



World Health  
Organization

Eswatini

# ESWATINI

2024 ANNUAL REPORT





**World Health  
Organization**

Eswatini

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# MESSAGE FROM THE WHO ESWATINI REPRESENTATIVE



On behalf of the World Health Organization in Eswatini, I am honored to present this year's Results Report which is a reflection of our collective milestones and achievements made possible through collaboration with the Government of the Kingdom of Eswatini and our dedicated health partners.

The year 2024 has been a remarkable chapter in our journey towards strengthening the national health system. Thanks to the unwavering commitment and resilience of all stakeholders, the country office has made significant strides, many of which are vividly captured within this report. While we acknowledge the funding gaps that still challenge some programs, our resolve remains firm. WHO continues to stand in

steadfast support of the Ministry of Health, driven by the conviction that every effort counts in saving lives and advancing health equity.

This report is a testament to the extraordinary spirit of partnership and shared purpose. We extend heartfelt gratitude to the Government of the Kingdom of Eswatini, our implementing partners, and every community member whose vital contributions have helped turn vision into reality. Your dedication, compassion, and collective strength inspire us all.

As we look ahead, the WHO remains committed to working hand in hand with all stakeholders to build resilient, equitable, and people-centered health systems. It is only together that we can create a healthier, brighter future for the citizens of Eswatini. A future where everyone has the opportunity to thrive and fulfill their full potential. Thank you for your continued trust and partnership. Let us carry this momentum forward, united in purpose and hope.

Enjoy the read,

**DR SUSAN TEMBO**





# 2024:

## In numbers



These are updated statistics till December

# 2.4%

### Annual improvement in UHC

The current UHC index for Eswatini is 58% and is above the regional average of 46%

# 49,299

### Learners received Praziquantel

Mass deworming administration attained a coverage rate of above` 75%,

# 44.2%

### Increase in cancer screening among women

Eswatini has the highest cervical cancer burden in the world

# 53,003

### Learners received Albendazole

Mass deworming administration attained a coverage rate of above` 75%,

# 73.6%

### Girls immunized against HPV

Against a target of 2,000 ,180 immunocompromised girls were also reached.

# 304

### Healthcare workers trained

on screening and diagnosis of Mpox suspected cases

# 50%

### Decrease in new HIV infections

Young women still remain disproportionately affected.

# 400

### HRH workers to be deployed

HRH to be deployed in various levels of health care service delivery. 189 HRH positions have been filled thus far

# EXECUTIVE SUMMARY

This is the concise overview of the 2024 annual report



Jan - Dec 2024



WHO, MoH, Health partners in Eswatini

In 2024, the World Health Organization (WHO) in Eswatini made significant strides in enhancing the country's health system and bolstering emergency preparedness and response capacities. Through close collaboration with the Government of Eswatini and key stakeholders, the WHO supported strategic initiatives that have established a strong foundation for achieving Universal Health Coverage and health security.

Key accomplishments include the completion of the National Health Sector Strategic Plan (NHSSP) 2019–2023 End-term Review, which provided critical insights to inform the next planning cycle. Building on these findings, WHO supported the development and finalization of the NHSSP 2024–2028, outlining strategic health priorities for the next five years.

To promote equitable service delivery, WHO finalized a comprehensive Essential Health Care Package and circulated the Health Labour Market Analysis report, which guided workforce planning. The development and validation of the Human Resources for Health (HRH) Strategic Plan 2024–2030 further aligned health workforce investments with national priorities.

Data quality and usage improved significantly with the rollout of the District Health Information System (DHIS2). At the same time, the Harmonized Health Facility Assessment (HHFA) generated actionable data to enhance service delivery at the facility level.

On health security, WHO supported Eswatini's annual International Health Regulations (IHR) reporting and conducted the second Joint External Evaluation (JEE), which identified priority areas for capacity building, resulting in an overall preparedness score of 45.7%. Through the Emergency Preparedness and Response (EPR) Flagship Initiative, the WHO facilitated the development of a validated, costed two-year roadmap. Additionally, over 50 responders were trained under the African Volunteer Health Corps (AVoHC) SURGE initiative to enhance national and regional readiness. A Digital Learning Platform was also established to ensure ongoing capacity building for emergency response teams. Mpox preparedness has been strengthened through the development of contingency plans, the enhancement of surveillance tools, and training for over 300 healthcare workers in case detection and response.

To boost community engagement, the WHO has piloted a health-focused television show to promote health awareness and increase demand for services.

The role of the WHO in coordinating partners and mobilizing resources has been further solidified, with the organization recognized as a key leader in proposal development and donor engagement. These collective efforts have reinforced Eswatini's path towards a more resilient, equitable, and responsive health system, supporting better health outcomes for all.



# WHO CONTRIBUTIONS TOWARDS HEALTH OUTCOMES



## 1. UNIVERSAL HEALTH COVERAGE: Health Systems Strengthening

Eswatini aims to attain Universal Health Coverage (UHC) by ensuring that all citizens can access quality health services without financial hardship. The government is making progress by concentrating on essential primary healthcare package and integrating disease programs. However, challenges persist, including limited infrastructure, a shortage of healthcare workers, and funding constraints.



### Health Systems Strengthening

Eswatini has made significant progress towards attainment of UHC through enhanced health leadership, service delivery, and financing mechanisms, supported by the NHSSP 2024–2028. Key achievements include high immunisation coverage, although challenges related to non-communicable diseases and workforce shortages persist. Despite increased health spending, inefficiencies remain, prompting efforts to improve resource utilisation through initiatives funded by the Global Fund and WHO reforms. The introduction of DHIS2 has enhanced data integration for policy planning; yet, issues with interoperability and sustainability continue. Legal reforms, workforce development, and system integration are crucial for achieving inclusive, rights-based UHC for all citizens.

# 58%

 UHC INDEX

The current UHC index for Eswatini is 58% and is above the regional average of 46%

# 10,531

### Health worker deficit





## Health leadership and governance

Significant progress has been made in strengthening health leadership and governance in Eswatini, aligning with the country's broader development agenda outlined in the National Development Plan (NDP) 2024–2028. The Plan emphasizes a return to economic recovery through principles of good governance, fiscal consolidation, and inclusive growth. In this context, the health sector has positioned itself as a key pillar for sustainable development by aligning its priorities with the NDP and implementing them through the newly developed National Health Sector Strategic Plan (NHSSP) 2024–2028.

This fourth generation NHSSP strongly emphasizes achieving UHC, health system resilience, equity, and addressing the social determinants of health, including poverty, education, and gender equity. The expiration of the NHSSP 2019–2023 presented a strategic opportunity to review achievements and gaps while envisioning the future trajectory of the health sector. With support from the WHO, both in terms of technical and financial assistance, the Ministry of Health conducted a comprehensive review of the previous strategy. It facilitated a participatory process to

develop the new National Health Service Strategy Plan (NHSSP) (2024–2028). WHO's contribution ensured that the plan aligned not only with national priorities but also with the Fourteenth General Programme of Work (GPW14), global UHC goals, and regional strategies. The support from WHO included facilitating multi-stakeholder consultations, providing guidance on strategic direction, and assisting in the development of robust monitoring frameworks.

As part of efforts to enhance health system governance and service delivery, significant legal reforms have been initiated. These include the review of the outdated Public Health Act of 1969 and the finalization of the health Bill of 2012. The new act of 2023 establishes a Health Service Commission tasked with overseeing the recruitment, appointment, and management of the public health workforce. It also provides a legal foundation for developing norms and standards that aim to improve the quality, accessibility, and responsiveness of health services. These reforms aim to create an enabling legal environment for delivering essential, rights-based, and people-centered health services across the country.



Capacity building and stakeholder engagement were pivotal components of the NHSSP development process. A total of 200 key stakeholders, including policymakers, health managers, and representatives from civil society, were sensitized and trained on the contents and implementation mechanisms of the NHSSP 2024–2028. Additionally, 50 policymakers participated in focused sessions that contributed to the formulation of evidence-based policies on health financing, service delivery, and tobacco use control. To facilitate dissemination, 100 hard copies of the NHSSP were produced and distributed to national and regional stakeholders, thereby ensuring consistent guidance for the provision, protection, and promotion of health for all EmaSwati.

These achievements have been made possible through strong partnerships and coordinated action. The WHO worked collaboratively across its three organizational levels and in close collaboration with the Ministry of Health, providing harmonized technical support and strategic direction. The process also benefited from the contributions of various national actors and development partners, reflecting a whole-of-government and whole-of-society approach to health governance.

Nonetheless, some challenges have arisen. The legal review process, particularly finalizing the Health Act, experienced delays due to the necessity for consensus building and alignment with national legislative processes. WHO mitigated these delays by facilitating ongoing stakeholder dialogue and providing technical justification for legal updates. One of the key lessons learned was the importance of early and sustained engagement with policymakers and implementers, which fosters national ownership and ensures more effective implementation of strategic plans. The participatory process also uncovered opportunities to strengthen connections between health and other sectors, particularly in addressing the social and economic determinants of health.

In the future, prioritizing the enactment and operationalization of the Health Bill is crucial to enabling functional governance structures. Continued investment in capacity development—especially at subnational levels—will be essential for translating strategic priorities into measurable health outcomes. Moreover, institutionalizing regular monitoring, review, and accountability mechanisms will aid in tracking NHSSP implementation while ensuring that no one is left behind, including women, children, persons with disabilities, and other vulnerable groups.



Significant progress has been made in enhancing the quality, safety, and accessibility of health services in the Kingdom of Eswatini, contributing towards the overarching goal of achieving Universal Health Coverage (UHC) by 2030. The country has recorded a gradual increase in UHC service coverage. While the period between 2000 and 2015 experienced an annual improvement of 2.4%, the pace slowed to 0.5% between 2015 and 2021. As of the latest reporting period, Eswatini's UHC Index stands at 58%, which is above the regional average of 46%. This indicates that while foundational progress has been made, particularly in communicable disease interventions, the pace must quicken to meet UHC goals.

Outcome indicators demonstrate strong performance in specific service areas. Coverage rates exceed 80% for critical interventions, including childhood immunization, family planning, and tobacco cessation. Additionally, progress has been observed in antenatal care, reproductive and child health, HIV treatment access, basic sanitation, and care-seeking behavior for child pneumonia, with scores ranging between 60 and 76%. However, challenges persist in the management of non-communicable diseases (NCDs) (59%), implementation of the International Health Regulations (IHR) core capacity (40%), overall service capacity and access (34%), and management of non-elevated blood pressure (30%). The density of the health workforce remains critically low at 10%, signaling a pressing need for systemic investments in human resources for health. WHO made significant contributions to these results by providing technical support to strengthen the health system through strategic planning and policy development. The WHO collaborated with the Ministry of Health to enhance the capacity of national institutions to design and implement evidence-based strategies focused on achieving UHC. This included supporting health system assessments and tracking UHC performance, which informed the development of high-priority policy documents. These documents informed decisions on health financing, service delivery models, and resource allocation, with a particular focus on equity, gender, and human rights.

At the output level, several critical infrastructure and service delivery upgrades were completed. Between July and September 2024, the Ministry of Health operationalized the new surgical theatres at Mbabane Government Hospital's Referral and Emergency Complex, significantly enhancing the hospital's capacity to manage critical and emergency cases. In addition, a High Dependency Unit (HDU) dedicated to managing severe NCD cases was commissioned at Manzini Government Hospital, addressing a long-standing gap in critical care services.

