susan Tembo delivering her remarks during the dissemination of the STEPS Survey results

healthier environments, empowering individuals, and ensuring equitable access to treatment. Furthermore, WHO’s Global Action Plan stresses the critical importance of a multi-sectoral approach in the prevention and control of NCDs,” she said.

Dr Tembo noted that NCDs are a global challenge that cannot be tackled by the health sector alone. She mentioned that this requires the engagement and cooperation of various sectors, including education, finance, urban planning, and agriculture, to ensure that the environments in which people live support healthy lifestyles. “Success in this endeavor is only possible if all sectors of society—governments, private sector, and communities—actively participate and collaborate,” she stated.

As such, Dr Tembo urged leaders, policymakers, service providers, stakeholders, communities and individuals to take action and place prevention at the centre of the approach. She highlighted that there is a set of evidence-based, cost-effective, and feasible interventions that can be implemented in Eswatini to prevent NCDs, mental health conditions, and injuries.

These interventions, which have been developed by WHO and endorsed by the World Health Assembly, are often referred to as “best buys.”

These best buys, such as tobacco taxes, alcohol regulation, promoting physical activity, and improving access to healthier food, are proven to deliver significant health benefits at relatively low cost.

“Many of these best buys rely on legislative, fiscal, and regulatory action, which can only happen when the government as a whole, along with Parliament, takes decisive action and put in place the right policies to support these interventions”. Further, the WHO Representative commended the steps that the -

country has already taken, including the review of the Tobacco Act and the development of the Stop Obesity Roadmap and development of the NCD Health Sector response strategy for 2024-2028. These efforts set a strong foundation for the work ahead.

Meanwhile, Dr Velephi Okello, the Director of Health Services outlined that Ministry’s commitment to prioritizing NCDs control, through mobilizing the highest possible level of political commitment, enacting legislation that focus on reducing risk factors, community education and engagement on prevention measures, introducing biomedical interventions to prevent NCDs such as cancers, training health workers, stabilizing the supply chain management system for NCD medicines and diagnostics and decentralizing NCD screening and treatment to primary health care facilities.

The establishment of the High Dependency Unit at Manzini Government Hospital for NCDs is a major milestone in providing high quality care for the patients with NCD complications.



Director of Health Services Dr Velephi Okello making her remarks



NCDs program manager Ntombi Ginindza presenting an overview of the STEPS survey

ESWATINI ROLLING-OUT DHIS 2 HEALTH INFORMATION SYSTEM

The Kingdom of Eswatini Ministry of Health, in collaboration with health sector partners, has undertaken several initiatives and efforts aimed at improving the availability and use of strategic information at all levels for decision making and planning within the health system. Some of these efforts include strengthening of the Health Management Information System (HMIS) and Monitoring and Evaluation (M&E) of health systems.

The NHSSP end term review highlighted that the country has made substantial strides in automating its health facility clinical systems, particularly through the deployment of the Client Management Information System (CMIS). Despite these advancements, the challenges with data gaps and system integration remain a barrier to the overall effectiveness of the health sector's planning and decision-making processes.

The NHSSP (2019-2023) report revealed that many key performance indicators (KPIs) had missing data, which further complicates the ability to track progress and make informed decisions.

Hence, the NHSSP advised the country to establish a robust data reporting mechanism (such as DHIS2) to address these gaps and enhance its ability to measure and optimize health information systems performance. DHIS2 will help the country to integrate all the health information platforms, thereby providing holistic nationwide information for decision making.

In November 2024, the World Health Organization (WHO) sent two consultants from the WHO Regional office, Dr Jeremiah Mumo and Mr. Richard Sowah to help the country to roll-out DHIS2. These consultants, working with the WHO Country office as well as M&E team of the Ministry of Health set up the DHIS II for Eswatini. A domain is already in place for DHIS2 and URL which is currently hosted in UNICEF servers. During an interview, Dr Mumo mentioned that they have already customized tools for reporting in the new system. He stated that for sustainability of the system, there is need to have in place a team of experts who are champions of the system.



