

Eswatini

### NEWSLETTER

### September 2025, issue 3



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### HRH INKHOSIKATI LAMATSEBULA LAUNCHES ESWATINI NATIONAL CERVICAL CANCER ELIMINATION ACCELERATION PLAN





The Kingdom of Eswatini has reaffirmed its leadership in women's health with the official launch of the National Cervical Cancer Elimination Acceleration Plan 2024–2030, a comprehensive roadmap to eliminate cervical cancer as a public health problem by 2030.

The WHO Country Office provided technical assistance to the Ministry of Health in developing this plan, which was officially launched by the patron of cervical cancer elimination in the Kingdom of Eswatini, Her Royal Highness Inkhosikati LaMatsebula. The plan defines a roadmap with priority actions to be implemented in Eswatini to achieve the 90-70-90 cervical cancer elimination targets by 2030.

In 2020, the World Health Assembly adopted the Global Strategy to Eliminate Cervical Cancer as a public health problem, with clear and measurable goals.

The launch of the acceleration plan brought together government officials, development partners, civil society, and health experts united under one goal; to ensure that no woman or girl in Eswatini dies from cervical cancer, a preventable and curable disease.

Delivering remarks on behalf of the World Health Organization (WHO), Dr Susan Tembo, the WHO Representative described the new plan as a bold declaration of hope, commitment, and action.

"We are particularly honoured by the presence of Her Royal Highness Inkhosikati Lamatsebula, whose presence here is a clear demonstration of the Royal -



Family's unwavering commitment to the health and wellbeing of Emaswati. Your continued leadership: especially in health matters, is deeply appreciated. We have witnessed this leadership in the HIV response, in launching the HPV vaccination campaign, and today again, in standing with us to eliminate cervical cancer in Eswatini," she stated.

The Eswatini National Cervical Cancer Elimination Acceleration Plan 2024-2030 is a comprehensive strategy aimed at eliminating cervical cancer as a public health threat by 2030.

The plan is aligned with the World Health Organization (WHO) global strategy for cervical cancer elimination and outlines key interventions and strategic objectives designed to achieve the targets of 90-70-90 by 2030: 90% of girls fully vaccinated with the HPV vaccine by age 15, 70% of women screened using a high-performance test by age 35 and again by 45, and 90% of women identified with cervical disease receiving treatment.

Eswatini has already made remarkable strides toward these global goals. HPV vaccination coverage has reached 74% just over a year after the vaccine's introduction in 2023. Screening services have been decentralised to 90% of health facilities, improving accessibility nationwide.

According to the 2024 STEPS Survey, screening coverage among women aged 30–49 has risen from 21.7% in 2014 to 65.9% today. Lastly, the government of Eswatini has introduced the Radiation and Nuclear Bill and reaffirmed its commitment to domestic resource allocation for cervical cancer prevention and treatment.







Susan Tembo and Hhohho Regional Administrator Princess Tsandzile

Stakeholders and partners following proceedings at the launch

These achievements, the WHO Representative noted, are the result of strong political will, partnerships, and community mobilisation, led by the Ministry of Health and supported by partners including the Global Alliance for Vaccines and Immunization (GAVI) and WHO.

Dr Tembo urged all stakeholders including government, partners, civil society, and communities to translate the plan into real impact on the ground.



#### ESWATINI'S NATIONWIDE MEASLES RUBELLA VACCINATION **CAMPAIGN REACHES 88% COVERAGE**



The Kingdom of Eswatini successfully conducted a week-long Measles and Rubella (MR) two

vaccination campaign, achieving an impressive 88%

the MR vaccination Campaign

coverage among targeted children.

Held in August 2025, the campaign marked a significant milestone in the nation's ongoing efforts eliminate vaccine-preventable diseases and strengthen child health. The campaign was rolled out across all four regions of the country, reaching children in urban, peri-urban, and hard-to-reach areas. Children aged 9 months to 5 years received the MR vaccine, while those aged 0 to 5 years were also given the Polio vaccine. Other interventions included Vitamin Α supplementation, and Albendazole for deworming, a comprehensive approach aimed at boosting immunity and improving overall child health.