To strengthen public health service delivery at the community level, the Hlathikhulu Public Health Unit was completed and made operational, thereby expanding access to essential services in underserved regions. Another significant achievement was the advancement of cancer care services through the finalization of a national funding proposal for the establishment of Eswatini's first public radiotherapy center. This milestone was facilitated by the enactment of the Nuclear and Radiation Safety Law, laying the legal and institutional groundwork for safe and effective cancer treatment. Once operational, this center will reduce dependency on costly overseas referrals, particularly benefiting women and low-income patients who previously faced barriers to accessing specialized oncology care. These achievements were realized through strong multisectoral collaboration. The WHO played a convening role by working across its three levels of engagement (country, regional, and headquarters), while supporting national stakeholders in leading the implementation. The Ministry of Health partnered with relevant ministries, donor agencies, and civil society organizations to mobilize resources and integrate efforts for maximum impact. These partnerships ensured that service delivery investments were aligned with national priorities and addressed the needs of vulnerable populations, including persons living with disabilities. Despite these gains, several challenges have emerged. The slow pace of progress in NCD and health workforce indicators highlights underlying systemic constraints, such as limited budget allocations for chronic disease programmes and insufficient investments in training and retaining health workers. The WHO and its partners have mitigated some of these risks by advocating for policy reforms and supporting national health workforce planning. Key lessons include the importance of integrating service delivery with disease surveillance and health promotion, as well as leveraging legal reforms to catalyze infrastructure development and service expansion.

Moving forward, the WHO, the Ministry of Health, and its partners are encouraged to scale up interventions targeting NCDs and IHR core capacities. Prioritizing health workforce development and ensuring sustained financing for service capacity expansion will be critical. Additionally, routine monitoring and community engagement should be institutionalized to ensure that service delivery remains inclusive, rights-based, and responsive to the needs of all population groups, especially women, children, and those in remote and underserved areas.





Eswatini demonstrated a steady increase in national health investments, with Total Health Expenditure rising from SZL 5.2 billion in 2018/19 to SZL 5.7 billion in 2019/20. Per capita health spending also increased from SZL 4,630 (USD 330.65) in 2018 to SZL 5,041 (USD 342) in 2019, exceeding the global threshold of USD 140 required to make progress towards UHC. However, this increased spending has not translated into proportional improvements in health outcomes. Health indicators remain suboptimal, underscoring inefficiencies in resource allocation, utilization and service delivery. This disconnect highlights an urgent need for robust efficiency analyses to ensure that every Emalangení invested yields maximum impact in terms of service quality, equity, and health gains for all, including women, children, and persons living with disabilities.

In response to these setbacks and with a renewed effort to reinforce financial sustainability, Eswatini secured and launched the Global Fund Grant Cycle 7 in September 2024. This significant outcome involved mobilizing USD 46.7 million in external resources to address HIV, tuberculosis, and malaria, while strengthening broader health system functions. Partnerships were central to this success. WHO, alongside the Global Fund, UNAIDS, and civil society organizations, coordinated resource mobilization and grant management to ensure alignment with national health priorities and equitable service delivery. Notably, communities living with and affected by HIV, TB, and malaria were actively engaged in the design and implementation of the grants, promoting rights-based and inclusive programming.

WHO played a catalytic role in guiding national efforts towards strategic financial planning. Technical support was provided to enhance the Ministry of Health's capacity to negotiate, manage, and implement large-scale grants while promoting principles of transparency, value for money, and equitable resource distribution. WHO also collaborated with the Ministry to advocate for efficiency reforms and to integrate results-based budgeting into national health planning.

However, persistent risks remain. The health system's over-reliance on external funding poses sustainability challenges. In response, WHO is supporting Eswatini in conducting Public Expenditure Reviews and developing a Health Financing Strategy to build long-term resilience.

From now on, a multi-pronged approach will be essential—one that strengthens financial governance, improves investment efficiency, and diversifies funding sources. Expanding social health protection schemes, investing in digital financial tracking systems, and building capacity for evidence-based resource planning are recommended to safeguard health gains and ensure that financial resources meaningfully contribute to equitable, high-quality health services for all Eswatini residents.



Total Health Expenditure rose from 5.2 billion in 2018 to :

# E 5.7 Billion

in 2019/20





In 2024, Eswatini reached a significant milestone in strengthening its health information systems with the successful national introduction of the District Health Information Software version 2 (DHIS2). This milestone marks a transformative shift in the country's ability to generate, analyse, and utilize health data for planning, monitoring, and decision-making. The optimization of DHIS2 supports Eswatini's progress towards UHC. It contributes to the realization of the Sustainable Development Goals (SDGs), particularly those related to health system strengthening, equity, and accountability.

Before this development, Eswatini's health system relied on fragmented databases operating in silos across various programmes, limiting interoperability and constraining evidence-based health policy decisions. The new DHIS2 platform enables the integration of data from across the health system and disease programs into a single, harmonised platform, allowing the Ministry of Health to monitor progress more effectively and report on advancements towards the NHSSP 2019–2023 and various programme-specific strategies.

This comprehensive data management approach ensures greater visibility into health outcomes, including those affecting women, children, and persons living with disabilities (PLWD). It facilitates a more equitable and rights-based response to the country's health challenges. Key achievements in 2024 included the finalization of the national Health Sector Indicator Compendium, the establishment of both test and production servers, customization of the system to align with Eswatini's health service delivery structure, and the training of 25 Strategic Information Officers in DHIS2 configuration. Dashboards were developed to facilitate real-time monitoring and evaluation, while the National Monitoring and Evaluation (M&E) team received targeted mentorship to enhance sustainability and national ownership of the system.

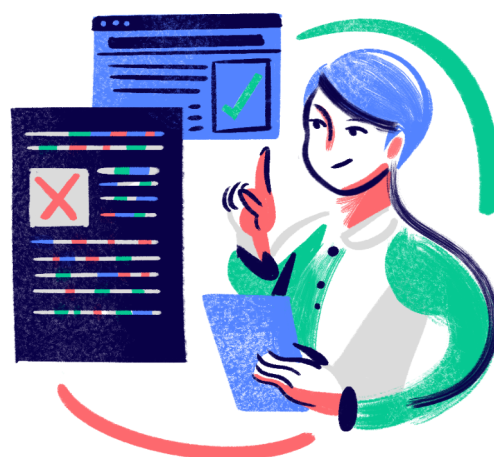
The successful rollout of DHIS2 was made possible through robust collaboration among the Ministry of Health (MoH), Ministry of Information, Communication and Technology (MoICT) and WHO, [CJ1] These partnerships played a pivotal role in mobilising technical expertise and infrastructure support, demonstrating the value of coordinated investment in digital health systems. The unified platform is expected to enhance data quality, improve coordination across health programmes, and inform strategic investment in health services and outcomes.

Despite these achievements, limited local hosting capacity and continued dependency on external technical support pose significant risks to the long-term sustainability of the DHIS2 system and to national data sovereignty.

In response to these challenges, Eswatini has committed to harmonizing legacy data systems under a unified DHIS2 platform, building local technical capacity, and strengthening national data governance frameworks. These efforts aim to promote greater national ownership, enhance system resilience, and ensure the sustainability of the country's health information system.

Lessons learned during the rollout underscored the importance of sustained mentorship, adaptive system design informed by user feedback, and effective leadership at both national and district levels. As we advance, there is a need to invest in system interoperability, secure national hosting infrastructure, and expand capacity-building for frontline health workers to ensure data use informs service delivery at all levels.

Overall, the introduction of DHIS2 in Eswatini represents a significant step forward in enhancing health information management, supporting evidence-based policy and planning, and fostering a more responsive and inclusive health system. WHO and partners remain committed to supporting the Government of Eswatini in consolidating these gains and ensuring the full integration of DHIS2 into national health systems in line with UHC and SDG targets.



# Eswatini introduces much awaited DHIS 2 to improve health data



May 2024



WHO, UNICEF, MoH

**Mbabane, Eswatini** - The year 2024 marked a landmark for Eswatini as it successfully introduced the District Health Information Software v2 known as DHIS2. Eswatini was among the last seven countries in the African region to introduce the DHIS2. Other African countries long adopted this system, which will enable the Ministry of Health to have all data in one place for purposes of monitoring the National Health Sector Strategic Plan (NHSSP) as well programme specific strategic plans and policies. DHIS II will help the country to integrate all the health information platforms, thereby providing holistic nationwide information for decision making. Before the roll out of DHIS2, the country's health system was using different databases for different programmes.

These silo databases are not communicating to each other, posing a bigger gap. However, things will change with the introduction of DHIS2 which will allow the health sector to monitor indicators drawn from the NHSSP and other programme specific plans. DHIS 2 will bring together data from different sources, which will bring the analysis together in order to come up with smart dashboards that will help the health sector to visualize the data and also inform policy and planning. In November 2024 WHO sent two consultants from the WHO Regional office, Dr Jeremiah Mumo and Mr. Richard Sawa to help the country to roll-out DHIS2. A domain is already in place for DHIS2 and URL which is currently hosted in UNICEF servers.





In 2024, Eswatini made significant progress in addressing the country's critical health workforce shortage, which is a key barrier to achieving UHC and improving population health outcomes. The Health Labour Market Analysis (HLMA), conducted with technical and financial support from WHO, indicated that the overall stock of Health Workforce for Eswatini across 51 major Health Workforce occupations in 2022 was estimated to be about 9741 and identified a health worker deficit of 10,531 professionals in 2022 since need-based modelling estimated that Eswatini needed at least 20,272 Health Workers in 2022. If current trends persist, this gap is projected to increase to 14,125 by 2032. These findings prompted urgent action to address the shortage and enhance HRH, which is a crucial foundation for a resilient and equitable health system.

The Ministry of Health, in collaboration with WHO, used the HLMA's evidence-based recommendations to inform the development of Eswatini's Human Resources for Health Strategic Plan 2025–2030. This forthcoming strategy aligns with the country's broader NHSSP 2024–2028, which prioritises strengthening the health system, equitable access to essential services, and progress towards the SDGs. At the impact level, the implementation of HLMA recommendations has already led to improved service delivery through increased staffing levels and enhanced access to care for underserved populations, including women, children, and PLWDs.

At the outcome level, the Ministry of Health successfully advocated for and secured approval to recruit 480 healthcare workers, marking a significant shift in addressing the workforce gap despite existing hiring restrictions. By the end of 2024, 189 of these healthcare worker positions had been filled, improving the availability of healthcare services across all levels of the health system. This increase in staffing has enhanced the reach and quality of care in health facilities, contributing to better health outcomes and reduced service delivery bottlenecks, particularly in primary care.

The HRH Strategic Plan 2025 – 2030 has been costed. The Workforce Investment Plan and Compact, will be developed and will reflect the government's and potential donor commitment to long-term investment in health workforce planning and sustainability. WHO's contributions were pivotal to these developments.

The partnership between the WHO and the Ministry of Health was instrumental in generating policy-relevant evidence through the HLMA and the end-term evaluation of the current HRH strategy. These assessments emphasized the need for strategic leadership, integrated workforce planning, and alignment of HRH strategies with other health system building blocks such as infrastructure, medicines, and technologies. They also called for immediate attention to the public sector's vacancy crisis, particularly in critical service areas such as nursing and emergency care.