Dr Jeremiah Mumo, WHO Strategic Information Officer Ms. Jesca Chokani and Senior M&E Advisor Mr. Brilliant Nkomo leading the DHIS2 training

In that regard, Dr Mumo mentioned that they have already trained the M&E team of the Ministry of Health to customize data collection tools and to integrate the DHIS2 with the Client Management Information System (CMIS) and other databases.

He outlined that DHIS2 looks at the indicators the health sector wants to monitor, which are drawn from the NHSSP and other programme specific plans. The system also has dashboards which monitor how frequent the reporting is done at facility level. Dr Mumo mentioned that currently, there are a lot of silo databases which are not communicating to each other, posing a bigger gap.

“At the current situation, we do not have a database which can show us performance per region and also in comparison between the different Tinkhundla and between facilities. We have a functional M&E team, but it cannot analyse the data because it is in pieces. Hence, the DHIS2 will bring this data together, thereby bringing the analysis together in order for us to come up with smart dashboards that will help the health sector to visualize the data and also inform policy and planning,” Dr Mumo said.

Mrs. Nompumelelo Dlamini-Mthunzi, from the Monitoring and Evaluation (M&E) unit, highlighted the ongoing need for additional support from the WHO to ensure the full functionality of the DHIS2 within the Ministry of Health's Strategic Health Information Department. She emphasized that, in addition to technical support, there is a dire need of information technology equipment to strengthen the system's capabilities. This support is vital for enhancing the data management, analysis, and reporting processes, which are crucial for improving health outcomes and ensuring the effective implementation of health policies.



The M&E officers posing with the facilitators from AFRO -Dr Jeremiah Mumo and Mr. Richard Sowah



Dr Jeremiah Mumo facilitating the training



Dr Tiyandza Dlamini and Mrs. Nompumelelo Dlamini-Mthunzi from the M&E unit listening to presentations during the training in Manzini



Participants of the DHIS2 training following proceedings

JOINT LAUNCH FOR TB, HIV, STI AND VIRAL HEPATITIS STRATEGIC PLANS

The Kingdom of Eswatini, through support from the World Health Organization (WHO) and other key stakeholders including PEPFAR and its implementing partners such as Baylor, Clinton Health Access Initiative (CHAI), NGOs and Civil society organisations has developed and launched two national health sector strategic plans for Tuberculosis (TB) and HIV, STIs and Viral Hepatitis strategic plan. These strategic plans were launched jointly in December 2024 and will both run from 2024-2028.

The development of these high-quality National Strategic Plans (NSPs) has been shaped by a thorough process of consultation, informed by the findings of a joint program review and extensive engagement with a wide range of stakeholders. This collaborative approach is in line with WHO's recommendations, to ensure that plans are evidence-based, tailored to the specific needs of the country and set the stage for effective country ownership and successful implementation.

These strategies are aligned with the global and regional health goals. The TB strategy is aligned with the End TB Strategy, which aims to eliminate TB as a public health threat by 2035. Similarly, the HIV strategy has been prioritized in accordance with the Global HIV, STI, and Viral Hepatitis Strategic Plan, underscoring the country's commitment to the global fight against these diseases. This will ensure that Eswatini's efforts contribute meaningfully to the broader global health agenda.

The HIV, Viral hepatitis and Sexually Transmitted Infections Strategic Plan 2024-2028 provides direction for the country towards eliminating HIV, viral hepatitis, and sexually transmitted infections (STIs) as public health threats by 2028. It builds on the achievements of the National Health Sector Strategic Plan 2018-2023, leveraging lessons learnt while addressing the dynamic epidemiological realities, population growth, and the increasing burden of non-communicable diseases. The HIV, Viral hepatitis and Sexually Transmitted Infections



WHO Representative Dr Susan Tembo and Director of Health Services Dr Velephi Okello joined by partners as they display the strategic documents.

Strategic Plan aligns with the National Health Policy whose vision is to accelerate achievement of universal health coverage (UHC) through integrated primary healthcare. At its core, the strategic plan aims to provide quality, person-centered healthcare services while fostering sustainable health systems.

