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With Support from the World Health Organization (WHO) and other partners, the Kingdom of Eswatini has conducted a comprehensive Extended Programme on Immunization (EPI) review. This exercise was conducted by both external reviewers from AFRO, as well as internal reviewers. The last comprehensive EPI Review in Eswatini was conducted in 2016. WHO recommends that EPI Programme reviews must be conducted every 5 years, which then feeds into the development of the National Strategic Plan. The comprehensive EPI programme review will guide the development of a new National EPI Plan, which will also be in line with the National Health Sector Strategic Plan, which is also being reviewed this year.

The purpose of the review was to assess the performance of the immunization programme and vaccine preventable diseases surveillance over the past 5 years, to assess the impact of the health system and external environment of EPI performance over the past 5 years, conduct data quality and information systems review and also to conduct effective vaccine management assessment. The review teams conducted the assessment in different health facilities and partners who are supporting vaccination in the country. According to the review, a lot has been achieved in the past 5 years including the introduction of new vaccines such as the Human Papilloma Virus (HPV) vaccine for prevention of cervical cancer among girls 9-14 years old, which was introduced this year (2023).
COVID vaccine was also introduced during the period under review. Community members were also interviewed, and people highlighted a lot of things that have been achievements and those that still need to be improved including vaccine stockouts. “The results will inform our new strategy for the next 5 years so that we are in a good position to improve on the shortfalls that have been observed. We are happy that the government is still committed to procuring 100% of our vaccines including the newly introduced HPV vaccine,” said EPI Program Manager Xolisiwe Dlamini.

Dlamini mentioned that there were still people who do not want to take vaccines, especially the COVID vaccine among the adult population. She said, however, a very small number of parents who do not want their children to vaccinate still remains. “Some refuse because their children are simply “not sick”, and those who refuse on religious beliefs are very small in number. Working with the Deputy Prime Minister’s office, we have been able to use that programme to get parents to vaccinate their children. So, vaccine refusals are no longer a big issue,” she said.

Meanwhile, Deputy Director of Health Services Ms. Rejoice Nkambule noted that the EPI systems have been over challenged by the introduction of other vaccines such as COVID-19 and HPV which cater for adolescents and adults. She noted that the EPI systems were initially developed based on under-fives, but suddenly have to integrate COVID vaccine and now HPV. “Have our systems adjusted? We need to incorporate that into the new strategy. On the pipeline, we have the Malaria vaccine coming and we cannot use the same systems for the other vaccines,” she emphasised.

The Eswatini EPI programme is committed to achieve and maintain high immunization coverage by reaching all children with potent vaccines and reduce the number of unvaccinated and under vaccinated children, sustaining availability of current vaccines given as per recommended vaccination schedule, introducing new vaccines when they become available, and maintaining a high quality and sensitive surveillance system including improving data management at all levels aiming to reach the GVAP targets.
ESWATINI PREPARES FOR A FULL-SCALE CHOLERA SIMULATION EXERCISE

The purpose of the simulation exercise is to evaluate the country’s preparedness and response mechanisms to emerging public health threats, and to provide opportunities to validate existing mechanisms, protocols and standard operating procedures as well as identify areas for improvement.

To prepare for this exercise, the country received a grant of E42 million from the World Bank. The country also received technical support and trainings from the World Health Organization Regional office. Dr Masitsela Mhlanga, the EPR manager said it was important to reflect on the lessons learnt from the COVID-19 pandemic as they prepare for the next pandemic that might occur. He said a Joint external evaluation (JEE) was conducted in 2018 which identified gaps in terms of preparation and responding to health emergencies. Following that, the Ministry of Health started by conducting a health assessment to identify the priority risks which identified about 13 hazards as top priority.

“Then developed a health emergency operational plan to address those key hazards that have been identified. Now it is time to test those plans by conducting a full-scale simulation exercise to see if the plans are in line with what we plan to do in the likely event an emergency occurs,” said.

“We know that most of the hazards when we experience them, they end up in the ministry of health, whether in a health facility, but one way or the other, the health sector has to deal with the secondary impacts of hazards. So, preparedness is a priority for us as NDMA,” said Victor Mahlalela, NDMA Operations Director.

After, identifying thirteen (13) hazards likely to affect the Kingdom of Eswatini, the Ministry of Health and the National Disaster Management Agency (NDMA) is preparing to conduct a full-scale simulation exercise in November 2023.