In response, the Ministry reported 480 health workforce vacancies across various roles for which 189 posts have been filled following the launch of a targeted campaign to fill priority positions. This is particularly significant, given the longstanding hiring freeze implemented under Circular No. 3 of 2018, which aimed to manage the national wage bill. Despite the freeze, over 900 trained health professionals remain unemployed in Eswatini, and 41% of the health workforce have indicated intentions to migrate. This alarming trend affects national health security and workforce retention.

Addressing these challenges necessitates multi-sectoral collaboration. The Ministry, with the support of WHO, is spearheading advocacy efforts to secure exemptions from the hiring freeze for critical health positions and to engage stakeholders across government, development partners, and the private sector.

While progress has been made, ongoing gaps in recruitment, retention, and motivation of health workers present significant risks to achieving health targets. Insights from the HLMA process underscored the importance of data-driven decision-making, the necessity to align health workforce planning with fiscal policies, and the advantage of leveraging partnerships to mobilize technical and financial resources.

Looking ahead, Eswatini must continue to invest in health workforce development through policy reform, scaling up training, improving working conditions, and implementing stronger retention strategies, particularly in rural and underserved areas. These efforts are crucial to establishing a resilient healthcare system that can deliver equitable and high-quality services to all.

# 400

## HRH workers to be deployed

HRH to be deployed in various levels of health care service delivery. 189 HRH positions have been filled thus far



# UNIVERSAL HEALTH COVERAGE: COMMUNICABLE AND NON- COMMUNICABLE DISEASES



June 2024



Noncommunicable Diseases and Cancer Control in Eswatini

Eswatini is tackling a double burden of communicable and Non Communicable diseases (NCDs). The NCDs are responsible for 46% of all deaths from conditions such as cardiovascular disease and diabetes. Eswatini is amongst the top five countries in the African that have the highest NCDs age-standardized death rates. In addition, in 2021 the Probability of Premature deaths between the age 30 -70 age from Major NCDs in Eswatini is at 35.46%. In 2024, Eswatini advanced its efforts to prevent and control noncommunicable diseases (NCDs), including cervical cancer, with the WHO playing a central role in providing technical leadership, strategic support, and capacity building. These efforts are aimed to reduce premature mortality from NCDs and achieve its SDG targets.



STEPS Survey Results Steer Renewed Commitment for NCD Prevention and Control

A major milestone in 2024 was the successful completion and launch of the second WHO STEPwise Survey to assess NCD risk factors. Conducted ten years after the last survey in 2014, the 2024 STEPS survey provided critical, updated data on the health status of Eswatini's adult population. Implemented by the Ministry of Health in collaboration with WHO (country, regional, and headquarters levels), the Central Statistics Office, the World Bank, UNICEF, CHAI, and other stakeholders, this survey marked a national achievement in evidence generation.

WHO supported the entire process—providing standardized survey methodology, technical guidance, training, medical equipment, and oversight throughout data collection and analysis. The survey identified major trends in lifestyle-related risk factors, showing, for instance, an increase in tobacco use among adults aged 18–69 years from 6.9% in 2014 to 11% in 2024, and a concerning rise in overweight and obesity rates, particularly among women (24.7% in 2024, up from 22.9% in 2014). These findings highlighted the urgent need for multisectoral responses to address the growing NCD burden. WHO worked closely with the Ministry of Health to translate the data into action by supporting the development of the National Non communicable Diseases, Mental health and injuries Health Sector Response Strategy (2024–2028). The strategy focuses on prevention, early detection, and integrated management of NCDs, underpinned by equity, community engagement, and people-centred care. The strategy aims for a 30% reduction of mortality due to non-communicable diseases, injuries, and mental health disorders by 2028.

WHO also provided guidance for the ongoing review of the Tobacco products and Control Act, 2013 and the formulation of a Stop Obesity Roadmap, helping to strengthen the policy environment.

The Ministry of Health, supported by the WHO, the world bank and CHAI and other partners decentralised services to NCD to primary healthcare facilities.

Key initiatives include implementing the WHO PEN in over 200 facilities, updating treatment guidelines, and enhancing the capacity of health workers. A multisectoral action plan is also being developed to tackle risk factors, while integration with HIV/TB platforms aims to ensure service continuity.



## Scaling Up Cancer Prevention and Control: Cervical Cancer Elimination on Track



In parallel with the broader NCD response, Eswatini made remarkable progress in cervical cancer prevention and control in 2024—with WHO providing continuous technical support and strategic guidance. WHO supported the decentralization of screening and treatment services to primary care and community levels, and the implementation of school-based HPV vaccination campaigns, ensuring that services reach the most vulnerable populations.

Data from the STEPS survey showed a significant increase in cervical cancer screening coverage, which rose from 21.7% in 2014 to 65.9% in 2024. On the prevention, Eswatini has expanded its HPV vaccination campaign, targeting 80,000 school-aged girls between 9 and 14 years old. HPV vaccination rates also improved substantially, with coverage among girls aged 9–14 increasing from 61% in 2023 to 73.5% in 2024. WHO provided support to the Ministry of Health in introducing a second dose of the vaccine for immunocompromised girls and extending the eligible vaccination age up to 20 years, based on recommendations from the ESWATINI NITAG.

These outcomes were achieved through strong partnerships involving WHO, UNICEF, the World Bank, PEPFAR, CHAI, GAVI, and other key actors. WHO led the development of the National Cervical Cancer Elimination Acceleration Plan (2025–2030), which aligns Eswatini's efforts with the WHO Global Strategy to eliminate cervical cancer as a public health problem. In line with the Regional cervical cancer elimination framework, the national targets to be achieved are 90% HPV vaccination coverage, 70% screening coverage with a high-performance test, and 90% treatment of cervical disease.

In 2024, WHO also supported the second imPACT Review—a comprehensive evaluation of Eswatini's national cancer programme—jointly conducted with the International Atomic Energy Agency (IAEA) and the International Agency for Research on Cancer (IARC). This mission was instrumental in assessing cancer care needs across the country and informing

It included technical evaluations of six health facilities and facilitated stakeholder engagement with lawmakers, development partners, and UN agencies. The review helped update Eswatini's cancer profile, map existing infrastructure, define equipment and workforce requirements, and guide the development of a bankable document which has been used to mobilize resources for the country's first-ever public radiotherapy centre. This marked a critical step toward reducing reliance on cross-border referrals for life-saving cancer treatment, treatment access, and survivorship support. To ensure regulatory compliance and public safety, the country has developed a Nuclear and Radiation Safety Law. It is currently awaiting approval of a draft Nuclear Bill that will provide the legal foundation for the safe use of radiation in cancer.

The impact review findings will also inform the development of the next national cancer control plan 2025–2030 to improve early diagnosis, treatment.



In 2024, Eswatini made notable progress in the control and ending of communicable diseases, including HIV, tuberculosis (TB), malaria, and neglected tropical diseases (NTDs). The World Health Organization (WHO) played a central role in providing strategic leadership, technical guidance, and capacity-building support across all programme areas. WHO's collaboration with the Ministry of Health and key partners helped drive integrated service delivery, advance epidemic control of HIV and TB, and accelerate national efforts toward the elimination of NTDs and vector-borne diseases. These milestones reflect Eswatini's strong political will and WHO's continued commitment to supporting countries in achieving universal health coverage and ending the burden of communicable diseases by 2030. The sections below provide progress made in 2024.



### HIV Response – 2024 Highlights

In 2024, Eswatini continued to make remarkable progress in its national HIV response. With an adult HIV prevalence rate of 24.9%, the country has demonstrated sustained commitment and leadership in reversing the epidemic. Eswatini achieved the UNAIDS 95-95-95 targets well ahead of the 2030 global deadline. According to the 2021 SHIMS 3 survey, new HIV infections declined by nearly 50% over the past five years—a significant reduction in the national disease burden and a major step forward in improving the health of women, adolescents, and underserved communities.

Notably, HIV treatment coverage remained high, reaching 92:92:94 among children aged 0–14 years and 98:98:98 among individuals aged 15 years and above. The HIV mother-to-child transmission (MTCT) rate has seen a dramatic decline—from 25% in 2000 to 1.3% in 2022—surpassing the WHO MTCT validation target of 2% for non-breastfeeding countries. WHO continues to support national efforts to build capacity towards the triple elimination of mother-to-child transmission of HIV, syphilis, and viral hepatitis. In this regard, WHO is leading in-country preparations for certification under the Path to Elimination of Mother-to-Child Transmission of HIV. In collaboration with UNAIDS and UNICEF, WHO has trained the Ministry of Health and national stakeholders on the WHO validation criteria and process. The country plans to submit its national validation report to the Regional Validation Secretariat by the end of 2025.

Additionally, WHO has supported the introduction and scale-up of HIV pre-exposure prophylaxis (PrEP), with a notable increase in uptake from 5,609 individuals in 2019 to 30,507 in 2024. Both oral PrEP and the dapivirine vaginal ring have been implemented nationwide, and in 2024, Eswatini introduced long-acting injectable PrEP (CAB-LA). WHO provided technical support for the review and dissemination of the updated National HIV PrEP Guidelines to support the rollout of these prevention options. WHO has also provided strategic and technical leadership throughout the implementation of the previous National HIV Health Sector Response Plan (2018–2023). The successful execution of this strategy contributed significantly to the progress celebrated to date. Furthermore, WHO supported the development of the new, costed National HIV, STI and Viral Hepatitis Strategic Plan for 2024–2028, launched in December 2024. The plan emphasises a people-centred, integrated approach with a strong focus on equity, gender equality, and community engagement. Key national targets include reducing new HIV infections from 4,000 in 2022 to fewer than 2,500 by 2028 and lowering HIV-related deaths from 2,730 to under 1,100. Through collaborative efforts with the Ministry of Health and key stakeholders—including PEPFAR, the Global Fund, UNAIDS, NGOs and Civil society—WHO has helped ensure strategic coherence, sustainability, and local ownership of the HIV response. Despite ongoing challenges such as resource constraints, service fragmentation, and the need to address social determinants like stigma and gender inequality, Eswatini has built a resilient and responsive HIV programme grounded in continuous learning and inclusive engagement.



## Eswatini National Health Sector Response to HIV, STI & Viral Hepatitis Strategic Plan

2024-2028



## TB Response

Eswatini has made significant progress in tuberculosis (TB) control. Since 2002, TB incidence has declined from 1,110 cases per 100,000 population to 350 per 100,000 by 2023. This improvement reflects strong national commitment and sustained technical support from WHO and other partners. However, despite this progress, the TB burden remains high, and TB/HIV co-infection continues to be a major concern, contributing significantly to mortality among both HIV-positive and HIV-negative individuals.

TB Case finding remains a critical challenge. In 2024, only 55% of the estimated TB cases were diagnosed and treated—well below the WHO-recommended target of 90%. This gap highlights the urgent need to strengthen early detection and expand access to diagnostic services. Nevertheless, treatment success rates for both drug-susceptible TB (DS-TB) and drug-resistant TB (DR-TB) have shown steady improvement. By December 2024, the treatment success rate for DSTB was 85% and for DRTB 86%. These outcomes underscore the importance of sustained investment in integrated care models that connect diagnostics, treatment, and prevention, while addressing gender-related barriers and human rights challenges that hinder access to care.