Speaking during the joint launch of the strategic plans, Dr Velephi Okello, the Director of Health Services mentioned that to achieve the above-mentioned goals, the strategic plan outlines six strategic priorities, which include: improve access to equitable, high-quality, people-centered services, optimize health and community systems for greater impact and enhance key drivers of progress in the health response. The fourth strategic priority is strengthening strategic information for data-driven decision making, develop sustainability and transition plans and enhance national governance and accountability mechanisms.

“Through these priorities, the NSP establishes a results-based approach, ensuring alignment between our goals, outcomes, and mission. Its implementation plan is meticulous, with clear inputs, outputs, and costed interventions, ensuring that we stay the course even in the face of internal and external challenges. Our ambition is bold yet necessary: To end AIDS as a public health threat, to significantly reduce the incidence of Viral Hepatitis and STIs and to ensure no one is left behind in accessing health services,” Dr Okello outlined.

On the other hand, the National Tuberculosis Control Strategic Plan 2024–2028 complements the HIV response by tackling one of the leading causes of morbidity and mortality in the country. Despite progress in reducing the TB burden, the disease remains a significant public health concern, with an estimated incidence of 325 cases per 100,000 people.

Thus, this TB strategy is rooted in the WHO’s End TB Strategy, emphasizing innovation, best practices, and evidence-based interventions.

It builds on insights from key reviews, including the TB Prevalence Survey, Drug-Resistant TB End Term



WHO HIV, TB and NCDs officer Dr Nomthandazo Dlamini (centre) following proceedings during the launch of the strategic documents

Review, and regional Green Light Committee recommendations. The goal of the National TB Strategic Plan 2024–2028 is to accelerate the decline in TB incidence and mortality and to move towards a TB-free Eswatini by 2035.

Speaking about this strategy, Dr Okello emphasized: “Our approach is patient-centered and focuses on expanding access to diagnostics and scaling up shorter treatment regimens for drug sensitive and drug-resistant TB. Additionally, we will strengthen partnerships through the Multisectoral Accountability Framework for TB (MAF-TB) and engage private-sector stakeholders to ensure a comprehensive response.

Both strategies emphasize human rights, gender equality, and community engagement. They aim to reduce stigma and discrimination and integrate efforts to address non-communicable diseases (NCDs). This integrated approach marks a significant step forward in Eswatini’s efforts to provide comprehensive and sustainable health solutions.

The WHO Representative Dr Susan Tembo applauded the joint launch of these strategic plans, which vividly demonstrates the effective collaboration between key health programs. Dr Tembo mentioned that by aligning these two critical health responses, the country is not only maximizing the impact of available resources but also ensuring an integrated approach to tackling both TB and HIV. “This partnership is an exemplary model for other nations to follow,” Dr Tembo said.

HARMONIZED HEALTH FACILITY ASSESSMENT (HHFA) COMPLETED TO MAP HEALTH SERVICES AVAILABILITY IN ESWATINI



HHFA consultant Mr. Richmond Sowah taking the M&E officers through part of the training

Eswatini has completed the Harmonized Health Facility Assessment (HHFA) through funding from Global Fund and technical assistant from the World Health Organization (WHO).

The assessment was commissioned in July 2024 and the data collection was completed in September. The WHO country office, WHO regional office for Africa (AFRO) and HQ provided technical support towards this activity. WHO helped the Ministry of Health to develop and tailor the assessment protocol to meet both local context needs and the WHO standards. WHO also provided experts to help in the digitization of the questionnaires for efficient data collection. This exercise was followed by the installation and configuration of the CPRO software on data collection tablets as well as configuring the laptops for the assessment team.

The HHFA is an upgraded version of the WHO Service Availability and Readiness Assessment (SARA), which was last done in 2017 in Eswatini. This assessment incorporates elements from various global health facility survey tools and indicator lists. The HHFA data enables health systems to evaluate their capacities, pinpoint areas needing improvement, and strategise interventions to enhance service delivery.