The simulation exercise will focus on cholera, however, other top priority hazards identified during a meeting in November last year include 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. In 2021, the WHO African Region experienced its worse cholera outbreak in a decade, with a total of 137,116 cases and more than 4062 deaths recorded in 19 countries. In Africa, 14 countries have reported cholera cases since January 2022, and all Southern Africa region has been reported high cases including Mozambique with 30843 cases and 132 deaths as well as South Africa with 78 cases and 8 deaths. Eswatini has so far reported 2 cholera cases and zero deaths.
The World Health Organization supported the commemoration of World Environment Health Day, which is celebrated every year on the 26th of September. The commemoration was held across four days in different towns around the country from 25 – 28 September and was led by the Environmental Health Department (EHD), under the Ministry of Health. The selected towns included Hlatikulu in the Shiselweni region, Luve in Manzini, Buhleni under Hhohho Region and Siphofaneni under Lubombo. The commemoration included food outlets inspection, shops inspection, health education and distribution of IEC material.

The purpose of the commemoration was to raise awareness and send environmental health messages to the public while emphasizing the importance of caring for the environment. This platform was used to increase visibility and the importance of prevention services delivered at all levels: community, regional and national level. It also served as a networking platform in order to strengthen collaboration among the Environmental Health Department, implementing partners and other relevant stakeholders.

This year’s theme was: “Global environmental health public health: standing up to protect everyone’s health each and every day”. Local slogan was: “Stand up! Protect yourself and your neighbour from environmental health diseases”. Environmental Health Officers from the Ministry of Health, local municipalities and the University of Eswatini conducted mass shop inspections in selected areas in the four regions, while implementing partners and stakeholders had stalls for health information dissemination to the public.

During the inspections, Environmental Health officers found that some food handlers had no basic training on food hygiene and safety, there was unavailability of thermometers to verify temperatures of food and equipment, food products without batch numbers and date markings (date of manufacture and date of expiry) were displayed for sale, some food business operators were running their businesses in structures that are not fit to keep food. As a result, some expired food items were removed from the shelves and disposed.

Another challenge faced by the Inspectors was that some business operators denied entry of Environmental Health officials to conduct inspections. Hence, the lesson learnt is that there must be collaboration with other stakeholders such as Royal Eswatini Police Service as well as the Ministry of Commerce Industry and Trade in the event businesses are found to be operating without valid trading licenses.
Stakeholders and members of the public following proceedings during the World Environmental Health Day commemoration.

Condemned food items being loaded in a skip before transportation to a landfill for disposal.

Environmental Health officers marching and displaying a banner with the World Environmental Health Day localised theme.

Bakery equipment which was found in one of the food establishments during the time of inspection.
The Ministry of Health introduced the Essential Health Care Package in 2012, as a key component for moving the sector towards Vision 2022, which is for “Eswatini to be a first world country”. The country envisaged that the essential health care package was a vital tool for attaining universal access to quality health care, as well increasing equitable distribution of health care services.

Following the successful review of the National Health Sector Strategic Plan 2019-2023, the Ministry of Health, with support from the World Health Organization (WHO) has kickstarted the development of a new Essential Health Services Package (EHSP), which started with a training conducted by WHO Regional Office to capacitate the locals on the new WHO tool used to develop the EHSP. The actual review and development process kickstarted in Simunye on 9 October 2023. According to a consultant engaged by WHO to lead the process Dr Khosi Mthethwa, the development of the new EHSP is expected to end in November.

This package is defined as “a set of the most cost-effective, affordable and acceptable interventions for addressing conditions, diseases and associated factors that are responsible for the greater part of the disease burden of a community”. The EHSP is divided into four age cohorts including 5–9-year-olds, 10–24-year-olds, 25–49-year-old as well as 60 and above. Dr Mthethwa said the segmentation was necessitated by the fact that management of diseases may differ from person to person, depending on their age, hence they were using the client-centred approach in the development of the new package.

“Per cohort, there is a specific way of managing the client. For example, the management of HIV in a child may not be the same as management of the same disease in a pregnant woman.

So, that is why we have decided to focus on cohorts instead of focusing on the condition as it was the case in the previous package,” she said. The new EHSP takes into consideration the emerging of new diseases such as COVID-19, the increasing burden on non-communicable diseases with growing evidence that they are also affecting children, such as cancers. Implementation of the EHSP will involve investment in human resources for health, infrastructure, medical equipment as well as improvements in the supply chain system. It will also involve creating efficiencies within the Ministry of Health to unlock critical financial resources for improved health service delivery. This will be made possible by using the district health concept as the centre of focus in service delivery, especially bearing in mind the country’s efforts to implement decentralization across all sectors.
PICTORIAL: NATIONAL HEALTH SECTOR STRATEGIC PLAN LAUNCH/ WHO-MOH CONSULTATION MEETING
ESWATINI HEALTH PARTNERS AND DONORS

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