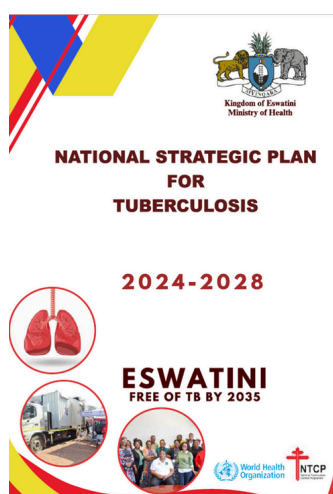
WHO has played a central role in shaping the national TB response. In 2024, the organisation provided technical leadership in the development of the costed National TB Strategic Plan 2024–2028, which was launched alongside the new HIV Strategic Plan in December 2024. The strategy aims to close existing gaps and improve TB outcomes through people-centred, data-driven interventions. The strategy development process was highly collaborative, engaging a wide range of national stakeholders. This provided WHO with a valuable platform to share updated global TB recommendations and promote alignment with the latest WHO guidance for TB prevention, diagnosis, and treatment.

A key area of WHO support in 2024 focused on enhancing TB screening and diagnosis. WHO provided technical assistance to finalize the updated TB screening standard operating procedures (SOPs), including a revised TB screening algorithm that incorporates the use of chest X-rays with computer-aided detection (CAD) powered by artificial intelligence (AI). This innovation is expected to significantly improve case detection, especially considering that the national TB prevalence survey revealed that nearly half of TB cases were asymptomatic.

WHO facilitated technical collaboration with the Stop TB Partnership, which provided guidance on suitable equipment specifications and data management software. PEPFAR and the Global Fund are supporting the procurement of this software and the phased rollout across 13 pilot facilities.

WHO also provided technical assistance in the review and finalization of national guidelines for DS-TB, DR-TB, and childhood TB. These updated guidelines standardize TB management across all levels of care and equip clinicians with clear protocols to deliver quality TB services.

All these efforts support Eswatini's ambitious goal of becoming a TB-free country by 2035. Continued investments in innovation, health systems strengthening, and multisectoral partnerships will be essential to sustain progress and close the remaining gaps in TB detection and care.





## Integrated approach to TB and HIV

A major milestone for Eswatini TB and HIV response was the Joint TB and HIV Program Review conducted in March 2023. Led by WHO and implemented in partnership with national and global stakeholders, the review evaluated programme performance, identified bottlenecks, and generated evidence-based recommendations that shaped the new TB and HIV strategic Plans for 2024–2028. This process was also instrumental in securing a \$42.7 million Global Fund (GC7) grant, which supports implementation of the 2024–2028 TB and HIV strategic plans alongside domestic and partner investments.



## Vector-Borne and Neglected Tropical Diseases

In 2024, Eswatini enhanced its national response to malaria and neglected tropical diseases (NTDs), making significant progress in advancing health equity and eradicating diseases that disproportionately impact vulnerable populations. Aligned with national development goals and the WHO's global strategies—particularly the Global Technical Strategy for Malaria 2016–2030 and the NTD Roadmap 2021–2030—Eswatini focused on reducing the disease burden, improving service delivery, and integrating public health responses. The results demonstrate a commitment to enhancing health outcomes for historically underserved populations, including mobile and migrant populations (MMPs), children, and rural communities.



In substantial health gains were achieved across both malaria and NTD programming. The country executed high-coverage campaigns for schistosomiasis and soil-transmitted helminthiasis, reaching over 75% of at-risk populations, thereby reducing disease prevalence and enhancing overall community well-being. Targeted interventions addressing malaria among mobile and migrant populations (MMPs) improved access to screening, prevention, and treatment services.

Furthermore, capacity building for leprosy detection and management strengthened health worker preparedness across all four administrative regions, a vital step towards eliminating leprosy as a public health threat.

The long-term impact of these interventions aims to achieve a malaria-free Eswatini and eliminate selected NTDs by 2030.

These efforts also contribute to strengthening Eswatini's health system through integration, community engagement, and alignment with human rights principles, including gender responsiveness and equity.

WHO provided strategic and technical leadership throughout 2024 to support Eswatini's vector-borne disease and NTD elimination goals. In partnership with the Ministry of Health, WHO developed a detailed concept note aimed at enhancing malaria response among MMPs. This led to the implementation of community-centered outreach initiatives, the revision of health communication materials, and the provision of protective interventions tailored to at-risk mobile groups.

For NTDs, WHO facilitated comprehensive training on leprosy surveillance and control, involving 27 healthcare professionals from dermatology, laboratory, and public health backgrounds. The training resulted in the development of Standard Operating Procedures (SOPs) for leprosy, scabies, schistosomiasis, soil-transmitted helminths (STH), and snakebite envenoming—ensuring a standardized and integrated approach to NTD case management and control. Additionally, the WHO supported the design and rollout of mass drug administration (MDA) campaigns targeting schistosomiasis and soil-transmitted helminthiasis (STH). Through micro-planning, coordination, and supervision, WHO ensured the integration of these campaigns into broader community health efforts, thereby maximizing reach and cost-effectiveness. These interventions significantly contributed to improved health outcomes, particularly among school-age children and communities in endemic areas.

WHO's technical guidance was also pivotal in the creation of the Eswatini NTD Master Plan 2024–2028, which provides a clear framework for disease elimination. The plan is set for an official launch on World NTD Day in January 2025.

WHO's contributions formed part of a broader multi-stakeholder collaboration with the Ministry of Health, the Ministry of Agriculture, and development partners, including the Africa CDC. A key milestone in this regard was the commemoration of International Rabies Day on 28 September 2024, which highlighted intersectoral cooperation and underscored the significance of One Health approaches to zoonotic disease prevention.

Moreover, Eswatini actively engaged in regional policy dialogue. In November 2024, the country participated in the Africa CDC's launch of a continental blueprint to combat NTDs and other endemic diseases. This platform elevated Eswatini's profile in continental public health planning and reaffirmed its commitment to integrated disease control.

At the national level, the End Malaria Fund (EMF) introduced a Malaria Elimination Scorecard to enhance monitoring and accountability. Efforts to involve parliamentarians in malaria sensitization are expected to galvanize political support and strengthen health governance in the years to come.

Despite the progress made, several challenges have constrained implementation. Resource limitations—both financial and human—continue to impact the scale and sustainability of interventions. Geographic barriers also present logistical challenges, particularly in reaching mobile populations and remote communities. These limitations highlight the need for increased domestic investment, innovative financing mechanisms, and stronger local partnerships.

In response, WHO and national stakeholders prioritized integrated planning and cross-programme collaboration. The development of harmonized SOPs and joint training efforts optimized limited resources while facilitating knowledge sharing and improving the quality of care. These approaches offer valuable lessons for other countries facing similar disease burdens and system constraints.

Furthermore, climate change has become an increasing concern. A WHO-led scoping review in May 2024 highlighted the changing epidemiology of vector-borne diseases due to shifting weather patterns.

This finding necessitates expanded research and the development of adaptive strategies to mitigate emerging risks associated with environmental change. Eswatini's progress in addressing vector-borne diseases and NTDs during 2024 illustrates the power of integrated, equity-driven public health approaches. Through close collaboration with WHO and other key partners, the country has strengthened disease surveillance, improved service delivery, and built capacity among frontline health workers.

Looking ahead, the launch of the 2024–2028 NTD Master Plan and the planned submission of a dossier to certify Eswatini as a leprosy- and yaws-free country mark important milestones. Continued commitment to malaria elimination, sustained community engagement, and strengthened political advocacy will be essential to achieving national and regional elimination targets. Ongoing investment, regional collaboration, and adaptive strategies will help ensure that existing gains are not only preserved but accelerated. With these efforts, Eswatini is firmly on track to ending the burden of malaria and neglected tropical diseases (NTDs), ensuring that no one is left behind.



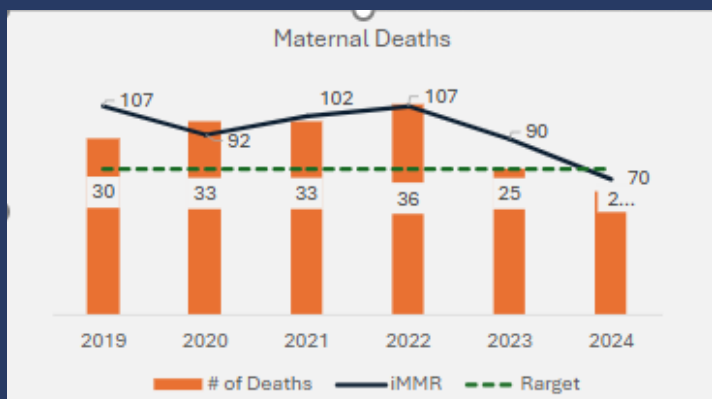


# UNIVERSAL HEALTH COVERAGE: LIFECOURSE



Eswatini made significant strides towards Universal Health Coverage through equity-focused interventions. The country enhanced immunization coverage, particularly for HPV, reaching over 50,000 girls and integrating nutritional and deworming services for 300,000 learners, with support from WHO and GAVI. Institutional Maternal Mortality Rate (iMMR) showed a downward trajectory, declining from an initial value of 107 in 2019, 90 in 2023, and 70 in 2024, indicating a positive movement towards achieving the established target

Policy updates and maternal death audits indicate progress, but food insecurity and climate shocks reveal vulnerabilities. Continued investment in health systems and targeted programming for at-risk groups is essential to sustain these gains.



## 49,299

**Learners received Praziquantel**

Mass deworming administration attained a coverage rate of above 75%,

## 53,003

**Learners received  
Albendazole**

Mass deworming administration attained a coverage rate of above 75%,



## Vaccine-Preventable Diseases

In 2024, WHO continued to support the Ministry of Health in strengthening routine immunization (RI) coverage through the use of Vaccine-Preventable Disease (VPD) proxy indicators. Monthly monitoring of these indicators was conducted to track progress, identify gaps, and guide corrective actions at national and subnational levels. This support included technical assistance in data analysis, validation, and visualization to enhance decision-making and improve program performance. As a result of these efforts, national coverage for key antigens showed positive trends, with DPT3 coverage reaching 84%, OPV3 at 91%, MR1 at 85%, and IPV at 90% by mid-year. In addition to RI coverage monitoring, WHO also supported the monitoring of Adverse Events Following Immunization (AEFI), ensuring timely reporting and investigation of all reported cases. In 2024, one serious AEFI case was reported, and a full causality assessment was conducted in accordance with national guidelines, further strengthening vaccine safety surveillance in the country. Eswatini made substantial progress in safeguarding its population against vaccine-preventable diseases (VPDs) throughout 2024, advancing both national and global health goals. Significant achievements were realized in increasing immunization coverage, integrating service delivery platforms, and enhancing health system performance, particularly among school-aged children and girls at risk of cervical cancer. These outcomes reflect a growing national momentum towards Universal Health Coverage and Sustainable Development Goal 3, which aims to ensure healthy lives and promote well-being for all. WHO supported the monitoring of VPD surveillance trends, including AFP and environmental surveillance, to strengthen early detection and response. Additionally, 84 triple packaging boxes were procured to enhance safe specimen collection and transport.