This fosters a data-driven approach to resource allocation and policy implementation, ensuring that services meet established benchmarks and supporting global health objectives.

The assessment team visited all 327 health facilities across the country, including clinics, health centers, and hospitals. The HHFA consists of four modules designed to evaluate different aspects of health service delivery: These include Service Availability, Service Readiness, Quality and Safety of Care, as well as Management and Finance. However, the third module, which was intended to assess the quality of care and adherence to safety and clinical guidelines, was postponed to a later date due to time and logistical constraints.

In the first module, the assessment teams identified the services available at each facility. The second module focused on evaluating the readiness of these facilities to provide the identified services to the public. This included assessing the infrastructure, staffing, and resources required to deliver quality care effectively. Finally, the third module assessed the management and financial aspects of service delivery.

Mr. Richmond Sowah, a consultant engaged by the WHO, mentioned that data collection, cleaning, and analysis have been completed across all health facilities. He stated, "What is left now is to finalise the data and prepare a comprehensive report which will inform future planning and decision making. This exercise is expected to be complete by January 2025."

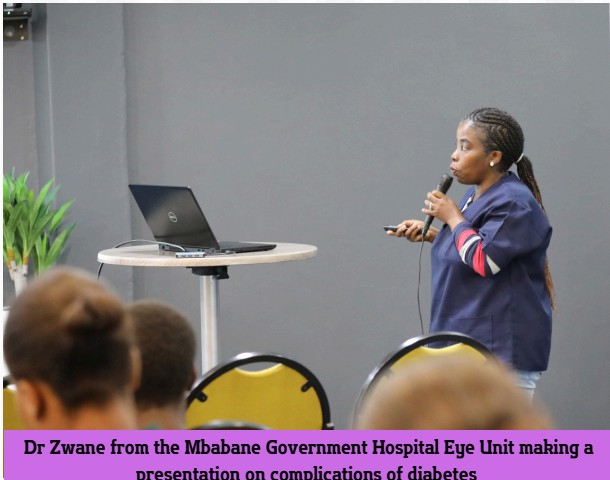
WHO Representative Dr Susan Tembo mentioned that the availability and quality of health services are essential for robust primary health care, universal health coverage, and achieving the Sustainable Development Goals (SDGs). Dr Tembo stated that this assessment is critical for improving health service delivery, strengthening primary health care, and advancing towards universal health coverage, in alignment with the SDGs. She reiterated therefore, that WHO will further offer guidance and support in analyzing and the collected data to ensure accurate and actionable insights.

- 24 million adults in Africa are living with diabetes, half of whom remain undiagnosed.
- If left untreated, diabetes can lead to complications such as: heart disease, stroke, nerve damage, kidney failure, lower-limb amputation, and eye disease that can result in blindness

*Get tested for diabetes and start treatment early
"Breaking Barriers, Bridging Gaps",*



PICTORIAL: WHO LEADS UN ESWATINI COMMEMORATION OF WORLD DIABETES DAY



Dr Zwane from the Mbabane Government Hospital Eye Unit making a presentation on complications of diabetes



Head of Office for the Resident Coordinator's office Mr Benjamin Ofosu-Koranteng leading the programme



Hhohho region Health Promotion officer Ms. Sakhile Mbhamali making a presentation on healthy diet



UNDP Head of Agency Mr. Henrick Francklin (left) joined the UN aerobics team



Mr. Vusi Shabangu from the NCDs Unit talking about NCDs risk factors



UN staff doing aerobics to promote physical activity during the UN commemoration of World Diabetes Day



UN staff and support staff listening to presentations during the World Diabetes Day launch at the UN offices in Mbabane

ESWATINI CONTRIBUTES 58 SKILLED AND READY-TO-BE-DEPLOYED HEALTH EMERGENCY RESPONDERS TO THE AFRICAN REGION

The Kingdom of Eswatini has produced 58 skilled and ready-to-be-deployed health emergency responders in contribution to the target of 3000 volunteers set to be trained in the African region under the African Health Volunteers Corps (AVoHC) SURGE trainings.