The success of the campaign was largely attributed to robust community mobilization, which began two weeks before the campaign. Health workers, with support from the World Health Organization (WHO)held a media sensitization campaign aimed at equipping the media with information about the campaign and create a strong partnership for the dissemination of information through the different traditional and online media platforms.

Health workers also worked closely with Rural Health Motivators (RHMs) and local leaders to ensure widespread awareness in all the Chiefdoms.

"We were informed by health workers two weeks before the campaign and urged to inform parents," said Samukelisiwe Ndlangamandla, a Rural Health Motivator from Mabhensane in the Lubombo region.





Eswatini

"We used standing community meetings to spread the word. We always take such initiatives seriously," she added.

Parents and caregivers responded in large numbers, bringing their children to vaccination sites and contributing to the high turnout. Speaking at the official launch of the campaign, WHO Representative Dr. Susan Tembo emphasised the importance of immunization in safeguarding children's future.

"Measles is one of the most contagious diseases known to humanity. Yet, it is entirely preventable through safe and effective vaccination," the WR said.

"This campaign reflects our collective commitment protecting every child; cities. communities, and hard-to-reach populations," she added.

The campaign also served as a platform to strengthen routine immunization, improve data quality, and enhance surveillance systems, which are key components in building a resilient health system.

The WR added: "As the country celebrates this achievement, WHO is calling on all stakeholders from policymakers to health workers, traditional leaders to parents, to continue playing their part in reaching every child. The success of this campaign is a testament to what can be achieved through collaboration, community engagement, and strong health leadership. It sets a precedent for future public health initiatives aimed at leaving no one behind."



Matsanjeni Health Centre Nurse posing with WHO staff and RHMs at a vaccination site at Mbilaneneni Umphakatsi











### **MEASLES RUBELLA VACCINATION CAMPAIGN IN PICTURES**



















### EVENT-BASED SURVEILLANCE GUIDELINES LAUNCHED TO STRENGTHEN PUBLIC HEALTH SECURITY



The Kingdom of Eswatini has taken a major step forward in safeguarding public health with the launch of the Event-Based Surveillance (EBS) Guidelines, a system designed to strengthen the country's ability to detect, verify, and respond to health threats in real time.

Event-Based Surveillance is designed to capture and analyze signals of unusual health events from a wide range of sources, including health facilities, media reports, community alerts, and even social media. These signals, which may otherwise go unnoticed, serve as early warnings for potential outbreaks.

These guidelines, developed with the support of the World Health Organization (WHO), Africa CDC, and other partners, reinforce the country's commitment to the International Health Regulations (IHR) and the One Health approach, which recognizes the link between human, animal, and environmental health.

The launch of the guidelines came at a critical time, as African countries continue to grapple with recurrent and emerging health threats such as cholera, Mpox, polio, measles, anthrax, and Ebola alerts.

Experts stress that swift detection and response are vital to limiting cross-border spread and protecting livelihoods.

Speaking at the launch, WHO Representative Dr. Susan Tembo commended the Ministry of Health and partners for prioritizing early detection as a cornerstone of national health security.

Dr Tembo mentioned that early detection is no longer optional, but essential. "Timely information can mean the difference between containment and crisis," she said.

She reiterated that by integrating EBS into the country's national surveillance architecture, Eswatini is building a more agile, inclusive, and responsive health system - one that not only reacts to emergencies but anticipates them.

As part of the initiative, Eswatini is also adopting the Epidemic Intelligence from Open Sources (EIOS) system, a digital platform that scans thousands of online data points daily - from media outlets to social networks - to identify early signs of public health threats. Together, EBS and EIOS form a dynamic surveillance ecosystem that connects local communities to global early warning systems.

The collaboration reflects a whole-of-society approach, where communities, journalists, healthcare workers, and institutions all play a role in safeguarding health.

"With the launch of these guidelines, Eswatini is sending a powerful message that the health of its people is non-negotiable, and that no signal - no matter how faint - will go unheard," Dr Tembo emphasized.