Eswatini's Expanded Programme on Immunization (EPI) has strengthened population immunity and improved health outcomes for children and adolescents through integrated school-based campaigns and targeted immunization efforts. A nationwide HPV vaccination campaign reached over 50,000 adolescent girls, increasing the national HPV vaccine coverage to 64.3%. During an intensive campaign, 7,068 doses were administered, resulting in an increase in coverage from 61% to 71%. This marks a significant step in the country's fight against cervical cancer, which remains a leading cause of death among women, with over 700 deaths reported in the past five years.

As part of a broader school health campaign that integrated HPV and COVID-19 vaccines with deworming and nutritional assessments, approximately 300,000 learners across 900 schools benefited from comprehensive health services. A total of 53,003 learners received Albendazole for soil-transmitted helminths, while 49,299 received Praziquantel to combat schistosomiasis. These high-coverage interventions not only prevented disease transmission but also enhanced the country's overall child health and school attendance outcomes.

The success of the integrated school-based campaigns showcases a strengthened health delivery platform, particularly in rural and underserved communities. Gender and equity were central to these interventions, with adolescent girls, who are disproportionately affected by HPV and cervical cancer, prioritized for vaccination. There was also specific outreach to immunocompromised girls, although only 180 of the targeted 2,000 were reached, signaling the need for further equity-focused efforts. WHO provided technical and operational support throughout the year, reinforcing the Ministry of Health's efforts to scale up immunization services. WHO assisted in developing micro plans, conducting the Effective Vaccine Management Assessment (EVMA), and facilitating the adoption of five-dose measles-rubella vials to reduce vaccine wastage, particularly in hard-to-reach areas. WHO also co-led integrated supportive supervision visits to 320 health facilities, mentoring healthcare workers on cold chain monitoring, data use for decision-making, tracking dropouts, and integrating HPV vaccination into routine public health services. A total of 200 health facilities were visited in 2024, resulting in improvements in service delivery quality and programme coverage.

# 400

## Healthcare workers trained across all regions

This was meant to strengthen immunization services across the country

To address gaps in workforce and system capacity, 400 healthcare workers were trained across all regions in immunization service delivery and vaccine management. These capacity-strengthening efforts contributed to sustained high routine immunization coverage and improved data quality, aiding in the closure of gaps in service equity and access. The surveillance system continued to perform well, although areas for improvement were identified, particularly in community engagement and demand generation.

The Government of Eswatini demonstrated strong political will and leadership by fully funding all vaccines, including the newly introduced HPV vaccine. This commitment underlines national ownership of immunization programmes and aligns with Eswatini's dedication to the Cervical Cancer Elimination Strategy and the Immunization Agenda 2030. The application for a GAVI grant to scale up the HPV vaccination drive in 2024 represents another step towards sustainability and resource mobilization. GAVI and WHO capitalized on the opportunity provided by the campaign launch to visit schools and observe vaccination activities, further strengthening multi-stakeholder collaboration and accountability. Despite these gains, several challenges were faced. Logistical constraints affected the full achievement of HPV vaccination targets, particularly among immunocompromised girls. Communication gaps and limited demand generation among parents and caregivers in some regions also hindered uptake. To address these challenges, WHO and the Ministry of Health plan to enhance social mobilization efforts, improve community dialogues, and broaden targeted outreach to ensure that no girl is left behind.

# 44.2%

## Increase in cancer screening among women

Eswatini has the highest cervical cancer burden in the world

In conclusion, 2024 was a year of integrated, equity-driven progress in Eswatini's immunization landscape. The concerted efforts of the Ministry of Health, WHO, GAVI, and local stakeholders have established a strong foundation for sustained disease prevention and improved health outcomes for children and adolescents. Looking ahead, further investments in outreach, communication, and system resilience will be crucial to closing remaining gaps and achieving universal immunization coverage.

# 73.6%

## Girls immunized against HPV

Against a target of 2,000, 180 immunocompromised girls were also reached.







In 2024, Eswatini continued to demonstrate significant progress in enhancing Reproductive, Maternal, Newborn, Child, and Adolescent Health and Nutrition (RMNCAH+N), making meaningful contributions to its broader national health priorities and Sustainable Development Goal 3. At the impact level, maternal mortality has shown a marked decline—from 593 deaths per 100,000 live births in 2012 to 240 in 2020, with institutional maternal mortality further reduced to 75 per 100,000 live births in 2024. These improvements are primarily attributed to the high rate (93%) of births attended by skilled personnel in health facilities and the near-universal uptake of antenatal care (ANC), with 99% of pregnant women attending at least one ANC visit. However, the low proportion (5%) of women completing the recommended eight ANC contacts and the limited early initiation of care (43% within the first trimester) highlight ongoing challenges in the quality and timeliness of maternal health services.

Progress in child survival is also evident. The under-five mortality rate has fallen significantly over the decades, from 120 per 1,000 live births in 1990 to 67 in 2014. However, neonatal mortality remains high at 23 deaths per 1,000 live births. Nutrition outcomes present a mixed picture—while 64% of infants under six months are exclusively breastfed and 90% of households consume adequately iodized salt, stunting affects 21% of children under five, with higher rates in rural and low-income areas. Wasting remains low at 2%, but 8% of children under five are overweight, reflecting a growing double burden of malnutrition. The prevalence of anemia among women of reproductive age stands at 28%, indicating persistent micronutrient deficiencies.

Adolescent health continues to require focused attention. The teenage birth rate remains high at 87 per 1,000 girls aged 15–19. HIV prevalence among adolescents and young people also remains concerning, contributing to Eswatini's overall HIV burden, where 26% of individuals aged 15–49 is living with HIV. Gender disparities are stark, with 31% of women affected compared to 20% of men. In response, Eswatini has expanded access to adolescent-friendly services across health facilities, including comprehensive sexual and reproductive health care, antiretroviral therapy (ART), and contraceptive distribution, empowering young people with the resources they need to protect their health and rights. Significant strides have been made in strategic planning and policy development. In collaboration with the World Health Organization (WHO) and the United Nations Population Fund (UNFPA), Eswatini reviewed its National Sexual and Reproductive Health Policy and initiated the development of an integrated RMNCAH+N strategy. The draft strategy reflects national priorities and aligns with international standards to ensure comprehensive and equitable health services across the life course.

Furthermore, new national guidelines on family planning services were launched, incorporating lessons learned from recent pandemics to ensure continuity of care during health emergencies. UNFPA, in collaboration with WHO, supported the development of self-care and post-abortion care guidelines in line with WHO global guidance and recommendations to enhance reproductive autonomy, particularly for rural and underserved populations. WHO played a pivotal role in strengthening accountability mechanisms and the quality of care. During the last quarter of 2024, in collaboration with UNFPA, WHO supported the Ministry of Health to strengthen the Maternal Death Surveillance and Response (MDSR) system. Twenty five (25) cases were reviewed contributing to improved identification of avoidable factors and actionable recommendations for quality-of-care improvements. A comprehensive report was finalized, outlining key system gaps, and providing actionable recommendations to guide improvements in maternal health service delivery. This evidence-based approach to learning and system strengthening underscores the country's commitment to reducing preventable maternal deaths and promoting health equity.

However, the reporting year also highlighted significant risks to sustainability. From October 2023 to March 2024, severe food insecurity affected an estimated 282,800 people—24% of the assessed population—mainly due to climatic shocks and economic instability. Nutrition-related vulnerabilities deepened as drought conditions compromised food availability and dietary diversity, particularly for women and children.

While gains in RMNCAH+N are evident, several lessons have emerged. First, there is a pressing need to strengthen community engagement and demand generation, particularly for early ANC initiation and the completion of the full care continuum. Second, adolescent-friendly services must be tailored to address the complex intersections of gender, HIV, and reproductive health. Lastly, nutrition interventions must be scaled and diversified to tackle both undernutrition and emerging trends in overweight and obesity.

To sustain and build on these results, Eswatini must continue to invest in health system resilience, expand domestic financing, and priorities the integration of RMNCAH+N services within universal health coverage platforms. Future programming should focus on strengthening primary healthcare, empowering communities, and safeguarding vulnerable populations, particularly women, adolescents, and persons living with disabilities, ensuring that no one is left behind in the pursuit of health and well-being for all.



## 2024 STEPS survey shows increase in NCDs risk factors among Eswatini

The Kingdom of Eswatini has successfully conducted and presented findings of the 2024 WHO 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 STEPS 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 conducting the STEPS survey, the Ministry of health worked in collaboration with the central statistics office, the World Health Organization (WHO) country office and Headquarters 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. Findings of the survey presented in December 2024 showed some 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. Further, the results show that fewer women are receiving regular screenings for cervical cancer despite efforts to promote screening.





## Eswatini draws up Nuclear and Radiation Safety Bill as plans to introduce radiotherapy for cancer treatment advance

In the year 2024, the Kingdom of Eswatini conducted an imPACT review for cancer control. A team of international experts from the World Health Organization AFRO regional office (WHO), International Agency for Atomic Energy (IAEA) and the International Agency for Research on Cancer (IARC) was in the country in August 2024 to present findings of the review conducted in March the same year.

An imPACT review is a participatory analysis of national cancer prevention and control capacities and needs. Through the imPACT report, the WHO, IAEA and IARC developed an integrated analysis of the national health care system in its capabilities to address the cancer continuum, which includes planning, surveillance, prevention, early detection, diagnosis, treatment, palliative care and rehabilitation, as well as radiation safety and the protection of radioactive sources in medical use.

The objectives of the review were to assess the state of the cancer prevention and control system, which includes policies, regulations, infrastructure, technology, human resources, practices and measure progress in cancer prevention and control made since the first imPACT Review in 2017. The Review was also aimed at identifying gaps in the national health system to establish a comprehensive and efficient cancer prevention and control system.

The imPACT review was part of the efforts of the Government to carry out a comprehensive approach to oncological pathology, establishing strategies for prevention, early detection, strengthening human capacity, as well as treatment, including palliative care and implementation of the Cancer Registry.

The Ministry of Health, working with partners has already started working on this to ensure that in the next five years, Eswatini has radiotherapy facility so that the country is not left behind in comprehensive treatment of cancer. In addition, a Nuclear and Radiation Safety Bill regulation to protect the public has been drafted. Further, a place has already been allocated in Manzini for the construction of the site of the radiotherapy facility. This is one of the sites which the review team assessed and it was found to be fit to accommodate the structure.

**Photo caption Front Row: Minister of Health Hon. Mduduzi Matsebula, Minister of Natural Resources and Energy Prince Lonkhokhela and the WHO Rep Dr Susan Tembo posing with the experts who were in the country for the Cancer Impact Review**

# Eswatini receives USD 1.6M grant from GAVI to support HPV vaccination

THIS VACCINATION ROLLOUT WAS THE FIRST OF ITS KIND IN THE COUNTRY



June 2023-2024



WHO, GAVI, MoH

**Mbabane, Eswatini** - The country applied for a GAVI grant to support the scaling-up of its human papillomavirus (HPV) vaccination initiative, which was officially launched in June 2023. The country faces a high burden of cervical cancer in the Africa region, with approximately 360 new cases recorded annually. Tragically, one in three women diagnosed with cervical cancer in Eswatini succumb due to late detection. To address this crisis, Eswatini is actively screening and treating women diagnosed with cervical cancer, aiming to improve survival rates. Currently, over 2,000 women live with cervical cancer in the country, and more than 700 cancer-related deaths have been recorded in the past five years.