AVoHC is a network of African volunteer medical and public health professionals established by the African Union to support emergency response to disease outbreaks in the region. 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 trainings. The SURGE initiative aims at training 3000 African responders (at least 50 per country) who can be deployed within 24-48 hours of occurrence of an emergency.

Eswatini, a country with a population of 1.2 million people, has surpassed the threshold set by the African region and trained 58 responders. These officers from various sectors and disciplines were trained in two phases. These first cohort was trained between October and November 2023 and second cohort between November and December 2024. These volunteers were named **Nkwe! African Health Volunteers Corps** by Minister of Health Honorable Mduduzi Matsebula during the certification of the first cohort early this year.

The month-long training of the second cohort was officially opened by Chief Executive Officer of the National Disaster Management Agency (NDMA), Mr. Victor Mahlalela. This training encompasses modules on Public Health Emergency Operations Centers (PHEOC), Humanitarian Coordination and Health Clusters, Rapid -



The second cohort AVoHC SURGE team doing their practical during the RRT module training



The participants being taught how to don their Protective Personal Equipment



Participants doing practical work on how to take videos and photos using their phones during emergencies



Response Teams (RRT), Vaccine Preventable Diseases and critical topics such as Gender-Based Violence (GBV) and Prevention and Response to Sexual Exploitation, Abuse and Harassment (RSEAH).

“In 2023 and early 2024, the Ministry of Health, in partnership with WHO and the World Bank, provided both technical and financial support to train the first cohort of 20 responders in Eswatini. Through the support of WHO, today, we celebrate the graduation of the second cohort of 38 AVoHC SURGE members, who are now equipped to respond to emergencies. This marks a significant milestone in strengthening the collective capacity to prepare for, respond to, and recover from public health emergencies,” said WHO Representative Dr Susan Tembo during the official closing of the training in Mbabane.

Dr Tembo mentioned that the training represents more than just the acquisition of skills, adding that it embodies a shared commitment to resilience and health security. “The COVID-19 pandemic, among other crises, has taught us the critical importance of local expertise in managing emergencies. By investing in programs like the AVoHC SURGE, we are building a foundation of preparedness that will enable us to face challenges with confidence and efficiency,” she said.

Dr Tembo noted that public health emergencies have far-reaching and devastating consequences, in that, they overwhelm fragile health systems, disrupt essential services, and exacerbate socio-economic inequalities. She outlined that the COVID-19 pandemic served as a sobering litmus test for emergency preparedness and response systems, particularly in the African region. This global crisis exposed critical vulnerabilities in countries’ ability to respond effectively to outbreaks and other public health threats. She therefore commended the participants of the training, emphasizing that their readiness to be deployed at both national and international levels will undoubtedly contribute to saving lives and safeguarding communities during times of crisis.

“As you return to your respective roles, I urge you to carry forward the spirit of collaboration and excellence that has defined this training. Use the tools and knowledge you have gained to strengthen our emergency response systems, support your communities, and contribute to the broader mission of health security,” she said.

WORLD
PREMATURITY

DAY



PICTORIAL: WORLD PREMATURETY DAY COMMEMORATION





SUPPORTIVE SUPERVISION: BELOW AVERAGE PRACTICE FOR IMMUNIZATION IN LUBOMBO

With support from the World Health Organization (WHO) and other partners, The Ministry of Health, through the Expanded Programme on Immunization (EPI) conducted Supportive Supervision in the Lubombo region. This exercise took place in December 2024, where WHO and Ministry of Health officials – including facility nurses and programme officers conducted active surveillance and integrating routine supportive supervision in the Lubombo region. The teams visited different facilities including government hospitals, private hospitals and clinics. The purpose of the supervision exercise was to track progress on the delivery of routine immunization services, including HPV and COVID-19 vaccination.

Findings indicated below average practice in some facilities. Lubombo is one of the regions with low routine immunization coverage.

Other observations in some of the facilities were that vaccines that have been opened for over six hours were found in the vaccine carriers. However, other facilities were doing well in that: multi dose vial policy was in place in most of the visited facilities and multi dose vial were at VVM at usable stage.