## ESWATINI KICKS-OFF VERBAL AUTOPSY TO STRENGTHEN NATIONAL HEALTH DATA



The Ministry of Health Director of Health Services Dr Velephi Okello, WHO Representative Dr Susan Tembo posing with partners during the launch of the Verbal Autopsy programme in Mbabane

The World Health Organization (WHO) has supported the launch of Verbal Autopsy in Eswatini, a national initiative that is marking a major step forward in strengthening the country's health information system.

The Civil Registration and Vital Statistics programme within government received USD75,000 from the Bloomberg Philanthropies' Global Grants Program-Vital Strategies, which was received by the Coordinating Assembly for Non-Governmental Organizations (CANGO) to implement the Verbal Autopsy project. Verbal autopsy involves structured interviews with relatives or caregivers of the deceased to determine the probable medical causes of death, especially in community settings.

This programme has been piloted in the Hhohho and Shiselweni regions.

The launch of this programme represents a significant milestone in the country's efforts to ensure that every death is counted, and every cause of death is understood. Across many African countries, including Eswatini, deaths that occur outside health facilities often go unrecorded, leaving critical gaps in data on when, where, and why people die. Civil Registration and Vital Statistics systems remain one of the most underperforming areas in many national health systems, limiting countries' ability to respond effectively to public health needs.









To bridge this gap, WHO has worked closely with the Ministry of Health to strengthen mortality reporting systems, roll-out the International Classification of Diseases 11th Revision (ICD-11), train health workers, and pilot verbal autopsy tools.

The adoption of ICD-11 standards and the integration of verbal autopsy tools position Eswatini to generate high-quality, internationally comparable mortality data. This evidence will support health governance, resource allocation, and policy development.

Speaking at the launch of the programme in Mbabane, WHO Representative Dr. Susan Tembo praised the Government of Eswatini for its commitment to improving mortality reporting and advancing evidence-based health planning.

She mentioned that achieving universal health coverage and protecting people's well-being depends heavily on access to quality, timely, and reliable data.

"The Ministry of Health, with WHO's support, has laid a strong foundation for mortality surveillance," Dr Tembo said, adding that: "The transition to ICD-11 and use of verbal autopsy will fill critical gaps in community-level data, giving a more complete picture of population health."

WHO also commended the collaborative efforts of the Ministry of Health, the Ministry of Home Affairs, Statisticians, Rural Health Motivators and all stakeholders who contributed to making the initiative a reality.

As the program scales up, Eswatini is expected to strengthen its resilience against health threats, improve planning, and deliver more targeted interventions.

"With Verbal Autopsy, Eswatini takes a bold step towards evidence-driven health planning," Dr Tembo affirmed.



#### WHO SOUNDS THE ALARM ON THE RISING NUMBER OF SUICIDES IN ESWATINI

The World Health Organization (WHO) has sounded the alarm on the rising number of suicides in Eswatini, calling for urgent and coordinated action to save lives.

The Kingdom of Eswatini has the second-highest suicide rate in the WHO African Region, after Lesotho, with an age-standardized rate of 31.8 per 100,000 population in 2021.

Speaking at a media engagement in preparation for the World Suicide Prevention Day commemoration in Mbabane, the WHO Representative in Eswatini, Dr. Susan Tembo, stressed that suicide is not just a health issue but a shared societal responsibility that requires the commitment of all sectors, including the government, communities, institutions, and the media.

The engagement, attended by over 40 media practitioners, including print and online media journalists, radio continuity announcers, and radio programme producers, was aimed at equipping media houses across the country with vital knowledge on the risks of suicide and its prevention measures. The media engagement also emphasized responsible reporting of suicide-related cases to reduce the copycat incidents and curb the rising cases in society.

"Suicide is not just a health issue; it's a shared societal responsibility. Tackling it requires coordinated action across government, communities, and institutions," said Dr. Tembo.