During the launch, Dr. Dalya Elziniy, a GAVI representative, commended Eswatini's efforts in combating cervical cancer, stating: "Its effectiveness can't be overstated. GAVI is honored to support countries in fighting cancer. Eswatini stands out among middle-income countries for taking such bold steps and making a strong commitment to this fight."

In 2023, Eswatini launched an HPV vaccination campaign targeting girls aged 9 to 14. The HPV vaccine is both safe and highly effective, particularly against HPV types 16 and 18, which are responsible for approximately 70% of cervical cancer cases worldwide. The vaccine also prevents precancerous cervical lesions caused by these types.





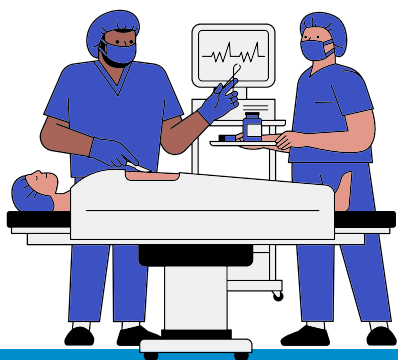
## 2. HEALTH EMERGENCY PREPAREDNESS AND RESPONSE





## Emergency Preparedness and Response Flagship Initiative

The Kingdom of Eswatini has made significant advancements in enhancing its national EPR capabilities, in line with the WHO Africa Regional Strategy for Health Security and Emergencies (2022–2030) and Sustainable Development Goal 3, which focuses on achieving good health and well-being. With strategic technical and financial support from WHO, the nation has made substantial progress across impact, outcome, and output levels, contributing to resilient health systems that are better equipped to prevent, detect, and respond to public health emergencies.



# 304

## Healthcare workers trained

on screening and diagnosis of Mpox suspected cases



At the impact level, Eswatini's commitment to enhancing health security was demonstrated through its participation in a comprehensive EPR scoping exercise. This initiative, under the tripartite EPR framework consisting of Promoting Resilience of Systems for Emergencies (PROSE), Transforming African Surveillance Systems (TASS), and Strengthening and Utilising Response Groups for Emergencies (SURGE), marked a significant milestone in improving the country's capacity to manage health emergencies. The scoping exercise led to a clear identification of gaps, needs, and priorities, resulting in a nationally owned, two-year costed roadmap. This roadmap outlines short- and medium-term actions to strengthen core International Health Regulations (IHR) capacities, aligned with WHO benchmarks.

Among the key outcomes of the exercise was a better understanding of Eswatini's health security landscape. A multisectoral technical workshop, attended by government ministries, academia, UN agencies, development partners, and WHO, assessed strengths and weaknesses across all EPR pillars. Stakeholders collaboratively developed actionable strategies to enhance emergency response coordination, capacity development, and system integration. These advancements have strengthened the country's resilience and preparedness to respond to health threats.

A crucial milestone was the completion of the second Joint External Evaluation (JEE) of the IHR (2005) core capacities in September 2024. This voluntary, transparent, and multisectoral assessment provided a thorough review of 19 technical areas. Compared to the 2018 baseline, where Eswatini scored poorly with 38 points and was classified among the least prepared countries, the 2024 JEE revealed significant improvement. Of the 56 indicators assessed, 34% demonstrated developed capacity, 13% full capacity, and only 32% reflected no capacity. These findings confirm that the country has achieved substantial progress, particularly in strengthening political will, institutional frameworks, and technical leadership. However, challenges persist in information sharing, human resources, and integration across sectors, indicating areas for continued investment and reform.

WHO's impactful collaboration with the Ministry of Health has resulted in the development of contingency plans for key priority hazards identified through the STAR assessment, including cholera, Ebola, food poisoning, mpox, measles, and polio. These plans outline specific response actions and resource requirements, giving Eswatini a stronger foundation to manage emerging threats. Furthermore, the WHO supported the training of 58 emergency responders under the African Health Volunteers Corps (AVoHC) SURGE initiative, contributing to the regional goal of training 3,000 responders. These multidisciplinary officers, trained between November 2023 and December 2024, are now prepared for deployment within 24 to 48 hours of an emergency. Their training encompassed Public Health Emergency Operations Centres, Rapid Response Teams, vaccine-preventable diseases, Humanitarian Coordination and Health Clusters, gender-based violence (GBV), and the Prevention and Response to Sexual Exploitation, Abuse, and Harassment (PRSEAH), emphasising inclusivity and gender equity.

In another pivotal development, 25 technical officers were trained in Epidemic Intelligence from Open Sources (EIOS), thereby strengthening Eswatini's capacity to detect and analyse public health threats in real-time. This data-driven approach improves early warning capabilities, ensuring a timely and coordinated national response.

Mpox preparedness in Eswatini has been notably strengthened through WHO technical support. Key outputs include the development of a national contingency plan, revision of surveillance tools, and training of 304 healthcare workers to enhance detection and response capacity. A national risk communication strategy was developed and rolled out to improve public awareness and engagement. By 31 December 2024, a total of 67 suspected Mpox cases had been reported, with 55 cases conclusively ruled out through laboratory testing. Additionally, WHO supported the conduct of readiness assessments using standardized checklists, enabling Eswatini to identify and address preparedness gaps better.



Public awareness was enhanced through the production and distribution of culturally appropriate Information, Education, and Communication (IEC) materials. These efforts fostered community engagement and contributed to early detection, inclusive risk communication, and trust-building between the health system and the public, including among vulnerable groups such as PLWDs.

Key to these achievements has been the robust collaboration between WHO, national authorities, and development partners. The engagement of high-level stakeholders—including the Prime Minister, Parliament, the UN, diplomatic missions, academia, and the private sector—has ensured national ownership and accountability. WHO's role in coordination and convening brought stakeholders together to co-create solutions and pool resources, resulting in strong partner buy-in and funding commitments for implementing the roadmap.

The success of the technical missions and training sessions is also attributed to WHO's collaboration with institutions such as the World Bank, the Africa CDC, and other health and development partners. These partnerships ensured not only financial contributions but also alignment of donor priorities with national health security goals.

Despite notable progress, Eswatini continues to face significant challenges in operationalising its health emergency systems. Key constraints include limited financial and human resources, weak integration across sectors, and the absence of an institutionalised mechanism for the periodic review of the National Action Plan for Health Security (NAPHS). The lack of a national One Health platform has been identified as a significant gap that requires urgent attention to promote coordinated action across the human, animal, and environmental health sectors.

To address these challenges, the WHO and national authorities have highlighted the significance of strategic investments in strengthening health systems, maintaining partner engagement, and providing ongoing training and simulations. The second-generation NAPHS, currently under development, will be guided by the 2024 JEE findings and will feature a monitoring framework to track progress and enhance accountability.

Eswatini has demonstrated commendable progress in enhancing its health emergency preparedness and response capacities. With WHO's technical leadership and support, the country has developed evidence-based plans, built a trained workforce, strengthened surveillance systems, and improved coordination mechanisms.



### Government Ministries, development and implementing partners and WHO team during the technical workshop to develop the two-year roadmap.

While challenges remain, Eswatini's strong political commitment, enhanced multisectoral collaboration, and increased community engagement provide a solid foundation for sustainable progress. The country is now better equipped to manage current and future public health threats, safeguarding health security and promoting equitable health outcomes for all, including women, children, persons with disabilities, and marginalised populations.



## Hazard Specific Contingency Plans



The Honorable Minister of Health Mr Mduduzi Matsebula, WHO Representative Dr Susan Tembo, Principal Secretary Mr Khanyakwezwe Mabuza and WHO International and local Experts who conducted the Joint External Evaluation (JEE)



The Emergency Preparedness and Response (EPR) Unit taking the Joint External Evaluation team through their daily operations at Ngwenya port of entry



The Honorable Minister of Health Mr Mduduzi Matsebula, WHO Representative Dr Susan Tembo and WHO experts during the closing ceremony of the AVoHC SURGE training.



#### Technical support

A team from the Regional office paying the WHO Representative a courtesy call



# Strengthening and Utilizing Response groups for Emergencies (SURGE)

**Mbabane, Eswatini** - Through collaboration with the World Bank, WHO has made significant strides in enhancing health emergency preparedness in the country. The Kingdom of Eswatini has significantly strengthened its health emergency response capacity by producing 58 skilled and ready-to-deploy emergency responders under the African Health Volunteers Corps (AVoHC) SURGE initiative. This achievement contributes to the regional target of training 3,000 volunteers to enhance Africa's capacity to respond swiftly to disease outbreaks. By investing in a well-prepared workforce, Eswatini is playing a key role in strengthening health security and pandemic preparedness across the region. These trained responders are now equipped to be deployed within 24-48 hours of an emergency, ensuring rapid containment of outbreaks and minimizing their impact. This milestone demonstrates Eswatini's commitment to proactive public health interventions, reducing the frequency and duration of outbreaks while enhancing national and regional resilience against health emergencies.

These officers from various sectors and disciplines were trained in two phases. The first cohort was trained between November 2023 and February 2024, the second cohort between November and December 2024. This training encompasses modules on Public Health Emergency Operations Centers (PHEOC), Humanitarian Coordination and Health Clusters, Rapid - 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). The training integrated case study examples and conducted simulation exercises to enhance skills in managing public health emergencies and tackling challenges. These responders named Nkwe! African Health Volunteers Corps by the Minister of Health Honorable Mduduzi Matsebula.





# Eswatini conducts **its second** Joint **External** Evaluation (JEE)

In 2024, Eswatini successfully completed its second JEE of the implementation of the International Health Regulations (IHR) (2005) capacities. The JEE is a voluntary, collaborative, and multisectoral process designed to assess a country's ability to prevent, detect, and respond swiftly to public health risks, whether they arise naturally or from deliberate or accidental events. It is a key component of the WHO International Health Regulations (IHR) Monitoring and Evaluation Framework, developed and implemented in collaboration with initiatives such as the Global Health Security Agenda (GHSA) and the World Organization for Animal Health's (OIE's) Performance of Veterinary Services (PVS) Pathway.

The first JEE, conducted in 2018, identified gaps in Eswatini's preparedness and response systems to health emergencies. The 2018 JEE rated the country low on preparedness with a score of 38 points, indicating limited capacity to detect and respond to emergencies. Additionally, based on the Global Health Security Index score, Eswatini was classified as a 'least prepared' country with a low score of 31.1.

The purpose of the second JEE was to assess the progress made since 2018. In September 2024, a team of external evaluators from the World Health Organization (WHO), Africa Centre for Disease Control (CDC), US CDC, UNFPA, IOM, and Zambia Public Health Institute, in collaboration with the World Bank, conducted the assessment. The process was validated through field trips to enhance the team's understanding of national capacities. The JEE was commissioned by the Minister of Health, Honorable Mduduzi Matsebula, in Ezulwini on September 23. The JEE found that Eswatini demonstrates strong political will and a clear whole-of-government approach. There is also a robust multisectoral collaboration mechanism and strong technical leadership by the IHR focal point. Partner support for the implementation of IHR was also found to be strong in the country. However, the JEE recommended that Eswatini improve and establish a well-defined information-sharing structure for strategic health information across sectors. There is also a need to institutionalize review processes for the implementation of the National Action Plan for Health Security (NAPHS) to inform the next JEE and establish a multisectoral coordination platform (ONE HEALTH).