“One area that needs improvement is the vaccine carrier where we found that some of the vaccines have been kept for more than six hours whilst open. That is not good practice since the vaccine lose its potency and must be discarded after six hours,” said WHO HPV focal person Dr Angel Dlamini.

The facility nurses were also reminded to report all suspected cases of the diseases under surveillance including measles, Active Flaccid Paralysis and neonatal tetanus.



The supervision team posing with health workers at Khwezi Clinic



Dr Angel Dlamini, EPI Officer Mr Tholokwakhe Simelane and Lubombo EPI focal person Sakhile Msimango observing some vaccines in the fridge at Lubombo Clinic



Sister Thuli Magagula from the EPI unit observing immunization documents at Nkonjwa clinic



Ms. Nceda Khumalo from the Health Management Information System (HMIS) verifying data in one of the clinics

PICTORIAL: WCO RETREAT



WHO ESWATINI ON X

WHO Eswatini @WEswatini · Oct 14 Promote

🇸🇰 is set to pursue the Path to Elimination of Mother-to-Child Transmission of HIV, syphilis & hepatitis B virus. This initiative for triple elimination is being supported by UN Country teams, including WHO, UNICEF & UNAIDS, along with PEPFAR, Baylor implementing partners & CSOs

WHO Eswatini @WEswatini · Oct 25 Promote

#WHO staff led by WR Dr Susan Tembo joined the #UN Day commemoration at Ezulwini Community Primary School where the UN was promoting the SDGs 2030 agenda. WHO engaged the young ones on the SDG3 targets and the role of WHO in the 2030 agenda. "Taking the #UN to the people"

WHO Eswatini @WEswatini · Nov 27

Immunization Agenda 2030 aligns with global efforts to enhance vaccination & immunization strategies. With the expiration of ESwatini's comprehensive Multi-Year Plan, there's a critical need to develop a new national immunization strategic plan to effectively guide immunization services

WHO Eswatini @WEswatini · Nov 25 Promote

In a world where emerging outbreaks are inevitable - preparation for health emergencies remains critical. The 2nd cohort #RapidResponseTeam #AVoHCSurge training mock-up sessions underway today in #Mbabane #Eswatini. #Theoryinaction #HealthForAll

WHO African Region and 6 others

WHO Eswatini @WEswatini · Nov 23 Promote

#WHO and partners training the second cohort of emergency responders in Eswatini. The team was taken through photography, video graphics, use of social media etc. The team of 38 officers from different sectors joins 20 others who were trained last year under #AVoHC SURGE.

WHO Eswatini @WEswatini · Nov 27 Promote

The Eswatini Ministry of Health is developing the National immunization strategy for 2025-2029 with assistance from WHO, which will guide its operations for five years.

WHO Eswatini @WEswatini · Oct 11 Promote

Today, UN staff attended an insightful Breast Cancer Awareness session led by WHO. Together, we're promoting education and support for early detection and prevention! #BreastCancerAwareness #UNforHealth #WomensHealth

WHO Eswatini @WEswatini · Oct 29 Promote

Exciting news! Dr Angel Diamini will be discussing polio and vaccine access in Eswatini, highlighting the vital efforts of WHO to boost vaccine uptake in the region. Stay tuned for insights on improving health for all #PolioAwareness #VaccinesWork #Eswatini #HealthForAll



The World Health Organization (WHO) Eswatini staff wishes you and your loved ones a happy new year filled with love, peace and good health.



As we kick off the new year, we reflect on the year gone by with gratitude for the resilience and strength of our communities. Together, we have faced challenges and made remarkable strides towards better health for all.

From all of us at WHO Eswatini, we extend our warmest wishes for a new and fruitful year ahead, good partnerships and collaboration for a healthier Eswatini population.

Thank you for your unwavering support and commitment to a healthier future.

Wishing you and your loved ones a prosperous New Year!

ACKNOWLEDGEMENTS



KINGDOM of ESWATINI
Ministry of Health