She noted that stigma continues to be one of the greatest obstacles to care, often discouraging people from seeking help. She urged the media to take the lead in dismantling stigma and promoting responsible



Ministry of Health Mental Health officer Ms. Sindiso Bhembe making a presentation



Dr Shepherd Machekera from WHO and Dr Admand Shabangu, MOH Senior medical officer following proceedings during the media engagement

reporting in line with the WHO's LIVE LIFE framework, which identifies media engagement as one of four key interventions for suicide prevention.

Dr. Tembo emphasized that suicide can be prevented through strong multisectoral collaboration, accountability, and provision of adequate resources. She pledged WHO's continued support to the Ministry of Health and partners, including technical expertise, training, and capacity building.

"Together we can change the narrative. Together we can save lives," she affirmed.

Statistics show that between 2021 and 2025, Eswatini recorded 387 suicide-related cases at health facilities. Data from the Royal Eswatini Police Service (REPS) revealed that between 2022 and 2024, there were 486 completed suicides, of which -



80% were men and 20% women. The majority of victims (69%) were aged 25 years and above. The most common methods for committing suicide included: poisoning using insecticides – 252 cases (52%), hanging – 212 cases (44%), self-inflicted injuries such as burning, stabbing, or jumping in front of a moving vehicle – 16 cases (3%), and firearm-related suicides – 6 cases (1%).

Speaking at the same event, Ministry of Health Senior Medical Officer, Dr. Adman Shabangu, highlighted several vulnerable groups, including adolescents and young adults, women of reproductive age, people with untreated mental illnesses, victims of abuse and trauma, individuals with substance use disorders, as well as those who are isolated, unemployed, marginalized or facing





WHO Rep. Dr Susan Tembo and Ministry of Health Senior Medical Officer Dr Adman Shabangu posing with the programme producers

financial and/or relational stress. The Kingdom of Eswatini has committed to reducing its suicide rates by one-third by 2030. Dr. Shabangu explained that the Ministry of Health, with the assistance of WHO and other partners, aims to increase public awareness and health education on suicide prevention plus strengthen the health sector's capacity to respond effectively.

The WHO Representative concluded by urging the media and communities to carry the message forward, inspire compassion, challenge stigma, and open doors to healing.







## ESWATINI BREAKS THE SILENCE ON SUICIDE AS NATION MARKS ITS FIRST WORLD SUICIDE PREVENTION DAY

A powerful message of urgency, hope, and collective responsibility echoed across Eswatini as the country commemorated World Suicide Prevention Day for the first time, marking a historic moment in its public health journey.

Held under the global theme "Changing the Narrative: Let's Start the Conversation," the event brought together government leaders, health professionals, civil society, community groups, and development partners in a united call to confront one of the nation's most pressing, yet often unspoken health crises.

Speaking at the event, WHO Representative Dr Susan Tembo applauded the Ministry of Health for what she described as "timely, courageous, necessary, and lifesaving leadership" in elevating mental health and suicide prevention as national priorities.

"Too many lives have been lost, far too many families left grieving in silence. But today, by coming together, we are saying: enough is enough," the WR said.

The event shed light on stark statistics that underscore the severity of the crisis in Eswatini. According to the Global Health Estimates 2021, the country's suicide rate stands at 31.8 per 100,000 population, nearly three times the African regional average of 11.5 per 100,000. More alarmingly, Eswatini has the highest male suicide rate in the world at 54.2 per 100,000, placing the country among the most affected globally.

"These are not just statistics, they represent families, friends, and futures lost," Dr Tembo emphasized, noting that every 40 seconds, one life is lost to suicide globally.

She further stressed that the health sector is uniquely positioned to intervene. Evidence shows that 83% of individuals who die by suicide had contact with a health worker in the year before their death, and nearly half sought care in their final month - representing critical windows for prevention. Dr Tembo made a call for stronger training, support, and systems to empower healthcare workers, so they feel confident initiating potentially lifesaving conversations with patients.

She also reminded the participants that suicide is not solely a medical issue, but it intersects with poverty, unemployment, trauma, gender-based violence, and social isolation. She thus urged for a unified, cross-sectoral response involving education, media, civil society, traditional leaders, faith organisations, and communities.