# 3. HEALTHIER POPULATIONS



## SOCIAL DETERMINANTS AND RISK FACTORS

Eswatini made significant progress in addressing NCDs by completing its second national STEPS Survey. The survey revealed concerning increases in risk factors such as tobacco use, obesity, hypertension, and diabetes, particularly among women, underscoring the necessity for targeted interventions. With support from WHO, the data guided updates to the NCD Strategic Plan and the Cervical Cancer Elimination Plan. In response, Eswatini launched initiatives like the Stop Obesity Acceleration Roadmap and enhanced tobacco control efforts, including a Tobacco Coordinating Mechanism. Additionally, they expanded diabetes prevention initiatives through community outreach. Despite these successes, challenges such as limited civil society engagement and weak multisectoral coordination persist. Continued political commitment and community involvement are crucial for achieving NCD targets by 2030.





## Non-communicable diseases risk surveillance.

In 2024, the Kingdom of Eswatini achieved a significant milestone in its public health response to NCDs by completing and disseminating the second national STEPwise Survey on NCD risk factors. Conducted a decade after the first survey in 2014, the 2024 STEPS Survey provided updated, nationally representative data on the behavioural, physical, and biochemical risk factors driving the burden of NCDs across the country. The results reflect both progress and new challenges, revealing significant shifts in lifestyle behaviours and health outcomes among adults aged 18 to 69.

At the highest level, the survey findings underscore a growing threat to population health from NCDs, with measurable increases in modifiable risk factors. Tobacco use rose markedly from 6.9% in 2014 to 11% in 2024, while the prevalence of overweight and obesity climbed to 24.7%, up from 20.5% a decade earlier. These trends were particularly pronounced among women, highlighting gendered dimensions of risk that warrant urgent, targeted intervention. Additionally, the survey revealed rising levels of physical inactivity, poor dietary patterns, and harmful alcohol consumption, further compounding the risk of NCDs and threatening to overwhelm the health system if left unaddressed.

Beyond behavioural risk factors, the data revealed concerning rates of elevated blood pressure and glucose levels, many of which remain undiagnosed or inadequately treated. Hypertension continues to affect a large proportion of the adult population, with significant numbers unaware of their condition. The prevalence of diabetes also remains high compared to regional averages, signalling the need for more robust screening and disease management strategies. Alarming, the data showed a decrease in cervical cancer screening among women, suggesting that efforts to promote early detection are not effectively reaching all segments of the population.

These findings are critically relevant to Eswatini's broader development agenda and national health priorities. They align with the country's commitment to achieving the Sustainable Development Goals, particularly SDG 3.4, which calls for a one-third reduction in premature mortality from NCDs by 2030. The results also directly address the goals of Eswatini's Health Sector Strategic Plan 2024–2028, which emphasises primary health care, equity, and integrated service delivery. Importantly, the findings illuminate ongoing gender disparities and underscore the importance of adopting inclusive, people-centred approaches that prioritise the needs of women, youth, and persons living with disabilities and chronic conditions.



WHO played a pivotal role throughout the survey process, providing technical leadership and strategic support from its country, regional, and headquarters levels. WHO offered the standardised methodology, tools, and global benchmarks that ensured data comparability and quality. The organisation assisted in developing the protocol, led training efforts, and facilitated field data collection by supplying digital tools and medical equipment. WHO's contribution extended beyond implementation support—it also aided in interpreting and disseminating the results, ensuring that the findings were directly incorporated into national planning frameworks, including the updated NCD Strategic Plan and the new Cervical Cancer Elimination Plan, both finalised in 2024.

The successful implementation of the STEPS Survey was made possible through close collaboration among the Ministry of Health, the Central Statistics Office, WHO, the World Bank, and other partners. This multi-stakeholder partnership ensured the mobilisation of resources, the harmonisation of technical inputs, and robust national ownership of the process. The survey serves as a model of effective coordination and evidence generation, demonstrating how partners can collectively support countries in producing high-quality data to inform policy and programming.

Despite these achievements, the process was not without its challenges. The survey encountered logistical constraints, delays in resource mobilisation, and competing priorities in the post-COVID-19 health landscape. However, adaptive strategies were implemented, including the rapid deployment of digital tools, real-time data monitoring, and increased technical support from WHO. One important lesson was the value of sustained political commitment and early stakeholder engagement, which helped keep the process on track despite these obstacles. Another critical takeaway was the necessity of integrating equity and gender considerations more profoundly into both survey design and programme responses.

The 2024 STEPS Survey has established a robust foundation for renewed action on NCDs in Eswatini. Its findings provide an evidence-based platform to advocate for increased investment in prevention, early detection, and chronic disease management. As the Ministry of Health progresses with implementing the updated NCD strategy, there is a clear opportunity to scale up community-based interventions, enhance access to integrated care, and strengthen multisectoral collaboration in addressing the root causes of NCDs. In doing so, Eswatini will be better positioned to reduce premature mortality, improve population health outcomes, and uphold its commitment to leaving no one behind.



KINGDOM OF ESWATINI

MINISTRY OF HEALTH

# ESWATINI STEPS REPORT 2024



**Nationwide Non-Communicable Diseases Risk Factors  
Assessment Using the World Health Organization's  
Stepwise Approach in Eswatini**



World Health  
Organization



## Non-communicable diseases risk surveillance.

In 2024, Eswatini made significant progress in reducing the health burden of NCDs by addressing underlying risk factors, including obesity, tobacco use, and diabetes. These efforts contributed to improved health outcomes for the population, reflecting the country's increasing alignment with global and national strategies to combat NCDs through inclusive, multisectoral, and evidence-informed interventions.

At the impact level, the Government of Eswatini strengthened its commitment to reducing the prevalence of overweight and obesity, particularly among vulnerable groups such as children, adolescents, and women of reproductive age. In alignment with the country's national health priorities and SDG targets, the Ministry of Health, with technical and strategic support from WHO, developed a National Stop Obesity Acceleration Roadmap. The roadmap sets a national target to reduce the prevalence of obesity from 27.4% in 2023 to 19.2% by 2030. This strategic plan outlines integrated, cross-sectoral interventions, including the promotion of healthy diets, increased physical activity, school-based nutrition education, and regulation of unhealthy food marketing. By doing so, it not only aims at improving physical health outcomes but also supports broader human rights and gender equity objectives, particularly for women and children disproportionately affected by obesity-related conditions.

In the area of tobacco control, significant advancements were made towards reducing the economic and health toll of tobacco use. A 2021 study estimated that tobacco-related harm costs Eswatini the equivalent of 1.1% of its GDP. In response, the country increased the implementation of the MPOWER package of tobacco control measures, supported by technical and financial assistance from WHO and the FCTC 2030 Project. This initiative enabled Eswatini to mobilise domestic and international resources to support tobacco prevention, cessation services, and awareness campaigns. WHO's involvement was critical in strengthening national capacity and leveraging data to advocate for stronger policy reform.

A key outcome was the operationalisation of a Tobacco Coordinating Mechanism, established to advance tobacco control policy and intersectoral coordination. Progress is being made to review and modernise the country's outdated tobacco legislation, with WHO continuing to guide to ensure alignment with the Framework Convention on Tobacco Control (FCTC). Additionally, the WHO facilitated a series of capacity-building engagements, including bilateral meetings and webinars, which empowered the Ministry of Health's leadership to understand better and apply WHO recommendations.

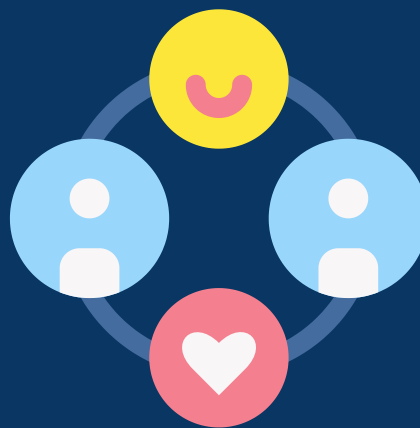
This strengthened the Ministry's role in leading multisectoral dialogue and aligning policy implementation across various sectors, including education, finance, and agriculture. Eswatini also addressed the rising tide of diabetes, a growing public health challenge. In 2024, over 90% of adults were reported to be exposed to at least one risk factor for diabetes, such as unhealthy diets and sedentary lifestyles. In response, the Ministry of Health scaled up its prevention and control efforts with support from the WHO. These included community-based awareness campaigns, enhanced early detection and screening services, and improved access to affordable treatment. These efforts aligned with the WHO Global Diabetes Compact targets and contributed to early diagnosis, continuity of care, and the prevention of diabetes-related complications. Notably, attention was given to reaching high-risk groups and ensuring the affordability of services, which is critical for improving health equity and reducing the long-term socioeconomic burden of chronic diseases.

While progress was evident, several challenges were encountered. These included insufficient engagement with community-based organisations and civil society, which limited grassroots mobilisation and behavioural change efforts. Recognising this gap, the Ministry of Health and WHO acknowledged the need for deeper collaboration with civil society organisations (CSOs), faith-based groups, and local leaders to enhance community ownership and sustainability of NCD prevention strategies.

Among the key lessons learned, it became clear that multisectoral approaches require not only policy commitment but also sustained inter-ministerial coordination and engagement with non-health actors. Integrating NCD prevention into other sectors such as education, urban planning, and food systems is essential for long-term success. Additionally, investing in public education and demand generation can foster an enabling environment for policy adoption and behaviour change. In conclusion, 2024 marked a year of strategic progress in Eswatini's response to NCD risk factors, supported by strong technical assistance from WHO and multisectoral collaboration. The development of national strategies for obesity and tobacco control, along with the expansion of diabetes prevention services, represents a foundational shift towards a healthier and more resilient population. Looking ahead, consolidating partnerships with community stakeholders, accelerating legislative reform, and scaling up the implementation of these strategies will be critical to sustaining momentum and achieving the country's 2030 health goals.



# Effective and efficient WHO



WHO Eswatini has improved health outcomes through strategic communications and strong external relations. By collaborating

with the media and enhancing health literacy, the WHO has established itself as a trusted health partner. The office has demonstrated financial responsibility, gender parity in staffing, and adherence to ethical standards. Despite facing challenges such as financial constraints, the WHO has maintained programme delivery through adaptive planning and staff development, solidifying its position as a reliable partner for achieving health for all in Eswatini.



## Strategic communications and External Relations

WHO Eswatini has made significant strides in advancing health outcomes through strategic communication and strengthened external relations. These efforts have contributed to increased public awareness and demand for health services nationwide, particularly among underserved rural populations. WHO's engagement in national commemorative events and its focus on inclusive communication strategies have improved access to health information and promoted behaviour change for better health outcomes. These achievements align well with Eswatini's national health priorities and the WHO's 13th General Programme of Work (GPW 13), which seeks to ensure healthier populations through universal health coverage, preparedness for health emergencies, and improved health and well-being.