## WHO APPLAUDS ESWATINI FOR PRIORITIZING HEALTH SECURITY THROUGH DEVELOPMENT OF A NAPHS

The World Health Organization (WHO) has applauded the Government of Eswatini and the Ministry of Health for their leadership in prioritizing health security and adopting a whole-of-government, whole-of-society approach.

Eswatini took yet another bold step to validate its National Action Plan for Health Security (NAPHS) which was developed in July 2025, where participants identified and developed the strategic actions and activities forming the foundation of the plan. The development of the NAPHS represented a critical milestone in strengthening Eswatini's capacity to prevent, detect, and respond to public health threats. The validation workshop brought together government officials, technical experts, and multisectoral partners to refine and finalize the NAPHS that will guide the country's preparedness and response to public health threats.

The workshop was supported by a team of WHO AFRO experts who brought extensive technical knowledge to assist the country in developing a practical, costed, and results-driven plan covering 19 technical areas under the IHR 2005 framework.

During the discussions, participants of the workshop ensured that the NAPHS is evidence-based, inclusive, and aligned with national priorities and outcomes from key assessments such as the Joint External Evaluation (JEE) and the State Party Annual Reporting (SPAR).



A WHO officer leading the session during the NAPHS development





The local team in the emergency response having a discussion during the

NAPHS development





#### ESWATINI EXPERIENCES AN UPWARD TREND IN MATERNAL MORTALITY RATE

Despite progress in improving access to skilled birth attendants, Eswatini continues to face high maternal, neonatal, and child mortality.

In Eswatini, the maternal mortality ratio decreased from approximately 590 deaths per 100,000 live births in 2000 to about 300 in 2019. However, recent data indicates a reversal of gains, with the current maternal mortality ratio at 452 per 100,000, while child mortality rate stands at 74 per 1,000, and infant mortality at 146 per 10,000.

The country has also seen a decline in Universal Health Coverage (UHC), dropping from 63 in 2017 to 55.8 in 2023.

This was revealed by the World Health Organization (WHO) Representative Dr. Susan Tembo during the commemoration of World Patient Safety Day at

Mkhuzweni Health Centre. This year's commemoration placed а strong spotlight on safeguarding the lives of newborns and children. This year's theme, "Safe care for every newborn and every child," under the slogan "Patient safety from the start!", underscores the shared responsibility of health workers, policymakers, communities, and families in ensuring the safety of the youngest and most vulnerable patients; from birth to nine years of age.

Represented by Health Systems Strengthening Officer

Dr Mekdim Ayana, the WHO Representative emphasised that: "Health workers have the moral and professional duty of protecting patients by providing safe, high-quality, people-centred care."



Nurses and Midwives from Mkhuzweni Health Centre conducting health education during the World Patient Safety Day commemoration at the health facility



Eswatini is among 21 countries implementing National Quality Policies and Strategies that include patient safety action plans, infection prevention and control measures, and adherence to global WHO quality-of-care standards. These standards are already contributing to improved outcomes for mothers, newborns, and critically ill children — though gaps remain.

Over 50% of patient harm in health facilities is preventable. Many life-threatening incidents in neonatal and pediatric care are linked to avoidable issues such as medication errors, misdiagnosis, hospital-acquired infections, and missed warning signs. Adhering to essential practices such as the 5 critical moments for hand hygiene — before patient contact, before aseptic procedures, after exposure to body fluids, after patient contact, and after touching patient surroundings, remains a simple yet powerful intervention.



Health workers from Mkhuzweni Health Centre performing songs composed from the theme



Mkhuzweni Health Centre nurses displaying messages on newborn and maternal health



Health workers marching across Buhleni Town to sensitise the community about Patient Safety



Health workers and community members holding a candle to symbolise patient safety



WHO and Ministry of Health team holding a banner to snsntitise the public at Buhleni Town



Mkhuzweni Health Centres Nurses displaying how Kangaroo care is done



# **Acknowledgements**

#### THANK YOU TO ALL OUR PARTNERS AND DONORS!

