A key outcome during the reporting period was the increased visibility and accessibility of health messages through strategic media partnerships. WHO Eswatini collaborated with Eswatini TV to broadcast 10 live television programmes focused on critical health topics. These broadcasts successfully reached a broad demographic, including urban and rural communities, thereby strengthening health literacy, encouraging preventive behaviours, and enhancing public trust in the health system. This intervention significantly contributed to bridging the information gap and advancing health equity, particularly for women, children, and persons living with disabilities.

In addition, the WCO produced quarterly newsletters, newsflashes and impact stories covering work done throughout the year. These publications were shared on various online platforms including the WCO website and social media, thereby reaching numerous audiences within and outside Eswatini.

Under this pillar, the WCO also led activities under Risk Communication and Community engagement (RCCE), participating in trainings for the African Health Volunteers Corps

(AVoHC) SURGE, creating awareness among the Eswatini population and sharing critical information during disease outbreaks for proper decision making.

The WCO also improved its relations with other UN agencies and other partners through conducting joint activities as part of social responsibility and also improving health outcomes.

At the output level, WHO provided strong technical support to the Ministry of Health and implementing partners in various areas, including the development of policy documents, delivery of training sessions, and coordination of resource mobilisation activities. This technical assistance facilitated the creation and dissemination of health communication materials, promoting a unified voice on public health messaging among stakeholders. Furthermore, WHO took a leading role in the planning and execution of national health commemorations, utilising these platforms to reinforce essential messages regarding disease prevention, early treatment, and access to vital health services. WHO's contributions were instrumental in mobilising resources and galvanising multisectoral action. The organisation served as a strategic convener, facilitating collaboration across clusters, UN agencies, and key health development partners. A notable example of this was the coordination and technical support provided for the development of funding proposals to the Pandemic Fund and the United Nations Road Safety Fund (UNRSF). These proposals underscored WHO Eswatini's leadership in resource mobilisation and its capacity to articulate evidence-based investment cases for health. As a result, WHO was widely recognised at the national level as a trusted partner and lead agency in health financing and partnership development.

The sustained collaboration with partners yielded mutual benefits and ensured shared accountability for results. WHO acknowledges the critical contributions of all partners who invested their time, expertise, and financial resources in support of national health goals. Their support was not only vital for implementation but also essential in shaping a resilient and responsive health system. Through joint planning, aligned priorities, and shared learning, WHO and its partners collectively strengthened Eswatini's capacity to address current and future health challenges.

Despite the progress made, several challenges were encountered, including limited financial resources and occasional delays in programme implementation due to competing priorities. However, these challenges were mitigated through adaptive planning, enhanced coordination mechanisms, and timely stakeholder engagement. A key lesson learned was the importance of maintaining flexible yet strategic partnerships that can swiftly adapt in response to emerging needs. Additionally, the significance of investing in sustained community engagement and inclusive messaging, particularly for marginalised populations, was reinforced throughout the reporting period.

Looking ahead to 2025, WHO Eswatini is committed to strengthening its partnerships and leveraging strategic communication further to catalyse progress towards national and global health targets. The organisation will continue to focus on inclusive, rights-based approaches to health communication, ensuring that no one is left behind. WHO extends its sincere appreciation to all partners and looks forward to continued collaboration on the journey towards health for all in Eswatini.

# Operational effectiveness and accountability

During 2024, the WHO Country Office in Eswatini achieved significant operational milestones that reinforced organisational efficiency, accountability, and alignment with national health priorities. These outcomes contributed to broader health system strengthening and improvements in service delivery, in line with the WHO's 13th General Programme of Work (GPW 13) and Eswatini's strategic vision for achieving sustainable and equitable health outcomes. The Office's strong institutional performance and adherence to accountability standards supported the effective implementation of technical programmes, while safeguarding public resources and ensuring transparency in the use of donor funds.

A notable impact was observed in financial stewardship and reporting performance. The Office achieved a 50% compliance rate in donor report submissions, with zero overdue Direct Financial Cooperation (DFC) and Direct Implementation (DI) reports. All award-related encumbrances were cleared within the permitted grace or financial implementation periods, underscoring sound financial management and alignment with both donor and organisational requirements. These efforts not only reinforced donor trust but also ensured the uninterrupted flow of resources needed for essential public health programmes. Timely and accurate programme reporting remained a core priority, with the Office achieving 90% compliance in results reporting. This performance reflects a

robust culture of accountability and responsiveness to planned deliverables. Weekly workplan monitoring played a crucial role in this success, enabling the early identification and resolution of implementation bottlenecks. Simultaneously, internal coordination improved through weekly presentations by technical staff regarding the status of workplan execution. This approach fostered collective ownership and ensured consistent alignment with GPW targets and country-specific outcomes. In a context marked by financial constraints, particularly concerning staff recruitment, the WHO Country Office demonstrated resilience and maintained its commitment to organisational values. Despite suspended recruitment processes, the Office achieved 100% gender parity among International Professional Staff (IPs), signalling its dedication to diversity, inclusion, and gender equity within the workplace. This outcome is especially significant in advancing WHO's human rights agenda and supporting gender-sensitive programming in Eswatini. Operational planning and strategic alignment were further strengthened through the successful reprioritisation of 2025 deliverables and the finalisation of outcomes and outputs for the 2026–2027 Programme Budget (PB). These actions enhanced the Office's responsiveness to evolving country needs, supported value-for-money principles, and ensured continuity of support to the health sector in alignment with national development goals. Staff performance management and workforce development continued to demonstrate promising progress. The Office achieved 79% compliance with the timely and effective use of the Performance Management and

Development System (PMDS), with all staff members completing their 2024 evaluations and setting plans for 2025. Furthermore, 79% of staff completed mandatory training activities, contributing to increased institutional capacity and compliance with WHO standards. A significant milestone in upholding ethical standards was the Office's complete reorientation on PRESEAH (Prevention of and Response to Sexual Exploitation, Abuse, and Harassment), achieving 100% staff coverage. The development and full funding of the 2025 PRESEAH plan demonstrated a robust institutional commitment to safeguarding dignity and maintaining integrity. These measures enhanced organisational readiness and fostered a safer, more accountable working environment for all staff and the communities served. In terms of operational efficiency, the Office achieved full compliance (100%) with Security Risk Management Measures (SRMM) and other applicable protocols, ensuring the safety of personnel and assets. Procurement functions were likewise optimised, with all six-month procurement plans submitted punctually using approved templates. Notably, 100% of procurement transactions were carried out through framework agreements and catalogues, ensuring cost-effectiveness, quality assurance, and adherence to World Health Organisation (WHO) procurement policies. Supply chain performance remained a strong area, with all supplier evaluation reports completed within 30 days of receiving goods or services. Although only 57% of non-emergency international travel requests were approved more than 14 days in advance, efforts continue to be directed towards improving timeliness and planning predictability for travel logistics.

While challenges such as limited financial resources and delayed recruitments were encountered, the Office successfully mitigated risks through adaptive planning, enhanced coordination, and proactive performance monitoring. Lessons learned during this period underscore the importance of maintaining a consistent work plan, tracking staff engagement, and proactively managing donor compliance. Moving forward, an ongoing focus on staff development, ethical accountability, and operational efficiency will be critical to scaling up interventions and sustaining high-impact health programmes across Eswatini.

In summary, the WHO Country Office in Eswatini has demonstrated a robust operational performance, financial integrity, and programmatic responsiveness. These achievements have established a strong foundation for 2025, positioning the Office as a dependable partner in advancing national and global health goals.



# PREVENTING AND RESPONDING TO SEXUAL MISCONDUCT

The WHO Country Office strengthened its internal capacity to implement its PRSEAH (Preventing and Responding to Sexual Exploitation, Abuse, and Harassment) workplan in 2024. Dedicated PRS focal persons led PRSEAH activities. WHO also actively participated in interagency PSEA coordination mechanisms under the leadership of the UN Resident Coordinator. A total of USD 15,000 was mobilized to support country initiatives. The Office consistently promoted the PASM policy, reinforced the Zero Tolerance Policy, and reminded staff of their obligation to report any form of misconduct.

In collaboration with the Human Resources Office, key safeguarding measures—such as pre-employment screening, induction briefings, and regular staff training—were prioritized. All the WCO staff completed either PSEA induction or refresher training during the reporting year.

In 2024, Capacity-building efforts included refresher training for the WHO Country Office (WCO) team, UN PRS focal persons, and UN vendors, along with dedicated PRSEAH training for two cohorts of the African Volunteer Health Corps (AVoHC) surge team. WCO staff were sensitized and oriented on the WHO 3-Year Strategy (2023–2025) and its associated accountability framework. One PRSEAH focal point participated in the Regional PRSEAH Training held in Addis Ababa, Ethiopia. All staff were encouraged and actively followed up to complete the mandatory PSEA training via iLearn. Overall, three dedicated awareness-raising sessions were held for WCO personnel—during the technical staff retreat, two general staff meetings, and the 2024 annual staff retreat—reaching a total of 39 staff members (27 females and 12 males).

Additionally, WHO extended its PRSEAH awareness efforts beyond internal staff to key external stakeholders across various sectors.

As part of the Flagship Scoping Mission, 45 individuals (18 females and 27 males) were sensitized on PRSEAH principles. In collaboration with the Ministry of Health (MoH) and other government bodies—including the National Disaster Management Agency and health staff within the Security Forces—64 personnel were engaged in PRSEAH training sessions, integrated into the national health emergency preparedness and response activities for the cholera and mpox outbreaks. In addition, a targeted sensitization session was conducted for 52 UN vendors and service providers (39 females and 13 males), focusing on the PSEA framework and the UN Code of Conduct. Additionally, with support from the WHO Regional Office, 47 national African Volunteer Health Corps (AVoHC) surge staff (21 females and 26 males) received comprehensive PRSEAH training in December 2024. The aim of the AVoHC training was to strengthen the capacity of front-line responders to prevent and address misconduct in emergency settings. These activities collectively contributed to fostering a culture of accountability and safeguarding among WHO's partners and response networks.

A sensitization video was also shared with WCO technical teams for use in WHO-led meetings to reinforce messaging.

In terms of innovative strategies the WCO has made available A4 size and reusable laminated code of conduct displayed by technical units during all meetings supported by WHO. All our vehicles have copies of WHO code of ethics information leaflets as follows:



Over the years there have significant behavioural change experienced among staff members in terms of constant reminders on sexual harassment and what is perceived as unwelcomed conduct that may cause offence or humiliation.

Looking ahead to 2025, the WCO will continue to prioritize raising awareness about PRSEAH, gender-based violence (GBV), and mental health among WHO staff, UN agencies, government counterparts, humanitarian actors, vendors, and beneficiaries. Strengthening governance and monitoring mechanisms for health emergency preparedness and response programs will also remain a key area of focus.





A nurse demonstrating how to wash hands



A student receiving a COVID-19 vaccine booster shot during an immunization campaign



A student showing off her immunization card after receiving HPV vaccine



WR watering a vegetable garden during UN day celebration



WR listening in on a focus group discussion organised by World Vision



WHO information stall at the UN Day celebrations



WR handing out deworming tablets at a school



Women posing during a community outreach



# Acknowledgements

THANK YOU TO ALL OUR PARTNERS AND DONORS!



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